



Municipal Housing Agency of Manning, IA

421 Center Street P.O. Box 223, Manning, IA 51455

Phone/Fax (712) 655-2155 Email: terrace@mmctsu.com

APPLICATION for PUBLIC HOUSING

This is not a Section 8 application and cannot be used for a Housing Voucher program. The Municipal Housing Agency of Manning, IA does not administer Section 8 Housing.

Instructions: Please read Carefully. Incomplete applications may not be processed

1. This application is valid for all public housing properties operated by the Housing Authority
2. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in the Municipal Housing Agency office.
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
 - (f) Pay any money owed to PHA or any other housing authority;
 - (g) Not have had a lease terminated by PHA in the past 12 months;
 - (h) Be able and willing to comply with the Housing Authority lease;
 - (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
 - (j) Not have any family members subject to a lifetime sex offender registration in any state.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be returned to the end of the waiting list. After 2 refusals, the applicant will be required to reapply.
5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
6. PHA will conduct a criminal record check on all applicants age 15 years and older.

The Municipal Housing Agency of Manning, IA is an Equal Housing Provider

MUNICIPAL HOUSING AGENCY OF MANNING, IA RENT ASSISTANCE APPLICATION

Application for Terrace Apartments, 421 Center St. Timmerman Apartments, 34 May St. First Available

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance or help in understanding this document, we will provide assistance. You must notify this office to arrange for assistance.

The Housing Agency cannot accept applications that are not complete. You will not be placed on the waiting list until a complete application is submitted.

A COMPLETE APPLICATION INCLUDES:

- **Social Security cards for all household members. Staff must see the cards or an affidavit from the Social Security Office**
- **Birth Certificate and Photo ID's for all adult members.**
- **Signatures and income information for all persons in the household age 18 and over.**

If you submit your application by mail a copy front and back of your Social Security Cards & photo ID's must accompany the application. Please call the Housing office at 712-655-2155 if you have any questions about this application.

List the names of all persons who will occupy the residence

| Name (Last, First , MI) | Age | Sex | Relationship | Social Security Number | Date of Birth |
|-------------------------|-----|-----|--------------|------------------------|---------------|
| | | | HEAD | | |
| | | | | | |
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| | |
|------------------------|----------------------|
| Current Street Address | City, State, Zip |
| Mailing Address | City, State, Zip |
| Phone | Contact Person/Phone |

Emergency Notification

| | |
|-------|--------------|
| Name | Address |
| Phone | Relationship |

Which of the following do you claim:

- I am a citizen, naturalized citizen or national of the United States.
- I am a non-citizen with eligible immigration status.
- I am a non-citizen without eligible immigration status.
- Pending verification

Race of head of household: (Optional - For statistical purposes only)

- White
- Black
- American Indian
- Asian
- Pacific Islander
- Alaskan Native

Ethnicity

- Hispanic
- Non- Hispanic

General Questions

| YES | NO | PLEASE CHECK ANSWER FOR ALL QUESTIONS – (Yes answers will not necessarily disqualify you for admission) |
|-----|----|---|
| | | Is anyone listed in the household age 18 or over and a full time student? Names: _____ |
| | | Are any household members temporarily absent? Names & Age: _____ Date they are expected to return to the household: _____ |
| | | Have you or any member of your household ever lived in public housing or received rent assistance before? Where & when: _____ |
| | | Have you or any member of your family ever been evicted from any HUD or other Federally assisted housing? Please explain: _____ |
| | | Do you or any household members require reasonable accommodation due to a handicap/disability? Please explain: _____ |
| | | Do you or any member of your family have a history of drug or alcohol abuse? |
| | | Have you or any member of your household been involved in violent criminal activity within the past 3 years? (This includes but is not limited to domestic violence charges) |
| | | Have you or any member of your household been involved in drug related criminal activity during the past 3 years? (This includes but is not limited to possession charges) |
| | | Are you or any member of your household listed on the sex offender registry? |
| | | Are you or any member of your household currently on probation or parole? |

Please list all states that you and your household members have resided:

| Name | States Resided |
|------|----------------|
| | |
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| | |

Family Income and Financial Information

| YES | NO | PLEASE CHECK ANSWER FOR ALL QUESTIONS |
|-----|----|--|
| | | Is any adult family member employed? If yes, employer's name and address: _____ |
| | | Any adult family member enrolled in a job training program, including one required by a welfare program or unemployment? |
| | | Do you have a checking or savings account or own any certificates of deposit (CD's), stocks, bonds, etc. Please provide the names of where these assets are held: _____ |
| | | Do you own any real estate? |
| | | Have you sold any real estate in the last two (2) years? |
| | | Is the head of household or family member age 62 or older OR a person with a disability? If yes, please answer question A). |
| | | A) Does your household have any medical expenses (including insurance, Medicare deduction, doctor or pharmacy co-pays, eye care, dental, therapy, supplies, medical transportation, etc.)? If yes, please describe these expenses: _____ |
| | | Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? If yes, who is your childcare provider: _____ |
| | | Do You have a vehicle? Make & Model: _____ License Plate Number and State: _____ |

