



Return the completed Housing Application with the following items:

1. \$25 per adult non-refundable application fee -
Payable ONLY by Check or Money Order- Made out to HACAP
2. Driver's License or Picture ID
3. Past 30 day income documentation for each adult listed on application
4. If you are in a shelter or staying with family/friends, include letter from the shelter or the person you are staying with stating this

If you have questions, please call Tiyada:
319-366-7631 Ext 1502

Return the application with application fee to:

ATTN: Housing
HACAP Inn Circle Site
5560 6th St SW
Cedar Rapids IA 52404

Email: housing@hacap.org

Other Housing Resources:

www.linncounty.org/communityservices
www.iowahousingsearch.org



Local Housing Rental Application

Basic Rental Criteria

- All applicants must be at least 18 years of age or older.
- Household income must be at/or below 60% Area Median Income limits for certain units.
- Applicant must have verifiable income and/or any type of rental subsidy.
- Any and all adults (18 years or older) must complete a rental application, be listed on the lease as a resident, and have full liability to fulfill all terms and conditions of the lease. **A \$25 Non-Refundable Application Fee for each adult listed on the application is required. Payment may be made by check or money order. Cash will not be accepted.**
- Applicants must consent to a background and criminal investigation search. Criminal charges and/or convictions may be grounds for denial.
- **Maximum Occupancy Standards:**
 - Efficiency has a maximum occupancy of 1 person
 - 1 bedroom has a maximum occupancy of 2 persons
 - 2 bedroom has a maximum occupancy of 4 persons
 - 3 bedroom has a maximum occupancy of 6 persons
 - 4 bedroom has a maximum occupancy of 8 persons
- A family may occupy a rental unit as long as the family does not exceed a maximum of 2 persons per bedroom plus a child who is less than 1 year old who sleeps in the same bedroom with the child's parent or guardian. If the applicant is pregnant or has a child less than 1 year old at the time of moving in and the newborn child reaches 1 year old during the lease term, the resident may stay in the unit for the duration of the lease term. However, if the number of residents exceeds the maximum per bedroom limit because the newborn reaches or exceeds the 1 year limitation at the end of the lease term, the applicant must apply for and if accepted move into a larger unit, if available. Under no circumstances can the applicant remain in a unit where occupants exceed the maximum occupancy standards.

I have read and agree to the above rental criteria requirements.

Applicant Signature: _____ Date: _____



Local Housing Rental Screening Application

Current Address: _____

How long at current address: _____

Current Landlord: _____

Landlord Phone Number: _____

Previous Address: _____

Previous Landlord: _____

Landlord Phone Number: _____

Current Employer: _____

Current Employer Address: _____

Current Employer Telephone: _____

Period of Time Employed: _____

Have you ever been evicted?

Yes No

If yes, when and why?

Have you ever been convicted of a crime?

Yes No

If yes, when and describe:

I, _____, certify that the information provide in the rental application is true and correct to the best of my knowledge as of the date set forth below. I acknowledge that the landlord shall rely on the information contained herein and I authorize the landlord to verify any or all information provided.

Applicant Signature: _____ Date: _____



Disclosure And Authorization For Background Investigation

I hereby authorize Hawkeye Area Community Action Program, Inc., the landlord to whom I making the rental application, to obtain a consumer and background report. A "consumer and/or background report" includes any information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand this consumer or background report may include inquiries regarding my work history, personal financial status and credit history, court records, including criminal conviction record, as permitted by law, driving history, and references from professional and/or personal associates. I further understand and agree that a consumer report may be obtained at any time, and any number of times, as the landlord in their sole discretion determines necessary before, during or after the acceptance of the rental application.

I hereby authorize all previous employers, landlords, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Hawkeye Area Community Action Program, Inc. I further fully release Hawkeye Area Community Action Program, Inc., employees and all other parties involved in this background investigation, including but not limited to investigators, credit agencies and those companies or individuals who provide information to Hawkeye Area Community Action Program, Inc. concerning me, from any claims or actions for any liability whatsoever related to the process or results of the background investigation.

I understand that I can receive a free copy of any credit report requested by Hawkeye Area Community Action Program, Inc. about me at the same time the report is provided to Hawkeye Area Community Action Program, Inc.

I understand that approval of my rental application may be contingent upon the outcome of my background check, and that the disclosure authorization is not meant as an approval of rental application

I have received and read the "Disclosure" regarding Hawkeye Area Community Action Program, Inc. right to procure a consumer and/or background report.

Applicant Signature: _____ Date: _____

First Name: _____ M.I. ____ Last Name _____

SSN#: _____ Applicant Date of Birth: _____

Driver's License Number: _____ State of Issue: _____

Phone #: _____

Current Street, City, Zip Code Address:

Previous Street, City, Zip Code Address:

HACAP HOUSING

MINIMAL INCOME FORM

Have you had income from any of these sources during the past 30 days? If your answer is yes, please list approximate date and amounts.

