

**APPLICATION FOR ADMISSION
AND RENTAL ASSISTANCE**

Please indicate which complex you are interested in. If you are interested in more than one, indicate a preference by the following: 1=First Choice 2=Second Choice 3=Third Choice

Evergreen Terrace _____ Fairmount Park _____ Riverside Gardens _____

APPLICANT NAME _____ APPLICATION NUMBER _____
 CURRENT ADDRESS _____
 CITY _____ COUNTY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Starting on the first line, list the Head of Household and all other members who will be living in the unit. Give the Relations of each family member to the head.

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOC SEC #

2. Race of Head of Household (check one) {For statistical purposes only}
 _____ White _____ Black _____ American Indian/Alaskan Native _____ Asian/Pacific Islander

3. Ethnicity of Head of Household {For statistical purposes only}
 _____ Hispanic _____ Non-Hispanic

4. Have you or any member of your household been evicted from Public Housing, Indian housing, Section 23 housing or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? _____ Yes _____ No
 If yes, please explain: _____

5. Do you or any member of your household have a history of engaging in the use of a controlled substance or in alcohol abuse that has not been abated through a supervised rehabilitation program or other means of rehabilitation? _____ Yes _____ No
 If yes, please explain: _____

6. Have you or any member of your household ever been convicted of a misdemeanor or felony? _____ Yes _____ No
 If yes, please explain: _____

7. Please identify any special housing needs your household has: _____

**** If you have a disability and need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, you have the right to request such an accommodation.**



8. Are there any live-in care attendants who are part of the household? _____ Yes _____ No
9. Do you own a pet? _____ Yes _____ No Cat, Dog, or Bird? _____

PREVIOUS RENTAL HISTORY

(Five years of rental history will be verified. If unable to list all references in the spaces provided below, please document additional references on a separate sheet of paper and attach to application.)

Name and Address of your Present Landlord

Telephone No. _____
 How long have you lived there? _____
 Reason for leaving. _____

Name and address of your Former landlord:

Telephone No. _____
 How long had you lived there? _____
 Reason for leaving. _____

Name and address of your Former landlord:

Telephone No. _____
 How long had you lived there? _____
 Reason for leaving. _____

PROFESSIONAL REFERENCE HISTORY

(If five years of rental history cannot be provided, please list 3 professional references in the space provided below. A professional reference is not a relative or friend. Examples of a professional reference are: clergyman, doctors, employers, etc.)

Name and Address of professional reference

Home Telephone No. _____
 Work Telephone No. _____

Name and Address of professional reference

Home Telephone No. _____
 Work Telephone No. _____

Name and Address of professional reference

Home Telephone No. _____
 Work Telephone No. _____

ASSETS INFORMATION

1. Please list all checking and savings accounts; certificates of deposits and other bank account. Stock and bond accounts should also be listed as well as annuity, trust, IRA, 401K accounts. Also include any cash values associated with whole life insurance policies.

<u>Family Member First Name</u>	<u>Type of Account</u>	<u>Account Number</u>	<u>Current Balance</u>	<u>Name & Address where Value can be Verified</u>
_____	1 _____	_____	\$ _____	Name _____
	2 _____	_____	\$ _____	Address _____
	3 _____	_____	\$ _____	City _____ State _____ ZIP _____
_____	1 _____	_____	\$ _____	Name _____
	2 _____	_____	\$ _____	Address _____
	3 _____	_____	\$ _____	City _____ State _____ ZIP _____
_____	1 _____	_____	\$ _____	Name _____
	2 _____	_____	\$ _____	Address _____
	3 _____	_____	\$ _____	City _____ State _____ ZIP _____
_____	1 _____	_____	\$ _____	Name _____
	2 _____	_____	\$ _____	Address _____
	3 _____	_____	\$ _____	City _____ State _____ ZIP _____
_____	1 _____	_____	\$ _____	Name _____
	2 _____	_____	\$ _____	Address _____
	3 _____	_____	\$ _____	City _____ State _____ ZIP _____

2. Are any of the above-mentioned assets held jointly? If yes, show both names in family member column. Yes _____ No _____

3. During the past 2 years, have you sold, for less than fair market value, or given away any real property or other assets (including cash) valued at more than \$1,000? If yes, please list Market Value of this property: Yes _____ No _____

4. Do you own your own home? _____ Yes _____ No
 _____ Paid _____ Mortgaged
 If, mortgaged, with whom? _____
 If the location of your home is different than the address listed on this application, please list the address.

