



**DES MOINES MUNICIPAL HOUSING AGENCY (DMMHA)  
5h Home Ownership Program Application**

**IMPORTANT:** This application will be time stamped and date stamped upon receipt. Any changes or additions requested must be submitted in writing **immediately** to the Homeownership Coordinator or your application may be rejected and your application will be retired. *If the applicant is married, both spouses must sign the form.* If you have any questions, call Kara Nees-Anderson at 323-8988 **BE SURE TO PRINT!**

Please fill out this application and return it to the:

**Des Moines Municipal Housing Agency  
5h Program/Attention: Kara Nees-Anderson  
100 E. Euclid Suite 101  
Des Moines, IA 50313**

**\*ARE YOU CURRENTLY IN (Circle One):** Public Housing---Section 8---Waiting list for either PH or SEC 8---None of these

**HOW DID YOU HEAR ABOUT THE 5(h) HOME OWNERSHIP PROGRAM?** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**MARITAL STATUS:** I AM  SINGLE I AM  MARRIED (MUST CHECK ONE)

**FULL NAME:** \_\_\_\_\_ **SPOUSE'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SPOUSE'S DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **SPOUSE'S SOCIAL SECURITY#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_

How many people LIVE IN YOUR HOME? \_\_\_\_\_ **List all household members below.** Attach a page if necessary, following the same format as the table below.

Full name	Age	Relationship

**FAMILY CHARACTERISTICS:** Ethnicity (Circle one) Non Hispanic Hispanic  
Race (Circle one) White African American/Black Asian Other  
American Indian or Alaskan Native Native Hawaiian/Other Pacific Islander

**ARE YOU A U.S. CITIZEN?** YES \_\_\_\_\_ NO \_\_\_\_\_

**How much do you pay for RENT currently?** \$ \_\_\_\_\_ Monthly

**Are you responsible for utilities?**  Yes  No

**AMOUNT OF HOUSEHOLD INCOME:** Please report your **gross household income** (before taxes or deductions). This includes *all family members who are 18 years old or older.*

\$ \_\_\_\_\_ MONTHLY \$ \_\_\_\_\_ ANNUALLY

**Have you or any members of your family participated in a self-sufficiency program?**  
\_\_\_\_\_ Yes or \_\_\_\_\_ No (If yes, explain) \_\_\_\_\_

Have you or any members of your family ever participated in a federally assisted housing program before?

\_\_\_\_\_ Yes (If yes, please list where and when) \_\_\_\_\_

\_\_\_\_\_ No

**Employment History:** Please list all employment history, beginning with current employment and continuing for the past two years. The information should be completed for all adults providing financial support for the family. If additional space is needed, please add extra pages.

**HEAD OF HOUSEHOLD:**

Name \_\_\_\_\_

*Current Employment:*

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Job Title/Position

\_\_\_\_\_  
Phone

Employment date: \_\_\_\_\_

*Wage:*

Hourly: \$ \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

Are you paid weekly? Amount: \_\_\_\_\_

Are you paid bi-weekly? Amount: \_\_\_\_\_

Monthly \_\_\_\_\_

**SPOUSE:**

Name \_\_\_\_\_

*Current Employment:*

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Job Title/Position

\_\_\_\_\_  
Phone

Employment Date: \_\_\_\_\_

*Wage:*

Hourly: \$ \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

Are you paid weekly? Amount: \_\_\_\_\_

Are you paid bi-weekly? Amount: \_\_\_\_\_

Monthly \_\_\_\_\_

**FINANCIAL INFORMATION**  
(Please list all sources of income that apply)

ITEM:	SOURCE:	MONTHLY TOTAL:
Employment <i>(both spouses if applicable)</i>		
Child Support		
Alimony		
Pension		
FIP		
Social Security		
SSI		
Other		
<b>Total</b>		

Does the family maintain a checking account: \_\_\_\_\_ Yes \_\_\_\_\_ No

*Name on account* \_\_\_\_\_ *Name of financial institution* \_\_\_\_\_ *Current Balance* \_\_\_\_\_

Does the family maintain a savings account: \_\_\_\_\_ Yes \_\_\_\_\_ No

*Name on account* \_\_\_\_\_ *Name of financial institution* \_\_\_\_\_ *Current Balance* \_\_\_\_\_

Who will be on the loan application for the lending institution? \_\_\_\_\_

Do you have funds available to pay for downpayment and closing costs?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please indicate the amount and source)

Savings \_\_\_\_\_ Amount \_\_\_\_\_

Gift \_\_\_\_\_ Amount \_\_\_\_\_  
Source of gift \_\_\_\_\_

Other \_\_\_\_\_ Amount \_\_\_\_\_  
Source \_\_\_\_\_

**EXPENSES**

(Please list all reoccurring, monthly expenses. If you need more space, please use another sheet of paper. Examples: credit cards-list all, student loans, car loan, etc.)

