



THE MUNICIPAL HOUSING AGENCY

Thank you for your interest in applying for housing with Municipal Housing Agency. This application is for Public Housing at Regal Towers and Dudley Court.

Incomplete applications will not be processed and returned to you for completion. If during the course of processing your application, it becomes evident that you have falsified or otherwise misrepresented any facts about your current situation, history, or behavior in a way that affects eligibility, preferences, applicant selection criteria qualifications, allowances or rent, your application will be denied. Once an application is completed, the agency will begin processing the application to determine eligibility. If an applicant is deemed eligible, the applicant will be placed on a waiting list and notification will be sent. The Municipal Housing Agency has up to 30 days to process your application.

Read and complete each page of the application. There are some pages of the application that will require your signature and date.

Please be aware that the first preference for Municipal Housing Agency's Public Housing waitlist is Elderly and/or Disabled that currently reside in the city limits of Council Bluffs, Iowa. Our first preference assists those individuals that meet this qualification, prior to assisting those whom do not meet this qualification regardless of date or time of application. Municipal Housing Agency rarely deviates from the first preference of the wait list; therefore, the wait for someone that does not meet that preference will be a significant wait.

Municipal Housing Agency does not tolerate drug use on or off the premises. Regal Towers and Dudley Court are smoke free facilities; meaning that tenants, guests, etc. must smoke outside 25 feet away from the facilities. Municipal Housing Agency does not tolerate smoking or the use of any smoking materials in apartments.

NOTE: A copy of a Driver's License or State Photo I.D. AND Social Security Card for every household member who is 18 years and older who will be on the lease must be submitted to the Municipal Housing Agency by the time of interview.

We look forward to working with you, please call with any questions that you may have.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact our agency at 712-322-1491.



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Municipal Housing Agency-Regal Towers/ Dudley Court Application for Tenancy

1. Head of Household Name: _____ Maiden Name: _____
2. Spouse's Name: _____ Spouse's Maiden Name: _____
3. Current Address, Street & Apt. #: _____
 Current City/ State/ Zip Code: _____
 Best # to Reach Applicant: _____
 Current Home Phone Number: _____ E-mail Address: _____
 Length of Time at Current Address: _____

<i>For Statistical Purposes Only</i>	
4. Race of Head of Household: Household: Caucasian/ White _____ African American/ Black _____ Asian _____ Native American _____	5. Ethnicity of Head of Hispanic/ Latino _____ Non-Hispanic/ Non-Latino _____ Other _____

6. Family Information: Beginning with yourself, list all persons who will live in the unit. Each box must be completed for each family member. No one except those listed on this form may live in the unit.

First, M.I., Last Name	Date of Birth	Age	Social Security #	Disabled Person Y/N	Sex	Full-time Student Y/N
1. _____	___/___/___	___	___/___/___	___	___	___
2. _____	___/___/___	___	___/___/___	___	___	___

Do you anticipate any changes in your family composition in the next 12 months? Yes _____
 No _____ If yes, explain: _____

For MHA Use ONLY Date of Application _____ Time of Application _____
 Received By _____

7. Is the applicant family displaced by a declared Natural Disaster (flood, hurricane, earthquake, etc.), government action (through no fault of his/her own) or domestic violence?

Yes ___ No ___

If yes, please explain. Documentation is needed to verify.

8. Is any family member employed or attending school? Yes ___ No ___

If yes, please fill in the box below.

Name of employer or school	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____

9. Is anyone in the applicant family disabled? Yes ___ No ___

If yes, does family member receive Social Security Disability payments or SSI because of the disability?
Yes ___ No ___

Does anyone in the household need any specific accommodations? Yes ___ No ___
If yes, explain _____

Do you have any pets? Yes ___ No ___ If so, how many? _____
Please describe _____

10. Family Income Information: Please list the source and amount of all gross income expected for the coming twelve (12) months for all family members. Include all earning and/or benefits received from FIP, Veterans Administration, SSI, Social Security, Social Security Disability Insurance (SSDI), Unemployment, Worker's Compensation, etc. If a member of the household is working, please provide the dates of employment.

Family Member	Income Source	Amount	Frequency (circle one)
_____	_____	_____	Week- Month- Year
_____	_____	_____	Week- Month- Year
_____	_____	_____	Week- Month- Year
_____	_____	_____	Week- Month- Year

11. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.?
Yes ___ No ___ If yes, please describe type of asset(s):

What is the market value of all assets? _____

12. Do you own or have you sold any real estate in the past two (2) years? Yes ___ No ___
If yes, what is the address? _____

13. Current Landlord's Name and Phone Number _____
Date moved to this location _____

14. Where have you lived ***for the past five (5) years?*** Please do not list family members as landlords, but please still include where you have lived. A landlord is someone that you have held a lease or agreement with. Please list most current first.