5. Do you own other property/properties? Please list. Yes _____ No _____
 Street _____
 City _____ County _____ State _____ ZIP _____

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer:

Telephone No.: _____

Supervisor's Name: _____

How Long Have You Worked There: _____

Name and Address of Spouse's or Co-Head's Employer:

Telephone No.: _____

Supervisor's Name: _____

How Long Have You Worked There: _____

INCOME INFORMATION

Did you file a Federal Income Tax Return last year? Yes _____ No _____

Does anyone living outside your household pay any of your bills? Yes _____ No _____

Please list gross payments (before taxes) made to each family member age 18 or older for social security, SSI, disability, wages, worker's compensation, welfare assistance, unemployment benefits, retirement payments, alimony, military pay, periodic gifts, barter income, and business or professional income.

<u>Family Member</u> <u>First Name</u>	<u>Gross</u> <u>Payment</u>	<u>Employer or other Source where reported income can be verified.</u>
_____	\$ _____	Name _____ Address _____ City _____ State _____ Zip _____
_____	\$ _____	Name _____ Address _____ City _____ State _____ Zip _____
_____	\$ _____	Name _____ Address _____ City _____ State _____ Zip _____
_____	\$ _____	Name _____ Address _____ City _____ State _____ Zip _____
_____	\$ _____	Name _____ Address _____ City _____ State _____ Zip _____

Attach additional sheets if necessary.

ALLOWABLE MEDICAL EXPENSES (Paid out-of-pocket for the last 12 months.)

If you wish to claim an allowance for 1) Medicare and/or other supplemental health insurance premiums; 2) medical, dental, or optical expenses; or 3) prescription or over-the-counter drug expenses, please provide the first name of family member claiming the expense and name and address of the provider of the service or product.

Family Member First Name _____
Expense Claimed \$ _____
Provider _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

Family Member First Name _____
Expense Claimed \$ _____
Provider _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

Family Member First Name _____
Expense Claimed \$ _____
Provider _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

Family Member First Name _____
Expense Claimed \$ _____
Provider _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

Family Member First Name _____
Expense Claimed \$ _____
Provider _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

Family Member First Name _____
Expense Claimed \$ _____
Provider _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

Family Member First Name _____
Expense Claimed \$ _____
Provider _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

Family Member First Name _____
Expense Claimed \$ _____
Provider _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____

APPLICANT CERTIFICATION

I certify that if selected to receive assistance, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility. I certify that the statements made in this application are 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.

Signature of Head _____ Date: _____

Signature of Spouse/Co-Head _____ Date: _____

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PLEASE RETURN COMPLETED APPLICATION TO:
SIOUXLAND AGING SERVICES, INC.; ATTN: HOUSING DEPARTMENT;
2301 PIERCE STREET; SIOUX CITY, IA 51104

AUTHORIZATION TO RELEASE INFORMATION

Re: _____ (Please complete landlord's address)

To Whom It May Concern:

I authorize any person, agency, or institution to supply information requested by Siouxland Aging Services, Inc. concerning me, or other members of my household. This information will be used to determine my eligibility for housing. The information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD.) HUD requires the housing owner to verify all information.

You do not have to sign the form if either the requesting organization or the organization supplying the information is left blank.

Signature: _____

(Head of Household)

Social Security Number _____

Signature: _____

(Co-tenant or Co-applicant)

Social Security Number _____

Date: _____

Penalties For Misusing This Consent:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this verification form is restricted to the purposes cited above. 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 PHA or owner responsible for the authorized disclosure or improper use. Siouxland Aging Services, Inc. does not discriminate on the basis of handicapped status in the admission or access to or treatment of employment in, its federally assisted programs and activities.

ACKNOWLEDGEMENT

Credit/Criminal – Landlord Verification

The applicant agrees and acknowledges that a credit/criminal and landlord verification will be completed. Any information given shall be held in strict confidence.

Applicant's
Signature: _____

Name/
Address
(printed) _____

Soc. Sec. # _____

Date _____

Siouxland Aging Services, Inc. does not discriminate based upon race, color, creed, religion, sex, nation origin, age, familial status, or handicap.

Apartment _____

SIOUXLAND AGING SERVICES, INC.
2301 Pierce Street, Sioux City, IA 51104

TO: All Tenants and Applicants

FROM: Siouxland Aging Services, Inc.

RE: Reasonable Accommodations
For Applicants/Residents with Disabilities

Please be advised that persons who apply for residency or are current residents are entitled to request reasonable accommodations.

The definition of reasonable accommodation is a change in policy or procedure to accommodate an applicant or resident with disabilities which does not constitute either undue burdens or a fundamental alteration of the housing program.

Reasonable accommodations vary greatly depending on the individual and can be a physical accommodation or a change in policy.

For more information, contact:

Siouxland Aging Services, Inc.
2301 Pierce Street
Sioux City, IA 51104

Phone: (712) 279-6900
Or 1-800-798-6916