INCOME: List all money earned or received by **everyone** living in the household. This includes but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker's Compensation, Unemployment benefits, retirement benefits, TANF, Veteran's benefits, alimony, babysitting, rental property income. Also include any income from banks such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

| YES | NO | Family Member Name | Income Type | Monthly Gross Income |
|-----|----|--------------------|--------------------------------|----------------------|
| | | | Social Security | |
| | | | Social Security | |
| | | | SSI | |
| | | | Other Disability | |
| | | | Pension | |
| | | | Retirement Plans/IRA/Annuities | |
| | | | Regular Gifts | |
| | | | FIP | |
| | | | Child Support | |
| | | | Alimony | |
| | | | Wages/Salary | |
| | | | Name of Employer: | |
| | | | Name of Employer: | |
| | | | Name of Employer: | |
| | | | Unemployment | |
| | | | Military Pay | |
| | | | Net Business/Farm Income | |
| | | | Real State Contract Payments | |
| | | | Rental Income | |
| | | | Other: | |

I/We certify that the information given to the Rent Assistance Program is accurate and complete to the best of my/our knowledge and belief. I/We understand that submittal of false statements or information is punishable under Federal law and reason for denial or termination of assistance.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

REFERENCES

Please Provide the Names, Address and phone number of at least 3 personal references

1. _____

2. _____

3. _____

Please provide the names, address and phone number of your current landlord.

I/We own the home I/we are currently residing in.

DOCUMENTATION REQUIRED:

1. ALL Family Members - Copy of Social Security Card
2. ALL Family Members - Copy of Driver's license or picture I.D.
3. ALL Family Members - Birth Certificate
4. IF you received these benefits - Copy of Social Security or SSI award letter (Form SSA-1099) or other Social Security Administration documentation showing your benefit information.

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Do NOT write below this line (For PHA use only)



| | | | |
|--|---------------------|-------------------------------|-------------------------------|
| THESE SECTIONS FOR OFFICE USE ONLY | | | |
| Date: _____ | Received By: _____ | | |
| Time: _____ | Bedroom Size: _____ | | |
| Criminal History: <input type="checkbox"/> All Adults Checked | Date Checked: _____ | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Sex Offender Registry: <input type="checkbox"/> All Adults Checked | Date Checked: _____ | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

Date Eligibility Established: _____ Date Denial Mailed: _____

Record of Offers:

Date: _____ Unit # _____ Project # _____ B/R size: _____ Bldg. # _____ Bldg. Ent # _____

Accepted: _____ Moved in: _____ Rejected: _____

Earliest date next offer can be made: _____ Removed: _____

Date: _____ Unit # _____ Project # _____ B/R size: _____ Bldg. # _____ Bldg. Ent # _____

Accepted: _____ Moved in: _____ Rejected: _____

Earliest date next offer can be made: _____

Date: _____ Unit: _____ Project # _____ B/R size: _____ Bldg. # _____ Bldg. Ent # _____

Accepted: _____ Moved in: _____ Rejected: _____

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.

| | |
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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.

AUTHORIZATION FOR THE RELEASE OF INFORMATION FOR TENANT SCREENING PURPOSES

Background Screening Disclosure

I hereby authorize the Municipal Housing Agency of Manning (Terrace Apartments) and its agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for tenant screening purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: employment, rental history, credit standing, outstanding credit accounts, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, credit history, and civil/law suit cases. Upon request, Municipal Housing Agency will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Authorization and Release

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm corporation, or public agency may have. I hereby release the Municipal Housing Agency of Manning, and its agents, officials, representatives including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. (Print Legibly)

| | | |
|-------------------|--------|-----------|
| Applicant's First | Middle | Last Name |
|-------------------|--------|-----------|

Maiden Name /AKA/ Previous Name(s) Used

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Social Security Number

Date of Birth

| | |
|------------------|-------|
| Driver License # | State |
|------------------|-------|

Current Address

| | |
|-------|-------|
| Phone | Email |
|-------|-------|

**Notice to all Applicants:
Reasonable Accommodations for Applicants with Disabilities**

The Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

For more information or to request a reasonable accommodation contact:

Dawn Lorenzen
Executive Director
Municipal Housing Agency
421 Center Street
PO Box 223
Manning, IA 51455
(712) 655-2155