



1201 SE GATEWAY DRIVE • GRIMES, IA 50111

• 515.986.1882 • 515.986.1883 fax

www.cirhahome.org

PRELIMINARY APPLICATION FOR HOUSING ASSISTANCE

CIRHA USE ONLY

Only complete applications will be accepted.

If you need special accommodations completing this application please contact CIRHA at (515) 986-1882.

NAME

PHYSICAL ADDRESS

(PROOF REQUIRED)

CITY

STATE

ZIP

MAILING ADDRESS

CITY

STATE

ZIP

HOME/CELL PHONE

WORK PHONE

EMAIL

YOU ARE RESPONSIBLE FOR REPORTING ADDRESS CHANGES, IN WRITING, TO THE CIRHA OFFICE

REQUIRED FOR SECTION 8 APPLICATIONS!

To be assigned Preference you must attach a copy of ONE of the following items showing proof of residency and/or employment in the CIRHA service area:

PROOF OF RESIDENCY:

- * a current lease
- * current utility bill
- * a valid driver's license
- * mail from a State or Federal Agency
- * a State issued I.D.

PROOF OF EMPLOYMENT:

- * proof of current employment in CIRHA service area
- * notification a family member has been hired to work in CIRHA service area

FAMILY MEMBERS: List all persons including yourself who will reside in the rental unit while you are being assisted

FULL NAME	RELATIONSHIP TO HEAD	BIRTH DATE	SOCIAL SECURITY #	SEX
	Head of Household			

Is any household member listed above currently pregnant: Yes No Due Date: _____

Racial group identification (Used for statistical purposes only):

White ___ Hispanic ___ Native American ___ African American ___ Asian ___ Other ___ Prefer not to answer ___

CHOOSE FROM THE FOLLOWING WAITING LISTS
(You may choose to be on both lists but you must choose at least one)

SECTION 8 VOUCHER

YES (circle one) NO

Choose Section 8 if:

- 1) You wish to receive rental assistance while renting from a private landlord (this might include the unit where you currently live if it meets Section 8 criteria).
- 2) You wish to live in the counties of Boone, Dallas, Jasper, Madison, Marion or Story in any towns except Knoxville or Pella.

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PROOF OF EMPLOYMENT:

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Also indicate if the following applies to you:

- | | | |
|--|------------|-----------|
| 1) Is anyone in the household ELDERLY (age 62 and older), DISABLED or HANDICAPPED: | YES | NO |
| 2) Have you previously participated in a rental assistance program? | YES | NO |
| IF YES, with what housing authority? _____ | | |

CIRHA OWNED HOUSING

YES (circle one) NO

Choose Owned Housing if:

- 1) You would prefer to have CIRHA offer you an existing unit rather than having to find one yourself.
- 2) You are willing to move to a unit owned by CIRHA in one of the towns listed below.
(NOTE: Do not choose Owned Housing if you do not wish to live in one of the towns listed below.)

REQUIRED!

Circle YES or NO for the counties below:

- | | | |
|--|------------|-----------|
| Boone County
(The towns of Boone and Madrid ONLY) | YES | NO |
| Dallas County
(The towns of Perry and Redfield ONLY) | YES | NO |
| Jasper County
(The towns of Colfax and Newton ONLY) | YES | NO |
| Marion County
(The town of Melcher/Dallas ONLY) | YES | NO |

After CIRHA receives your application you will receive a confirmation letter listing each of the waiting lists you have selected.

Once your name reaches the top of a waiting list you will be contacted by mail to schedule an enrollment interview.

YOU MUST INFORM CIRHA, IN WRITING, IF YOUR ADDRESS CHANGES!!!

APPLICANT CERTIFICATION:

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE: _____

DATE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements of misrepresentation to any Department or agency of the U.S. as to any matter within its jurisdiction.

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No: Cell Phone No:	
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<p>Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.</p>	
<p>Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</p>	
<p>Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.</p>	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.