

PUBLIC HOUSING APPLICATION PROCEDURES

1. The Head of Household must complete the attached application. All other household members 18 years old or older will need to complete a Supplement to the Application. Failure to complete all parts of the Application and Supplement to the Application may result in denial of assistance.
2. Bring completed application along with the required documents listed below to the Fort Dodge Housing Agency during business hours. Monday through Thursday, 9:00 a.m. to 5:00 p.m. and Friday, 9:00 a.m. to 4:00 p.m.
3. Pursuant to Section 504 [23 CFR 8.4(b)(i), 8.24 and 8.33] and Fair Housing Act [24 CFR 100.204] qualified individuals/families with disabilities may request Reasonable Accommodations to any rules, practices or services when such accommodation is necessary to assure equal opportunity to the housing program (s) or dwellings.

REQUIRED DOCUMENTS

- Social Security Cards for everyone in the household.
- Picture ID for everyone in the household over the age of 18.
- INS documents (if applicable)

No application will be accepted without these required documents.
All applications **must be hand delivered** to the Fort Dodge Housing Agency.

FORT DODGE HOUSING AGENCY
APPLICATION FOR PARTICIPATION IN THE PUBLIC HOUSING PROGRAM

HEAD OF HOUSEHOLD NAME _____ Date of Application _____ TIME _____

OTHER NAMES USED: _____

CURRENT ADDRESS _____ PHONE _____
 Home _____ Work _____

City _____ State _____ Zip _____ Message: _____ Race: _____
 (for statistical purposes only)

MAILING ADDRESS IF DIFFERENT THAN CURRENT ADDRESS: _____
 Address _____ City _____ State _____ Zip _____

I. FAMILY COMPOSITION

<i>Mr. No.</i>	<i>Name(s)</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>City and State Of Birth</i>	<i>Sex</i>	<i>Age</i>	<i>Social Security Number</i>
1		HEAD					
2							
3							
4							
5							
6							

Anticipated changes in family composition _____

Please mark if the following applies for the head of household and/or the spouse:

____ Elderly or Disabled

II. RESIDENTIAL HISTORY (where you have lived the last **five** years). THIS INFORMATION IS REQUIRED. A CONTACT NUMBER FOR LANDLORDS IS NEEDED.

List Current Address	From	To	Rent	Utilities	Name, Address, and Phone Number of Landlord
			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	

III. INCOME AND ASSET INFORMATION:

A. Income:

Please answer each of the following questions. For each "yes" answer, provide details.

YES	NO	Do you or anyone in your household:
_____	_____	1. Work full-time, part-time, or seasonally? _____
_____	_____	2. Expect to work for any period during the next year? _____
_____	_____	3. Work for someone who pays you cash? _____
_____	_____	4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? _____
_____	_____	5. Now receive or expect to receive unemployment benefits? _____
_____	_____	6. Now receive or expect to receive child support? _____
_____	_____	7. Have an entitlement to receive child support that you are not now receiving? _____
_____	_____	8. Now receive or expect to receive alimony? _____
_____	_____	9. Have an entitlement to receive alimony that is not currently being received? _____
_____	_____	10. Now receive or expect to receive public assistance (welfare)? _____
_____	_____	11. Now receive or expect to receive Social Security benefits? _____
_____	_____	12. Now receive or expect to receive income from pension or annuity? _____
_____	_____	13. Now receive or expect to receive regular contributions from organizations or individuals not living in the unit? _____
_____	_____	14. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit stocks or bonds, or income from rental property? _____
_____	_____	15. Own real estate or any assets for which you receive no income (checking account, cash)? _____
_____	_____	16. Have you sold or given away real property or other assets (including cash) in the past two years? _____

Check **all** incomes you or any member of your household anticipate receiving and supply details as needed:

_____ **Social Security:**
 SSI/SSDI \$ _____ Name of recipient: _____

SS \$ _____ Name of recipient: _____

_____ **FIP/TANF:**
 Cash \$ _____ Food Stamps: \$ _____

_____ **Employed:**
 Name of person working: _____
 Name of employer: _____
 Address of employer: _____
 Hours worked per week: _____ Hourly Wage: \$ _____ Date Started: _____

