

Date: _____
 Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____

This form must be signed by ALL adult members of the household and returned to:

Southern Iowa Regional Housing Authority
219 North Pine Street
Creston, Iowa 50801 (641) 782-8585



AUTUMN HOUSE PRE-APPLICATION

Autumn House does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.

A. FAMILY COMPOSITION - List all persons who will be living in your home. (Please remember to include yourself)

Family Member Name First, MI. Last	Birth Date	Social Security No.	Relationship	Age	Sex	Birthplace City & State	Race*	Ethnic**
1.								
2.								
3.								

* Race 1 White - 2 Black - 3 American Indian or Alaskan - 4 Asian or Pacific

** Ethnicity - 1 Hispanic - 2 Non-Hispanic

Anticipated Changes in Family Composition: _____

Have you or any household member resided in any other state(s)? YES ___ NO ___

If yes, please list the state(s) and household members that resided in those state(s) below:

If you or any household member has a handicap/disability do you need a reasonable accommodation in order to participate in the application process? YES ___ NO ___

If yes please explain: _____

B. SOURCES AND AMOUNTS OF INCOME (Including Asset Income)

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, FIP, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and other sources.

Family Member	Employer	Employer Address and Phone No.	Gross Weekly Wages	FIP	Child Support	Gross Social Security	Unemployment	All other income
1.								
2.								
3.								

C. ASSETS:

1. Do you or any household member own or have financial interest in any real estate? _____

2. Have you or any family member disposed of any real estate or assets within the last 2 years? _____

3. Do you or any family member own any stocks, bonds, or other investments? _____

4. Do you have a checking or savings account, C.D.'s? _____

For any yes answers provide description, name and address that pertain. _____

D. DEDUCTIONS AND ALLOWANCES. List all medical expenses not covered by insurance that are paid from your monthly income.

1. Elderly Medical:

Family Member	Doctor/Pharmacy/Hospital/Clinic/Insurance	Address and Phone Number	Cost
1.			
2.			
3.			

2. Child Care:

Family Member	Provider's Name	Provider's Phone Number and Address	Cost
1.			
2.			

F. OTHER INFORMATION:

1. Does anyone outside of your household pay any of your bills or give you money? Yes _____ No _____

Explain if yes _____

2. Have you or any other adult member ever used any other names(s) or Social Sec. #'s other than the ones you are currently using?

Yes _____ No _____

Explain if yes _____

3. Have you or any household member lived in any assisted housing? Yes _____ No _____

If yes list where and when _____

4. Have you or any household member ever been convicted of crimes other than traffic violations? Yes _____ No _____

Crimes convicted of: _____

5. Have you or any household member ever committed fraud in a Federal assistance housing program or been required to repay money for misrepresenting information for such programs? Yes _____ No _____

Explain if yes _____

6. Are you or any member of your household on the lifetime sex offender registration program of any state? Yes _____ No _____

Explain _____

7. Have you or any member of your household been evicted from any federally assisted program due to drug, alcohol, or any other criminal activities? Yes _____ No _____ Explain if yes _____

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that **all changes** in the income of any member of the household as well as **any changes** in the household members must be reported to the Housing Authority in **WRITING IMMEDIATELY.**

Signature of Head of Household / Date

Signature of Spouse / Date

Signature of other Adult / Date

Signature of other Adult / Date

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.