



### APPLICATION FOR HOUSING

Complete one application per adult household member who will occupy the unit at time of move-in.

Property Name:	Waukee Family Apartments	IFA Project Number:
Address:	1300 SE Jacob Drive, Waukee, Ia 50263	10-10-240

For Office Use Only:	Application Date:	Desired Move-in Date:	Pre-Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Received:	Time Received:	Received by (agent):	Initial App <input type="checkbox"/> Recert App <input type="checkbox"/>

Bedroom Size Requested:  1  2  3  4

Applicant Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

#### HOUSEHOLD COMPOSITION

Provide your name and relation to the Head of the Household. Please also list any minor dependents under the age of 18 for whom you are individually responsible. Head of Household should list minors where two or more household members are jointly responsible.

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Gender	Optional			Current Student Yes or No	Marital Status	Last 4 digits of SSN#
					Race	Ethnicity	Disabled			
1.										
2.										
3.										
4.										

**Relationship to HOH:** H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; L-Live-in caretaker; or N-None of the above

**Gender:** M -Male; F -Female NR -chose not to respond

**Marital Status:** M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed

**Race:** 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6 -Other; or 8 -Chose not to respond

**Ethnicity:** 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 -Chose not to respond

**Disabled:** 1-Yes; 2-No; NR -chose not to respond -. See Fair Housing Act for definition of handicap (disability)

[http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201)

**QUESTIONS** – Please check **YES** or **NO** to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

1. Do you expect any additions to the household within the next 12 months?  Yes  No  
If Yes, explain: \_\_\_\_\_

2. Is there anyone living with you now who won't be living with you at this property?  Yes  No  
If Yes, explain: \_\_\_\_\_

3. Do you have any minor children?  Yes  No

4. Are there any absent household members who normally would live with you?  Yes  No  
If Yes, explain: \_\_\_\_\_

5. Do any of the following statements apply to you:

6. I have filed for bankruptcy?  Yes  No

7. I have been convicted of a felony  Yes  No

8. I have been convicted of dealing or manufacturing illegal drugs  Yes  No

9. I have been convicted of property damage  Yes  No



- 10. I have been evicted from a rental unit (including an apartment, home, mobile home or trailer)  Yes  No
- 11. Have you been a student in the past 12 months?  Yes  No
- 12. Are you currently a student or do you plan to become a student in the next 12 months?  Yes  No
- 13. Will you or anyone in your household require a live-in care attendant?  Yes  No
- 14. Will your household be receiving Section 8 rental assistance at the time of move-in?  Yes  No
- 15. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  Yes  No

\_\_\_\_\_  
Name of Current Landlord

\_\_\_\_\_  
Phone Number

How long have you resided at your current address? \_\_\_\_\_ Years \_\_\_\_\_ Months Amt. of Rent/Payment: \$ \_\_\_\_\_

**PREVIOUS HOUSING STATUS** (Provide information on 2 previous addresses where you have resided)

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord		_____ Phone Number	

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord		_____ Phone Number	

**HOUSEHOLD INCOME INFORMATION (NOTE: All information will be verified by a third party)**

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1.	Social Security, SSI or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2.	Employment pensions or retirement benefits, veteran's benefits or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5.	Unemployment benefits or workman's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
7.	Alimony or child support (either court ordered or paid directly from the payor)?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
8.	Regular payments from a severance package from a previous employer	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
9.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
10.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
11.	Regular payments from disability, death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
12.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
13.	Regular payments from lottery winnings or inheritances	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
14.	Regular payments from rental property (land contracts or other real estate transactions	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
15.	Educational grants, scholarships or other student benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
16.	Any other sources of income not listed	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
17.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	
	If Yes, Please explain: _____			
18.	If you have answered no to questions 1-17, Are you claiming that you have ZERO Income	<input type="checkbox"/>	<input type="checkbox"/>	

The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.



Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, AND ADDRESS, PHONE & FAX NUMBERS (i.e. employers, public assistance office, social security, pension fund, etc.)			
	Name:			Address:
	Start Date:	Phone:	Fax:	
	Name:			Address:
	Start Date:	Phone:	Fax:	
	Name:			Address:
	Start Date:	Phone:	Fax:	
	Name:			Address:
	Start Date:	Phone:	Fax:	

**HOUSEHOLD ASSETS (NOTE: All information will be verified by a third party)**

	DO YOU HAVE MONEY HELD IN:	YES	NO	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or treasury bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	IRA, KEOGH or other retirement accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Cash on hand over \$500 (other than money previously reported in checking or savings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Have you sold, disposed or given away any property in the last two years? (i.e., charitable contributions > \$500)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Personal property held as an investment (such as paintings, coins, art work or antiques)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Whole or universal life insurance policies (not including term policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	A safe deposit box with a monetary content of \$500 or more	<input type="checkbox"/>	<input type="checkbox"/>	\$

The following section must be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/FAX NUMBER (i.e. employers, public assistance office, social security, pension fund, etc.)			
	Institution:			Address:
	Account No.:	Interest Rate:	Phone:	Fax:
	Institution:			Address:
	Account No.:	Interest Rate:	Phone:	Fax:
	Institution:			Address:
	Account No.:	Interest Rate:	Phone:	Fax:
	Institution:			Address:
	Account No.:	Interest Rate:	Phone:	Fax:

If **Yes** was answered to Question 10, Please complete the following:

I/we certify that I/we  have or  have not sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)



**APPLICANT RESPONSIBILITIES:**

*All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management with all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.*

*Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.*

**SIGNATURE:**

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

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Applicant/Resident Signature

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Date