

2011--PUBLIC HOUSING APPLICATION PACKET

Dear Applicant:

Thank you for your interest in the Public Housing Program. The Public Housing program consists of rental units, within the City of Des Moines, owned and managed by the City of Des Moines, Municipal Housing Agency (DMMHA). Participants are offered an apartment in one of our five manors. Upon acceptance of a unit, participants enter into a lease agreement with the DMMHA and pay approximately 30% of their monthly adjusted income for rent.

At this time DMMHA is accepting application ONLY from applicants qualifying for one of our five (5) manors. To qualify for one of these manors you must be elderly individuals (age 62 or older) or elderly families, disabled individuals or disabled families or a single individual or a family of not more than four persons. Under no circumstances may more than one (1) person occupy the Agency's efficiency apartments and under no circumstances may more than two (2) persons occupy the Agency's one-bedroom units and under no circumstances may more than four (4) people occupy the Agency's two-bedroom apartments in these manors.

Additional eligibility for the program is determined by family composition (must be 18 years of age or older), income, past participation in Federally subsidized programs, arrest history and rental history.

DMMHA WILL DENY an applicant for the Public Housing Program if they have any drug related charges on their arrest record within the past five years.

Please go through the following steps in completing your application. **Print Clearly using ink**, except where it asks for a signature and then sign your name.

Return completed applications to: Margie Williams, City of Des Moines, Municipal Housing Agency, Applications, 100 E. Euclid Suite 101, Des Moines, IA 50313-4534. Applications may be dropped off at this address or mailed. **Incomplete applications will be returned to you for completion. Only applications that are COMPLETE will be placed on the waiting list.**

The back of this page provides step-by-step instructions on completing the application. Read carefully as you complete the application.

You will be notified through the mail of your appointment for an interview and it is important that you keep your address current with the agency at all times.

If you have any questions while completing this application, please contact Margie at 323-8977. If you reach my voice mail, leave your name, number and a brief message so that I may return your call as soon as possible. **NOTE: Clients are seen by APPOINTMENT ONLY!**

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 323-8950. A TDD machine is available at 323-8950. DMMHA offers the Language Line for applicants needing interpretation services.



**INSTRUCTIONS FOR COMPLETING
THE APPLICATION FOR PUBLIC HOUSING RENTAL ASSISTANCE**

1. Read the packet of information carefully. **PLEASE PRINT!**
2. Page by page instructions are as follows:

Page 3 – Program Summary Sheet - this page is additional information on the Public Housing Program. Please read the information carefully as it has directions on how to report a change of address to the Leasing Division.

Page 4 – Community Service information

Page 5 – Preference Information - This page is for your information regarding applying for a preference.

Page 7, 8 – Is Fraud Worth it? - This page is information from Housing and Urban Development regarding fraud and the penalties for committing fraud. Read carefully.

Page 9, 10, 11, 12 and 13 – Maps and photos of the 5 Public Housing Sites

Page 15, 16 – Application - Complete every blank of the pre-application, both the front and the back. List family members beginning with **YOURSELF!** If the section does not apply to you or your household, place "N/A" in the section so it is clear that you have read the section and it does not apply to you. Make sure your name, mailing address, including your Zip Code, (P.O. Box is acceptable) and telephone number are on the application. If you do not have a telephone number, please list a number of a contact person who will know how to get a hold of you.

Page 17 – Contact Information Form - Please complete this form if you want this Agency to be able to contact another individual or agency. You must specify the reason for which contact can be made.

Page 19, 20 – Release of Information Form - Sign the back of the form where it says "Head of Household" and enter your social security number below your name (all household members age 18 and older must also sign this form).

Page 21 – Landlord Information Form - Place your name in the upper right hand corner. Complete your current landlord and previous landlord information. **BE SURE TO INCLUDE THE LANDLORD'S FIRST AND LAST NAME AND TELEPHONE NUMBERS.** If any information is not completed, it will be sent back to you for completion and your application will stop being processed until the information is received. **If you do not have 5 years of landlord references** - list where you have resided (i.e. family, friends) for the last five years on the Landlord Information form.

Page 22 – Location Preference Selection Form - Please indicate your choice/s for the area of Des Moines in which you would like to reside. Sign and date at the bottom. You will be placed on the waiting list according to the Site/s you have chosen.

