

FROM

(FRI) JAN 9 2009 9:55/ST. 9:55/No. 7539802074 P 1

MID IOWA REGIONAL HOUSING AUTHORITY

1605 1ST AVENUE NORTH #1 FORT DODGE IA 50501

PHONE: 515 955 8344 FAX: 515 955 6675

TO: Angela

FROM: Bev Vursehoor

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Please call 515-955-8344 if there are problems with this transmission.
Thank you.



EQUAL HOUSING OPPORTUNITY FOR CALHOUN, HAMILTON, HUMBOLDT, POCAHONTAS, WEBSTER, AND WRIGHT COUNTIES

FROM

(FRI) JAN 9 2009 9:56/ST. 9:55/No. 7539802074 P 2

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:
Mid Iowa Regional Housing Authority
1605 1st Ave N Suite 1, Ft Dodge IA 50501

Office Use Only						
Received/ Revised	Unit Size	Preference				
_____	_____	T	P1	P2	P3	P4 P5 P6 P7
_____	_____	T	P1	P2	P3	P4 P5 P6 P7
_____	_____	T	P1	P2	P3	P4 P5 P6 P7

Name _____

Mailing Address _____

City, State, Zip _____

Legal address if different from mailing address _____

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Please complete this part for the Head of Household.

Social Security Number _____

Date of Birth _____

Sex Female Male

Are you willing to move when offered assistance Yes No

Are you Disabled Yes No

Home Telephone _____

Other Telephone _____

Other Telephone Type Work Other Specify: _____

- Race (Check One Box)
- White
 - Black
 - Asian/Pacific Islander
 - American Indian/Alaska Native
- Ethnicity (Check One Box)
- Hispanic
 - Not Hispanic

Racial and ethnic data for statistical purposes only.

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 check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

NOTE: Please include copies of the birth certificate and Social Security cards for every family member and a copy of a photo ID for each adult (over age 18).

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

INCLUDE VERIFICATION

First Name	<u>Gross</u> Income	How Often	If Income is from Wages List Address of Employer
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Earned from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

INCLUDE VERIFICATION

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Check each box that applies to your current status.

- You have been or will be displaced by governmental action, or your dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized under federal disaster relief.
- Your family lacks a regular nighttime residence, lives in a shelter, or other nonresidential place.
- Your monthly rent and utilities (included heat, electric, sewer, water and trash) exceeds 50% of your family's monthly gross income. If elderly or disabled you may also included out of pocket medical expenses.
- You or any member of your household have been evicted from Public housing, Indian housing, Section 23 housing, housing assisted by the Section 8 program, for drug-related criminal activity. Year _____
Housing Authority _____ Address _____
- Any other kind of eviction: _____
- You owe money to another agency from previous assistance, Date (yr.) _____
Agency name and location _____

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