ITEM:	ACCOUNT:	MONTHLY PAYMENTS:	BALANCE:
Credit Card-			
Credit Card-			
Credit Card-			
Student Loan-			
Vehicle Loan-			
Loan-			
Rent/Housing-			
Utilities-			
Utilities-			
Utilities-			
Phone-			
Insurance-			
Insurance-			
Child Care-			
Alimony-			
Other-			
Other-			
<b>TOTAL MONTHLY EXPENSES</b>			



**CITY OF DES MOINES, DES MOINES MUNICIPAL HOUSING AGENCY**  
**5h Homeownership Program Release & Consent Form**

To \_\_\_\_\_:

I/We participate in the City of Des Moines, Municipal Housing Agency (DMMHA) Affordable Homeownership Program (5h Program).

I/We, \_\_\_\_\_ hereby authorize confidential information to be RELEASED and/or EXCHANGED from the DMMHA staff and other outside sources, as may be necessary for participation in the 5h homeownership program.

I/We have or may apply for a real estate loan. You are hereby authorized to release any information required by the DMMHA to complete the processing of my/our program application or to conduct a quality control audit. Necessary credit information may include verification of my past and present employment earnings, savings deposits, checking accounts, consumer credit balances, payments and history including mortgage payment records and balances, and federal or state records including State Employment Security Agency records, or other sources as required.

A photographic or carbon copy of the authorization (being a photographic or carbon copy of the signature(s) of the undersigned may be deemed to be the equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_  
SIGNATURE  
DATE: \_\_\_\_\_

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE  
DATE: \_\_\_\_\_

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**LANDLORD QUESTIONNAIRE**

(TO BE COMPLETED BY YOUR CURRENT LANDLORD IF APPLICABLE)

Applicant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

S.S. #(list all): \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*If you have been in this residence for less than one year, we will need your former landlord to fill out this form as well.**

1.) Dates of tenancy? From \_\_\_\_\_ To \_\_\_\_\_

2.) Utilities provided or tenant paid? Electric—Gas—Water—Sewer—Garbage—(Circle all that the **tenant** pays)

3.) Do/did they pay their rent on time? YES---NO (Circle one)

Payment schedule: Monthly—Weekly—Bi-monthly—Special Arrangement (Circle one)

If rent payment was late, how late and how often was it late? \_\_\_\_\_

4.) How much is/was the rent? \_\_\_\_\_

5.) Is there a balance owing for rent or other charges? YES---NO (Circle one) If YES, please explain: \_\_\_\_\_

6.) How many people live/lived in the unit? \_\_\_\_\_

Number of adults? \_\_\_\_\_ Number of children? \_\_\_\_\_

7.) Are they currently in a one-year lease? YES---NO (Circle one)

8.) Is it a written lease agreement? YES---NO (Circle one)

9.) Are/were there any lease violations? YES---NO (Circle one)

If YES, what were the violations? \_\_\_\_\_

Number of violations in a 12-month period? \_\_\_\_\_

10.) How is/was their housekeeping? GOOD---FAIR---POOR (Circle one)

11.) Have there been damages to the unit? YES---NO (Circle one)

If YES, what were the damages? \_\_\_\_\_

Approximate cost of the damages? \_\_\_\_\_

Have you been reimbursed for the damages? \_\_\_\_\_

12.) Were damages/maintenance problems reported immediately? YES---NO (Circle one)

13.) Did/do they have any complaints from neighbors? YES---NO (Circle one)

If YES, please explain: \_\_\_\_\_

14.) Did/do they have any pets? \_\_\_\_\_

If YES, were your rules regarding pets followed? \_\_\_\_\_

15.) Would you rent to this person again? \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**\*DMMHA will be contacting the landlord for confirmation of this information\***

For DMMHA use only:

ACCEPTED                  DENIED

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_