After you have completed the application packet, please return page 15, 16, 17, 18, 19, 20, 21 and 22 to:

City of Des Moines, Municipal Housing Agency
Attention: Margie Williams, Application Specialist
100 E. Euclid Suite 101
Des Moines, IA 50313-4534

Keep the top copies of this information for your records and to refer to in the future.

CITY OF DES MOINES, MUNICIPAL HOUSING AGENCY
PUBLIC HOUSING PROGRAM APPLICANT INFORMATION

PROGRAM SUMMARY

The Public Housing Program consists of rental units, within the City of Des Moines, owned and managed by the City of Des Moines, Municipal Housing Agency (DMMHA). Participants are offered an apartment. Upon acceptance of a unit, participants enter into a lease agreement with the DMMHA and pay approximately 30% of their monthly adjusted income for rent.

Eligibility for the program is determined by family composition (must be 18 years of age or older), income, past participation in Federally subsidized programs, rental history and criminal history. The DMMHA WILL DENY an applicant for participation in the Public Housing Program if they have any drug related charges on their arrest record within the past five years. Once all documentation is received and your eligibility is determined, your file is considered complete and you will be placed on a waiting list. If you are determined ineligible, you will be notified in writing.

At the update appointment you will need to provide the following:

- 1) Birth certificates for all family members; 2) Social Security Cards for all family members; 3) Marriage License, proof of common law marriage or stable family relationship, proof of legal separation or divorce decree, whichever applies; 4) Written income verification for all family members; 5) Written verification regarding assets 6) Written verification of medical expenses if elderly or disabled; 7) Picture ID of Head of Household.

IF YOU HAVE A CHANGE OF ADDRESS OR A CHANGE IN YOUR FAMILY COMPOSITION OR INCOME AT ANY TIME WHILE YOU ARE ON THE WAITING LIST, YOU MUST INFORM THE APPLICATION OFFICE OF THIS CHANGE. CHANGES MAY BE REPORTED EITHER BY MAIL OR IN PERSON. CHANGES WILL NOT BE ACCEPTED OVER THE TELEPHONE.

Periodically, you will be contacted by mail requesting an update of the information contained in your file. If you fail to respond to this letter, or if it is returned by the Post Office due to no forwarding address, your name will be removed from the active waiting list. Once your application is retired, you must make a complete, new application in order to again be placed on the active waiting list.

If you wish to check your status on the waiting list, or need additional information, contact Margie Williams at 323-8977.

Please be advised that the Violence Against Women Act of 2005 provides protections for persons that are victims of domestic violence, dating violence, or stalking. If the above listed reason(s) for denial of assistance or termination/eviction by this Agency was a result of domestic violence in which you were the victim, you must notify this Agency in writing by completing and returning to the person signing this letter/notice HUD Certification form 50066 no later than fourteen (14) business days from the date of this letter/notice. The HUD Certification form 50066 is available on the internet at <http://www.hud.gov/offices/adm/hudclips/forms/files/50066.doc> or in our administrative office, 100 E. Euclid, Suite #101, Des Moines, Iowa 50313 phone number (515) 323-8950.

City of Des Moines, Municipal Housing Agency

RE: **IMPORTANT NOTICE TO ALL PUBLIC HOUSING APPLICANTS**

This notice is to inform you that the U.S. Department of Housing and Urban Development (HUD) has a requirement for Public Housing residents called **Community Service and Self-Sufficiency**. The following information is **very important** to you as it describes this requirement, and who will be required to perform community service activities.

What is the Community Service and Self-Sufficiency requirement?

A requirement that any family member 18 years of age or older of a Public Housing unit, who is not exempt, perform voluntary work or duties that are a public benefit. The Community Service and Self-Sufficiency requirement is intended to allow resident an opportunity to “give something back” to their communities and facilitate upward mobility.

Who is exempt from this requirement?

Anyone who is one of the following:

- 1) 62 years old or older
- 2) A blind or disabled individual who certifies that because of this disability she or he is unable to comply with the service provisions or is a primary caretaker of such individual
- 3) A primary caretaker of a person(s) with a disability
- 4) Engaged in work activities of at least 25 hours per week (such as employment, job training or education)
- 5) Currently attending school
- 6) Providing Childcare for an individual participating in a community service program
- 7) Meets the requirements for being exempted from having to engage in a work activity under part A of Title IV of the Social Security Act or any welfare program of the State of Iowa, including a welfare-to-work program
- 8) A member of a family receiving assistance, benefits or services under part A of Title IV of the Social Security Act or any welfare program of the State of Iowa, including a welfare-to-work program, and has not been found to be in non-compliance with such a program

If you are not exempt, what will you need to do to meet this requirement?