_____ **Employed (Additional for any Household Member)**
 Name of person working: _____
 Name of employer: _____
 Address of employer: _____
 Hours worked per week: _____ Hourly Wage: \$ _____ Date Started: _____

_____ **Child Support:**

Court Order #: _____

Amount: \$ _____ weekly/biweekly/monthly (circle one)

_____ **Pension/Retirement Benefits:**

Amount: \$ _____ Received from: Name _____
Address _____
City, State, Zip _____

_____ **School Loans or Grants:**

Amount: \$ _____ Received from: Name _____
Address _____
City, State, Zip _____

_____ **Unemployment:**

Amount: \$ _____ per week

_____ **Other:**

Include here all monies obtained by any member of the family from any source not listed above.

Amount: \$ _____ weekly/monthly (circle one)

Received from: Name _____
Address _____
City, State, Zip _____

B. Assets:

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members including any minors in the home.

Member	Bank Name and address	Value	Type of Account	Earnings/Interest
		\$		
		\$		

2. List the value of all stocks, bonds, trust, pensions, or other assets owned by you and any household members including any minors in the home.

3. List the value of any assets disposed of or less than fair market value during the past two years.

Assets Disposed of in the last two [2] years:

Member	Type & Date Disposed of:	Value	Net Amount Realized

IV. ALLOWABLE EXPENSES:

Do you/spouse have expenses for child care of a child aged 12 or younger? _____ If yes provide details below.

Child Care:

Child's name	Total amount	Provider's Name and Address	You Pay	SRS Pays
	\$		\$	\$

V. ELDERLY FAMILY ONLY:

1. Do you/spouse have Medicare? _____ If yes, what is your monthly premium? _____
2. Do you/spouse have a Medicare approved Drug Discount Card? _____
3. Do you/spouse have any other kind of medical insurance? _____ If yes provide name of carrier, premium amount, and agent's name below:

Other Insurance:

Member	Amount Paid	Carrier's Name and Address	Agent's Name and Address
	\$		

3. Do you or any household member have outstanding medical bills which you are paying? If yes list them below:

Outstanding medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	
	\$	

4. What medical expenses do you or any household member expect to incur in the next twelve months?

Anticipated medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	
	\$	

VI. DISABILITY/MEDICAL EXPENSE:

Please list any/all disability/medical expenses related to you or any household member's disability that you pay, which you would like to be considered "qualified disability related expenses" when figuring your annual income. Part or all of these expenses could reduce your annual income and affect how much rent you pay.

Anticipated disability/medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	

VII. OTHER REQUIRED INFORMATION:

- A.
1. Have you or any member of your household ever been a resident of any Housing Authority or received Section 8 assistance?
YES _____ NO _____
If YES, list name used, where, and when: _____
 2. Have you or any member of your household applied for housing at the Fort Dodge Housing Agency before?
YES _____ NO _____
If YES, List name used and when: _____
 3. Have you or any member of your household ever been terminated from any Public Housing Program or Section 8 Program?
YES _____ NO _____
If YES, list name used, where, and when: _____

B. 1. Do you have a pet? YES _____ NO _____ What Kind? _____

C. 1. Do you or any member of your household require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program(s) or services? If so, please list necessary features or accommodations.

I qualify as an individual with a disability as defined by federal fair housing laws. I am requesting the accommodations/modifications listed above.

VIII. CRIMINAL HISTORY:

1. Have you or any member of your household **ever** been arrested for or received a citation for FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS or for DRUG RELATED CRIMES?

YES _____ NO _____ EXPLAIN _____

Year of Arrest: _____ Arrested for or received citation for: _____
City, State, and County where arrested or received citation: _____

2. Have you or any member of your household **ever** been convicted of a FELONY/FELONIES, MISDEMEANOR/MISDEMEANORS or for DRUG RELATED CRIMES?