<p>(1) Name of Primary Leaseholder _____ Address _____ Apt # _____ Date From _____ To _____ City _____ State _____ Zip _____ Landlord Name _____ Friend/ Relative Yes ___ No ___ Telephone Number _____ Landlord Address _____ City _____ State _____ Zip _____ Did this landlord bring any court action against the leaseholder or you? Yes ___ No ___ Did this landlord return your security deposit? Yes ___ No ___</p>
<p>(2) Name of Primary Leaseholder _____ Address _____ Apt # _____ Date From _____ To _____ City _____ State _____ Zip _____ Landlord Name _____ Friend/ Relative Yes ___ No ___ Telephone Number _____ Landlord Address _____ City _____ State _____ Zip _____ Did this landlord bring any court action against the leaseholder or you? Yes ___ No ___ Did this landlord return your security deposit? Yes ___ No ___</p>
<p>(3) Name of Primary Leaseholder _____ Address _____ Apt # _____ Date From _____ To _____ City _____ State _____ Zip _____ Landlord Name _____ Friend/ Relative Yes ___ No ___ Telephone Number _____ Landlord Address _____ City _____ State _____ Zip _____ Did this landlord bring any court action against the leaseholder or you? Yes ___ No ___ Did this landlord return your security deposit? Yes ___ No ___</p>
<p>(4) Name of Primary Leaseholder _____ Address _____ Apt # _____ Date From _____ To _____ City _____ State _____ Zip _____ Landlord Name _____ Friend/ Relative Yes ___ No ___ Telephone Number _____ Landlord Address _____ City _____ State _____ Zip _____ Did this landlord bring any court action against the leaseholder or you? Yes ___ No ___ Did this landlord return your security deposit? Yes ___ No ___</p>

Screen Questions: A "Yes" answer will not necessarily disqualify you for admission.

15. Have you ever been evicted from housing? Yes ___ No ___ If yes, why?

16. Have you, or any member of your household ever received housing assistance (Section 8, Public Housing, HUD Subsidized Housing) from this or any other housing agency?

Yes ___ No ___

If yes, Name of Head of Household at time _____

Relation to Applicant _____

Name of Housing Agency _____

Date Moved Out _____

Reason Moved Out _____

17. Do you owe any money to any Housing Authority? Yes ___ No ___ If yes, what Housing Authority?

18. Have you, or any member of the applicant household, ever been arrested or convicted of a crime other than a traffic violation? Yes ___ No ___

If yes, explain the nature of the issue and who was involved. Please include dates, etc. **LIST ALL CHARGES** —Failure to provide all arrests and charges may result in a denial of assistance.

19. Is anyone in your household currently on parole or probation? Yes ___ No ___

If yes, please explain:

20. Is anyone in your household currently on any State or National Sex Offender List? Yes ___ No ___

21. If illegal drugs are currently being used or were used in the past, has it caused problems needing police intervention? Yes ___ No ___ If yes, please explain _____

Are you receiving and/or completed counseling for an illegal drug use problem? Yes ___ No ___

If yes, please explain. Documentation needed to verify.

22. If you use alcohol, has alcohol use caused problems needing police intervention? Yes ___ No ___

Are you receiving and/or completed counseling for alcohol use or abuse? Yes ___ No ___ If yes, please explain. Documentation is needed to verify.

23. Please provide the names, addresses and phone numbers of two responsible individuals (NOT FAMILY MEMBERS), who can verify your ability to pay your rent on time, get along with your neighbors and maintain your apartment in a clean and sanitary manner.

Name & Phone Number	Address, Street & Apt. #	City/ State/ Zip Code
Relationship		
1. _____	_____	_____
2. _____	_____	_____

I certify that the statements on this application are true to the best of my/our knowledge and understand that they may be verified. I understand that any false statement made on this application may result in disqualification of admission. I understand that this application is not an offer of housing. I understand that it is my responsibility to inform the Municipal Housing Agency in writing of any change of addresses, income, or household composition.

Applicant Signature

Date

Co-Applicant Signature

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact the Public Housing Authority at 712-322-1491.

505 South 6th Street • Council Bluffs, Iowa 51501

Phone 712-322-1491 • Fax 712-322-9081





THE MUNICIPAL HOUSING AGENCY

Choice of Housing Development

Applicants will be offered the first suitable vacant unit available for occupancy. If the offer of a unit is not at a development of their choice, as stated on their initial application, a family may reject the offer and stay on the waiting list for the development of their initial choice. Two refusals of a unit at the development of their choice shall cause the family to be removed from the wait list. If a family has chosen either development (First Available) as their choice, two refusals shall cause the family's name to be removed from the wait list.

Please indicate your choice of housing development below:

First Available	_____
Regal Towers Only, 505 S. 6th Street	_____
Dudley Court Only, 201 N. 25th Street	_____

Applicant Signature

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact the Public Housing Authority at 712-322-1491.



Authorization for the Release of Information

HA requesting release of information:
MHA of Council Bluffs Public Housing
505 South 6th Street
Council Bluffs, Iowa 51501
(712) 322-1491

Authority: 42 U.S.C. 1437f and 3535 (d), implemented at 24CFR

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including, but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Use of Information to Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U. S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional Agencies signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that has that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations. This consent form expires 15 months after signed.

Signatures:

_____	_____	_____
Head of Household	Date	Last 4 digits Social Security Number of Head of Household
_____	_____	_____
Spouse	Date	Other Family Member over age 18 Date
_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18 Date

Failure to Sign Consent Form: Your failure to sign the consent form may result in denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Social Service Agencies
- Past and Present Employers
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Internal Revenue Service
- State Wage Information Collection

Penalties for misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully request, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other, relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.