You **must** do one of the following:

- 1) Contribute 8 hours per month of community service (not including political activities, employment or activities that replace a regular paid position). DMMHA must review and approve the activity.
- 2) Participate in an economic self-sufficiency program for 8 hours per month
Eligible self-sufficiency activities in which residents may engage include, but are not limited to:
 - Job Readiness Programs
 - Job Training Programs
 - Skills Training Programs
 - Higher Education (Junior College or College)
 - GED classes
 - Apprenticeships (formal or informal)
 - Substance abuse or mental health counseling
 - English proficiency or literacy (reading) classes
 - English as a second language classes
 - Budgeting and Credit counseling
 - Carrying out any activity required by the Department of Public Assistance as part of welfare reform.
- 3) Perform 8 hours per month of combined activities as described in numbers 1 & 2 above

If you are not exempt, when do you have to start?

Within two weeks of the date your lease agreement with the DMMHA begins.

IF YOU HAVE ANY QUESTIONS REGARDING THE COMMUNITY SERVICE REQUIREMENT, PLEASE CONTACT DMMHA at (515) 323-8950.

PUBLIC HOUSING PROGRAM PREFERENCE INFORMATION

The City of Des Moines, Municipal Housing Agency has adopted the following preferences for ranking applicants to prioritize selection for assistance. These preferences change the order of placement on the waiting list since selection will be based on need, rather than the date the application was filed. This process will assist in targeting services to these applicants with the greatest need.

Emergency Preference

1. As a result of Actual or Threatened Physical Violence - violence directed against the applicant or one or more members of the applicant's family by a spouse or other member of the applicant's household; or, the applicant lives in a housing unit with such an individual who engages in such violence (police reports substantiating the violence will be required as verification that such violence has occurred in the applicant's household). Further, the individual who engages in such activity will NOT be allowed to reside with the applicant on Public Housing program unless DMMHA provides written approval.
2. As a Result of Hate Crimes — If one or more of the applicant's family have been the victim of one or more hate crimes; and the applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit (police reports substantiating the crime will be required as verification of such crimes).
3. As a Result of a Natural Disaster - An applicant who is a victim of a natural disaster may qualify for this preference upon verification that the natural disaster occurred and that the natural disaster was beyond the applicants ability to control. In the event of a fire in a unit, verification from the Fire Marshall that the fire occurred as a result of natural causes, and not as the result of tenant neglect, will be required in order to qualify for this preference.

Working Preference

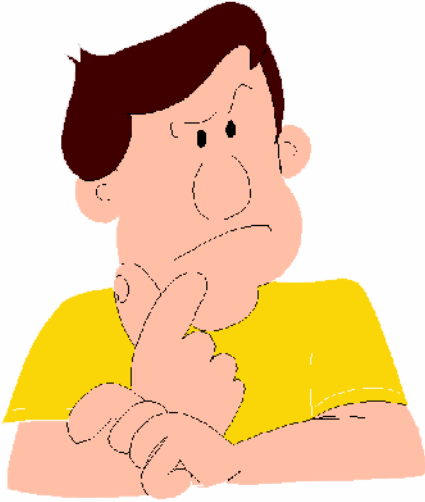
The DMMHA may give a preference to applicants who meet the following minimum criteria (so long as our Income Targeting requirements are not negatively affected):

1. A permanent part-time employee working (making an earned income) for at least 6 months;
And
2. Making a projected gross annual income of \$10,000

Written verification from the Employer (or a W2 or 1099 form, where possible) will be required as documentation support the applicants eligibility for this preference.

Applicants applying for a preference must complete a Preference application form and provide acceptable verification that they are eligible for a preference. Acceptable verification must come from a government agency, law enforcement agency or employer. Adequacy of the verification shall be determined by the DMMHA in its sole discretion. The verification is valid for ninety (90) days. If the applicant is not housed within ninety (90) days, the preference may be re-verified at the time the family is offered assistance.

