

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Iowa City Housing Authority

I receive mail at:

I live at:

Street: _____

Apartment #: _____

City, State, Zip: _____

County of Residence: _____

Part 1: Head of Household

Please complete this part for the Head of Household. Circle appropriate answers.

- (1) I am applying for: **Section 8 Assistance** **Public Housing** **Both**
- (2) **Social Security Number** _____ (3) **Date of Birth** _____
- (4) **Sex:** Female Male (5) **Telephone** _____
- (6) **Are you physically or mentally disabled?** Yes No (7) **Are you or is anyone in your household pregnant?** Yes No
- (8) **Race:** White Black/African American American Indian/ Alaska Native Asian Native Hawaiian/Pacific Islander
- (9) **Ethnicity (Please Circle)** Hispanic Not Hispanic (Racial and ethnic data for statistical purposes only)
- (10) **Are you displaced by government action or living in a dwelling that has been extensively damaged or destroyed as a result of a Federally declared disaster (as defined in Federal disaster relief laws)?** Yes No
- (11) **Do you understand that if your address changes, you must notify this office *in writing* to stay on the waiting list?** Yes No
- (12) **Please provide a copy of your photo identification with this application.**

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled, circle the "Y" box, if not disabled, circle "N". List relationship of each person to the Head of Household. Attach additional sheet if family has more than seven (7) members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	Y N	<u>Head of Household</u>
_____	_____	_____	_____	_____	Y N	_____
_____	_____	_____	_____	_____	Y N	_____
_____	_____	_____	_____	_____	Y N	_____
_____	_____	_____	_____	_____	Y N	_____
_____	_____	_____	_____	_____	Y N	_____
_____	_____	_____	_____	_____	Y N	_____

Please provide the name and address of the school each child attends:

Name of child (list each separately)

Name/Address/City/State/Zip of School

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Part 3: Family Income

List total income received by all family members age 18 and older. **Please report your income in monthly amounts**

Yes	No	SS/SSDI	Person[s] receiving: _____	Monthly Amount: _____
Yes	No	FIP/Public Aid	Person[s] receiving: _____ State issuing assistance: _____	Monthly Amount: _____
Yes	No	Unemployment	Person[s] receiving: _____	Monthly Amount: _____
Yes	No	Child Support	Person[s] receiving: _____	Monthly Amount: _____
Yes	No	Employment	Person[s] receiving: _____ Employer name: _____ Employer address: _____ City/State/Zip: _____ Employment Start Date: _____	Monthly Amount: _____ Employer name: _____ Employer address: _____ City/State/Zip: _____ Employment Start Date: _____
Yes	No	Other Income:	_____	Monthly Amount: _____
Yes	No	No Income:	_____	

Did you file a Federal Tax Return last year? **Yes** **No** State Return? **Yes** **No** If yes, which State? _____

Part 4: Background Information

(1) Have you or any member of your household been charged with a crime (any crime but a traffic ticket) in the past five years? **Yes No**
 If yes: When was the charge? _____
 What was the charge? _____
 Where did it happen? (City, State) _____
 What happened to the charge? (Did you plead guilty? Was it dismissed? Were you convicted by Judge or Jury?) _____

(2) Have you ever received housing assistance? **Yes No**
 If yes, where? State: _____ County: _____

(3) Does any member of your household owe money to any Housing Authority? If yes, provide name and full mailing address of that Housing Authority. **Yes No**

(4) Do you currently live in public housing, housing assisted by a Section 8 program, or any other type of federally subsidized housing? **Yes No**
 If yes, provide name and full mailing address of that Housing Authority or Development.

(5) Have you or any member of your household been terminated or evicted from Public Housing, Indian Housing, Section 23 housing, or a Section 8 program during the past five years? **Yes No**
Please be advised, when you reach the top of the waiting list, the ICHA will conduct a nationwide criminal records check for each adult member of the household. The ICHA will consider all charges from the time you reach the top of the waiting list back 5 years.

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

 X _____ Date _____