YES _____ NO _____

Year of Conviction: _____ Convicted of: _____
City, State, and County where convicted: _____

IX. GUARDIAN INFORMATION:

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

PAYEE INFORMATION:

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

Should paperwork be sent to you or your guardian or payee? _____ Send paperwork to me
_____ Send paperwork to guardian
_____ Send paperwork to payee

X. IN CASE OF EMERGENCY, PLEASE NOTIFY (Required):

Name _____ Relationship _____ Phone Number: _____

Address _____
Street City State Zip

NOTE: I/WE UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I/WE HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

APPLICANT CERTIFICATION

I/We certify that the information given to the Fort Dodge Housing Agency on income, household composition, net family assets, allowances, deductions and criminal history is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Other Adult in Household

Date

.....
Application accepted by: _____
.....

OFFICIAL USE ONLY

CERTIFICATION: On the basis of the information contained and verified herein, the above named applicant has been found to be:

_____ Eligible for Admission

_____ Ineligible for Admission

_____ Title _____ Date _____

Remarks: _____

Number of Bedrooms Needed:

Type of Housing Needed:

Elderly/Disabled
Over 62

Family (1 or more persons,
Elderly or Disabled)

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**REQUEST AND AUTHORIZATION
FOR POLICE RECORD CHECK**

I, _____, hereby authorize the Fort Dodge Housing Agency to complete and investigate my criminal background according to the “One Strike & You’re Out” Policy.

Date: _____

Signed: _____

PLEASE PRINT THE FOLLOWING:

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

Release of Information

I/We do hereby authorize the following entities to release and/or exchange information contained within my file:

Fort Dodge Housing Agency, Department of Human Services (DHS), Mid-Iowa Regional Housing Authority (MIRHA), Promise Jobs, JTPA (Job Training Partnership Act), Workforce Development, General Relief Office, Other:

I understand that I have the right to inspect the disclosed information at anytime. I understand that I have the right to refuse the release of information. I understand that I have the right to revoke my consent by written notification.

I understand that information to be released may include data and material that is protected by Federal and/or State law applicable to Substance Abuse, Chemical Dependency, Mental Health, AIDS-related information, and/or Domestic Abuse/Sexual Assault information. I SPECIFICALLY AUTHORIZE THE RELEASE OF CONFIDENTIAL INFORMATION RELATING TO SUBSTANCE ABUSE, MENTAL HEALTH, AIDS-RELATED, DOMESTIC ABUSE/SEXUAL ASSAULT.

Furthermore, I specifically authorize disclosure and re-disclosure of this confidential information to all of the persons referred to above.

Head of Household

Other Adult over 18

Date

Date

Other Adult over 18

Other Adult over 18

Date

Date

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - [] Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - [] Permanent residence under 249 of INA 4/; or
 - [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - [] Parole status under 212(d)(5) of the INA /6; or
 - [] Threat to life or freedom under 243(h) of the INA /7; or
 - [] Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**



Thank you for your interest in the Public Housing program. Public Housing provides affordable housing, while giving families a “step up” to a better future. The Fort Dodge Housing Agency owns and manages 135 units throughout the City of Fort Dodge including Deercreek Apartments. The Fort Dodge Housing Agency serves as the landlord for the properties.

Now that we have received your application, the following are the next steps you can expect:

Initial screening of all household members 18 years old and older will be done. This process includes ensuring that applicants meet the income guidelines, checking criminal records for the past three years, verifying that no household member is on the sex offender registry, and determining that the household is in good standing with other housing authorities.

Once the initial screening is complete, you will be notified if your application has been accepted or denied.

If your application is accepted, your name will be placed on the appropriate waiting list based on the number of bedrooms your household qualifies for. This does not necessarily guarantee placement in a public housing unit. Additional screening will be done to verify your household’s ability to comply with our lease terms and a briefing will be scheduled that all adult household members must attend.

In order to continue with the screening process, we will need to be able to contact you. It will be your responsibility to notify the Fort Dodge Housing Agency of any changes in your address and/or phone number at which you can be reached.

If you have any questions please contact our office at 573-7751. Our office hours are Monday through Thursday from 8:00 a.m. to 5:00 p.m. On Fridays our office hours are 8:00 a.m. to 4:00 p.m.