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APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it [to Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



PUBLIC HOUSING PROGRAM SITE BASED WAITING LIST

ROYAL VIEW MANOR-1101 CROCKER ST
South of 1-235 and East of Keosauqua Way

Elderly and Disabled Families, Single individuals, Families with four persons or less

NOTE: Not to exceed more than one person per efficiency apartment and not to exceed 2 people per one bedroom apartments and 4 people per two bedroom apartments.

Number of units: 200

Accessible Units: 10

Estimated Wait Time: 6 months to 1 year for Efficiency and One-bedroom units

Estimated Wait Time: Two years or longer for 2 bedroom units

Amenities:

Close to Bill Riley and Great Western Recreational Trail, Brooks Community Center.
Close to downtown. Royal View Manor has laundry facilities, community room, and a grocery store on the bus line. On-site Service Coordinators.

Security—The apartment complex has a secure main entrance. Certified Crime Free Multi Housing Property.



Transportation—for Bus Route Information Contact: DART (Des Moines Area Regional Transit) at 283-8100.



PUBLIC HOUSING PROGRAM SITE BASED WAITING LIST

HIGHLAND PARK PLAZA-3717 6TH AVENUE
North of Euclid and West of 2nd Avenue

Elderly Apartment Complex: You must be at least 62 years of age or older to reside in the units.

Number of units: 50
Accessible Units: 3

Estimated Wait Time: 1 to 6 months depending on unit availability

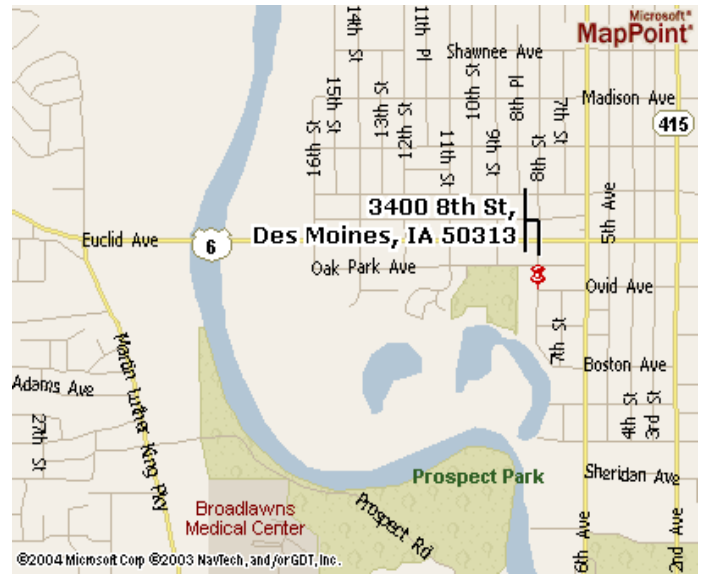
Amenities:

Close to Inter-Urban Recreation Trail, J. Pat Dorian Recreational Trail and Grubb YMCA

Highland Park has laundry facilities, community room, and a grocery store on the bus line.

Security—The apartment complex has a secure main entrance.

Transportation—for Bus Route Information Contact: DART (Des Moines Area Regional Transit) at 283-8100.



PUBLIC HOUSING PROGRAM SITE BASED WAITING LIST

OAK PARK PLAZA-3400 8TH STREET
North of Euclid and West of 6th Avenue

Elderly Apartment Complex: You must be at least 62 years of age or older to reside in the units.

Number of Units: 40

Accessible Units: 3

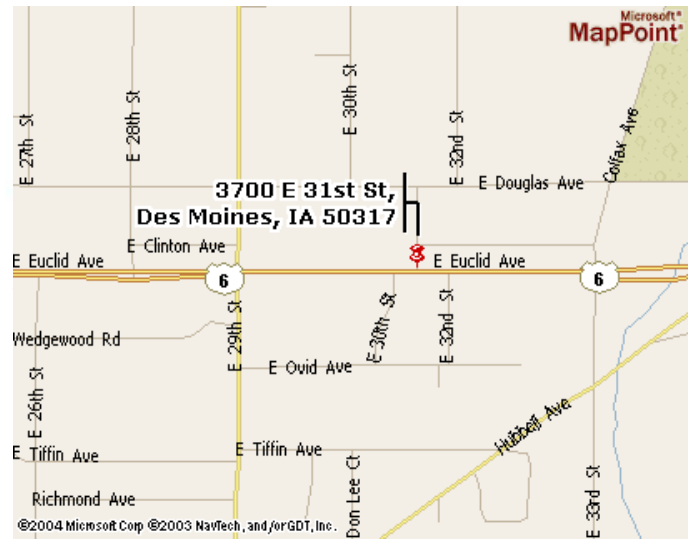
Estimated Wait Time: 1 to 6 months depending on unit availability

