

LOW RENT HOUSING AGENCY OF WAVERLY, IOWA
WAVERLY HOMES WAVERLY MANOR
IA05RD00001 IA050014002
320 15TH ST. N.W.
WAVERLY, IOWA 50677
Phone: 319-352-3394

PRELIMINARY APPLICATION FOR OCCUPANCY

APPLICANT #1 _____
First Name Middle Name Last Name

APPLICANT #2 _____
First Name Middle Name Last Name

ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

SOCIAL SECURITY NO. (1) _____ (2) _____

DATE OF BIRTH (1) _____ (2) _____ AGE (1) _____ (2) _____

RACE #1() #2() 1 - White 2 - Black/African America 3 - American Indian/Alaskan Native 4 - Asian/Pacific Islander

ETHNICITY #1() #2() 1 - Hispanic 2 - Non-Hispanic

ESTIMATED INCOME:

Social Security (gross) _____ Pensions _____

Interest Income _____ Other (i.e. Wages) _____

ESTIMATED ASSETS:

Checking/Savings Acct. _____ Cert. of Deposits _____

Real Estate _____ Notes, Mortgages, Deeds _____

Other (i.e. Stocks/Bond, Trust Funds) _____

ESTIMATED MEDICAL EXPENSES:

Medicare _____ Other Health Ins. _____

Regular doctor visits not covered by insurance (past year estimate) _____

Prescription medicine not covered by insurance (past year estimate) _____

Present Housing Situation _____

References (previous landlords): _____
(Addresses & phone #) _____

Optional: Relative or friend to contact _____
(Addresses & phone #) _____

Please list all states where the applicant and co-applicant have resided: _____

Have you or your co-applicant sold any business or asset in the last 2 years for less than its full value? Yes No

If yes, explain: _____

Have you or your co-applicant ever been arrested for any drug-related criminal activity? Yes No

If Yes, please give dates, charges, city and state: _____

Have you or your co-applicant ever been arrested for any felonious violent criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another? Yes No

If yes, please give dates, charges, and city and state: _____

Are you or your co-applicant subject to a lifetime sex offender registration requirement in any state? Yes No

Housing choice: Waverly Homes (one story) _____ Waverly Manor (three story) _____

Do you have any pets? Yes No If yes, please describe: _____

Do you or your co-applicant smoke? Yes No The Waverly Manor and the Waverly Homes are Smoke-Free facilities.

Are you a student at any institution of higher education? Yes No

If yes, do you receive any financial assistance? Yes No Please describe: _____

Would you benefit from a accessible needs apartment? Yes No

Waverly Low Rent Housing Agency does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Waverly Low Rent Housing Agency housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. Any applicant may request a copy of the Request for Reasonable Accommodation policy of the Waverly Low Rent Housing Agency and the necessary form.

For students applying for housing, that meet the age and/or handicap requirements of the Waverly Low Rent Housing Agency: any financial assistance (in excess of amounts received for tuition, that they receive from private sources, or an institution of higher education, will be considered as income to that individual. This is except if the student is over the age of 23 with dependent children or if the student is living with his or her parents who are receiving Section 8 assistance.

By signing this application, I do hereby swear and attest that all the information above about me and my household is true and correct. My signature below authorizes the references listed above to release information about me and my household to the Waverly Low Rent Housing Agency.

Signature _____ Date _____

TO BE COMPLETED BY HOUSING AGENCY:

Date Application Received _____ Time _____ Application No. _____ Project No. _____



WAVERLY LOW RENT HOUSING AGENCY
320 15TH STREET N.W.
WAVERLY, IA 50677
(319) 352-3394

THE FAMILY SUMMARY SHEET

Member Number	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					

Attach a Citizen Declaration form for each of the individuals listed above.

LOW RENT HOUSING AGENCY OF WAVERLY, IOWA
WAVERLY HOMES WAVERLY MANOR
IA05P013001 IA05-0014-002
320 15TH ST. N.W.
WAVERLY, IOWA 50677
Phone: 319-352-3394

Declaration Form

Please complete this Declaration for each member of the household listed on the Family Summary Sheet

Last Name: _____

First Name: _____

Relationship to Head of Household: _____ Sex _____

Date of Birth _____ Social Security No. _____

Alien Registration No. _____

Admission Number _____ if applicable (this is the 11-digit number found on the DHS Form I-94, Departure Record)

Nationality _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE Verification No. _____

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of

Perjury, that I am _____
(print or type first name, middle initial, last name)

_____ 1. A citizen or national of the United States.

Sign and date below and return to the Low Rent Housing Agency of Waverly Iowa.

Signature

Date

_____ 2. A non-citizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below.

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form
And
- b. One of the following documents:
 - 1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens).
 - 2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - a) Admitted as Refugee Pursuant to Section 207
 - b) Section 208 or Asylum
 - c) Section 243h or Deportation stayed by Attorney General
 - d) Paroled Pursuant to Section 212d5 of the INA
 - 3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken)
 - b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990)
 - c) A court decision granting withholding of deportation
 - d) A letter from a DHS asylum officer granting withholding of deportation (If application was filed on or after October 1, 1990)
 - 4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A or Section 210
 - 5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a 12(11) or Provision of Law 274a.12
 - 6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 - 7) Form I-151 Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the Low Rent Housing Agency of Waverly Iowa.

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the Low Rent Housing Agency of Waverly Iowa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	
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.	
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.	

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

--	--

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.