Amenities:

Close to Inter-Urban Recreation Trail, J. Pat Dorian Recreational Trail and Grubb YMCA. Oak Park has laundry facilities, community room, and a grocery store on the bus line.

Security—The apartment complex has a secure main entrance.

Transportation—for Bus Route Information Contact: DART (Des Moines Area Regional Transit) 283-8100.



PUBLIC HOUSING PROGRAM SITE BASED WAITING LIST

EAST VIEW MANOR-3700 E 31ST STREET
East of I-235 and North of Euclid

****REMODELED IN LATE 2007****

Elderly Apartment Complex: You must be at least 62 years of age or older to reside in this building.

Number of units: 50

Accessible Units: 5

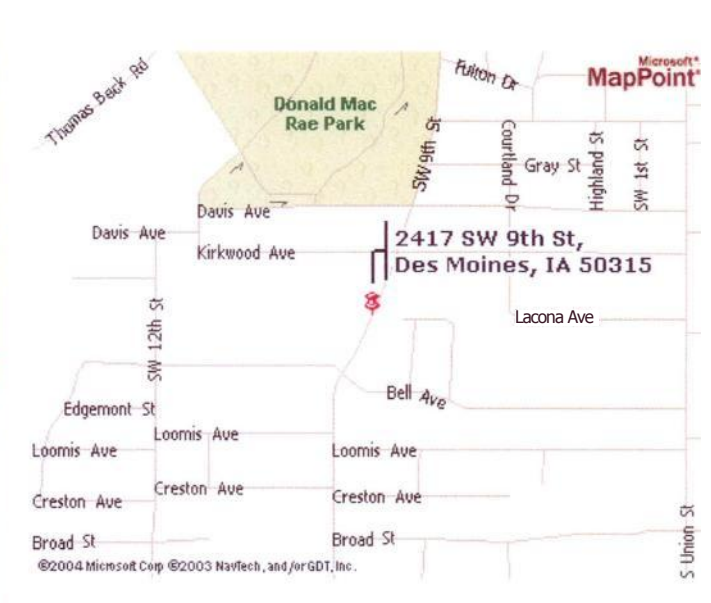
Estimated Wait Time: 6 months to one year depending on unit availability

Amenities:

Close to Charles E. Harvey Recreation Trail, J. Logan and Four Mile Community Centers. East View Manor has laundry facilities, community room, and a grocery store on the bus line.

Security—The apartment complex has a secure main entrance.

Transportation—for Bus Route Information Contact: DART (Des Moines Area Regional Transit) at 283-8100.



PUBLIC HOUSING PROGRAM SITE BASED WAITING LIST

SOUTH VIEW MANOR-2417 SW 9TH STREET
South of Kirkwood Avenue and North of Bell Avenue

****NEWLY REMODELED IN 2010****

Elderly Apartment Complex: You must be at least 62 years of age or older to reside in the units.

Number of units: 50
Accessible Units: 5

Estimated Wait time: 1 to 2 months depending on unit availability

Amenities: Close to Bill Riley and Great Western Recreational Trails. South View Manor has laundry facilities, community room, and a grocery store on the bus line.

Security—The apartment complex has a secure main entrance. Certified Crime Free Multi Housing Property.



Transportation—for Bus Route Information Contact: DART (Des Moines Area Regional Transit) at 283-8100.

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PUBLIC HOUSING APPLICATION

Des Moines Municipal Housing Agency
 100 E. Euclid, Suite 101
 Des Moines, IA 50313-4534

FAILURE TO COMPLETE ENTIRE APPLICATION OR PROVIDE READABLE ADDRESS AND FAMILY INFORMATION WILL RESULT IN YOUR APPLICATION NOT BEING PROCESSED!! PLEASE PRINT!!

Name of Applicant _____ Telephone: _____

Mailing Address _____

City _____ State _____ ZIP _____ (+4) _____

A. Family Composition

FAMILY MEMBER	NAME (First, Middle Initial, Last)	BIRTH DATE	SOCIAL SECURITY NO.	RELATIONSHIP	Age	Sex	MARITAL STATUS (M, W, S)
				HEAD			

Anticipated Changes in Family Composition _____

B. Source and Amount(s) of Income

Family Member	Source of Income Employer, FIP, SS, etc.	Gross Dollar Amount per Month

C. Net Family Assets-Checking, Savings, CDs - List all Bank Accounts

Family Member	Description	Amount Value

E. Deductions and Allowances Medical Expenses (Elderly/Disabled Only) Note: Persons who are 62 or older AND persons with disabilities are entitled to additional deductions such as medical expenses and a \$400 reduction of total annual income which could impact the amount of rent that you will pay.

Family Member	Description (prescriptions, doctors, insurance payments, medicare)	Cost per Month

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.

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. Form HUD-92006 (05/09)

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Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

City of Des Moines Municipal Housing Agency
100 E Euclid Ave. Suite 101
Des Moines, Iowa 50313-4534

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are 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.

Uses of Information to be Obtained: HUD is required to protect the income 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 income 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 income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this 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 signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the 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 hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. 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		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, 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.

PLEASE PROVIDE A MINIMUM OF FIVE (5) YEARS OF LANDLORD/RENTAL HISTORY. AND **IF YOU CANNOT PROVIDE FIVE (5) YEARS PLEASE EXPLAIN WHY BELOW**
PLEASE PRINT

MAKE SURE YOU SIGN AND DATE THE BOTTOM

Current Landlord: _____ Phone: _____

Your Current Address: _____

Date Rented From: _____ To _____ Rent Amount: _____

Why are you moving? _____

Previous Landlord: _____ Phone: _____

Your Previous Address: _____

Date Rented From: _____ To _____ Rent Amount: _____

Why are you moving? _____

Previous Landlord: _____ Phone: _____

Your Previous Address: _____

Date Rented From: _____ To _____ Rent Amount: _____

Why are you moving? _____

Previous Landlord: _____ Phone: _____

Your Previous Address: _____

Date Rented From: _____ To _____ Rent Amount: _____

Why are you moving? _____

Have you ever been evicted? _____ When? _____

Where: _____

Why? _____

Signature of applicant: _____ Date: _____

**CITY OF DES MOINES
MUNICIPAL HOUSING AGENCY**

**PUBLIC HOUSING PROGRAM
SITE BASED SELECTION FORM**

I understand that I will be offered a rental unit by the City of Des Moines, Municipal Housing Agency on the basis of my position on the waiting list, availability of dwelling units, location of the available units and family composition (to determine bedroom size).

I also understand that if I am a single or handicapped/disabled individual who is NOT over the age of 62, I may not be offered a unit at Highland Park Plaza, Oak Park Plaza, South View Manor or East View Manor as they are designated for elderly persons over the age of 62 only.

Having been notified of all of the above provisions regarding rental unit offers, the following is my preference of location within the City of Des Moines:

PLEASE INDICATE YOUR PREFERENCE BY PLACING "1" (FIRST CHOICE) OR "2" (SECOND CHOICE) IN THE SPACE BESIDE THE LOCATIONS LISTED BELOW:

****NOTE: If you are under 62 years of age you may only choose Royal View Manor.**

- | | |
|--|--|
| _____ Highland Park Plaza | North of Euclid and West of 2 nd Avenue |
| _____ Oak Park Plaza | North of Euclid and West of 6th Avenue |
| _____ South View Manor | South of Kirkwood and North of Bell Avenue |
| _____ Royal View Manor | South of I-235 and East of Keosauqua Way |
| _____ East View Manor | East of I-235 and North of Euclid |
| _____ No preference at this time (First available) | |

Do you need a fully handicapped accessible unit (circle one)? YES or NO
(a fully handicapped accessible unit is a unit that has complete wheelchair accessibility, i.e. accessible kitchen, light switches and bathroom facilities)

Does anyone in your household require any other type of accommodations to fully utilize our programs and services?

YES or NO If Yes, Who? _____ What do they require? _____

Signature of Applicant

Date