<u>Income</u>	NO	YES	DATE	AMOUNT	<u>Office use only:</u> If yes, verified documentation attached	<u>Assets</u>	NO	YES	DATE	AMOUNT	<u>Office use only:</u> If yes, verified documentation attached
EMPLOYMENT*				\$		STOCKS, MUTUAL FUNDS				\$	
CHILD SUPPORT*				\$		SAVINGS ACCOUNT				\$	
SSI/SSDI*				\$		BONDS				\$	
SOCIAL SECURITY PENSION*				\$		TRUSTS				\$	
ALIMONY*				\$		HOME OWNER				\$	
PENSION*				\$		LOANS				\$	
FIP*				\$		IRA/CDS				\$	
MILITARY PAY				\$		SCHOLARSHIP, GRANTS, ETC				\$	
WORKERS COMP				\$		INSURANCE SETTLEMENTS				\$	
CASH EMPLOYMENT				\$		FRIENDS/FAMILY				\$	
RENTAL PROPERTY INCOME				\$		OTHER				\$	
UNEMPLOYMENT				\$		OTHER				\$	
GENERAL ASSISTANCE				\$							
INTEREST INCOME				\$							
OTHER				\$							
OTHER				\$							

HACAP HOUSING

MINIMAL INCOME FORM

Please describe how your household has met the following basic needs during the past three months:

Rent/Mortgage Payments: _____ Utility/Heating Bills: _____

Food: _____ Transportation: _____

I certify that the information provided on this form is true and correct to the best of my knowledge. Any willful misrepresentation of the information on this form is subject to penalty of law. I authorize the agency processing this form to verify the information given above.

(One form must be completed for each adult in the household)

Applicant Signature _____ Date: _____

HACAP Office Use Only:

Total Annual Household Income \$ _____

% of Area Median Income _____ %

Tenant falls below 50% AMI limit guideline Yes No

Program Participant has provided verified documentation for all stated sources of income and assets

X _____
Signature of HACAP Agency Representative

Date



HACAP Regional Housing Application

ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETED

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LEGAL LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ COUNTY: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (if different than street address) _____ CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY CONTACT NUMBER: _____ SECONDARY CONTACT NUMBER: _____ E-MAIL ADDRESS: _____

2. HOUSEHOLD MEMBER / INCOME INFORMATION (Please use codes listed below for completing this section)

A disconnected youth is a member of the household age 14-25 who is neither working or in school

LEGEND FOR COMPLETING	RELATION TO H of H	DISABILITY	HEALTH INSURANCE	RACE	Marital Status	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)	INCOME SOURCE(S)
0= Head of household 1= Spouse 2= Child 3= Foster child 4= Grandchild 5= Parent 6= Grandparent 7= Other relative 8= Not related 9= Sibling	1= Yes 2= None 3= Unknown 4= Decline to answer	1= Medicaid 2= Medicare 3= Military 4= Direct Purchase 5= Unknown 6= Hawkeye/CHIP 7= Iowa Health & Wellness 8= Employment based 9= No health insurance	C= White B= Black/African American AS= Asian I= American Indian/Alaska Native N= Native Hawaiian and Other Pacific Islander MR = Multi-racial O= Other U= Unknown/not reported	1= Single 2= Married 3= Separated 4= Divorced 5= Widowed	1= 0-8th grade 2= 9th-12th grade/non-graduate 3= High School Grad/GED 4= 12+some post secondary 5= 2-4 Year College Grad 6= Grad of other Post Secondary School U= Unknown/Not reported	1= Employed (full-time) 2= Employed (part-time) 3= Migrant seasonal farm 4= Unemployed (short term, 6-months or less) 5= Unemployed (long term, more than 6-months) 6= Unemployed (not in labor force) 7= Retired	8 = Contract 9 = Temporary A= 13 years or less U = Unknown more than 6-months	1= Salary/Wages 2= Self Employment/Farm 3= SSA (Retirement/Elderly) 4= Pension 5= SSI (SS Supplement) 6= SSDI (SS Disability) 7= VA SCD Compensation 8= VA NSCD Pension 9= Private Disability/Worker Compensation 10= Unemployment Benefits 11= TANF/FIP Assistance 12= Cash Assistance Family/Friends 13= Alimony/Spousal Support 14= General Assistance 15= Child Support 16= Foster OR Adoption Subsidy 17= No Income 18= Other _____

NAME (FIRST AND LAST of ALL Household Members Applying)	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	GENDER (circle one)	SOCIAL SECURITY NUMBER or I-94 NUMBER (ADULTS ONLY)	DISCONNECTED YOUTH (circle one)	DISABILITY	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	RACE	MARITAL STATUS	MILITARY STATUS (circle one)	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)	MEMBER INCOME SOURCE (Enter all sources that apply)
1	0 (Self)		MALE FEMALE OTHER		YES NO			YES NO			VETERAN ACTIVE NONE			
2			MALE FEMALE OTHER		YES NO			YES NO			VETERAN ACTIVE NONE			
3			MALE FEMALE OTHER		YES NO			YES NO			VETERAN ACTIVE NONE			
4			MALE FEMALE OTHER		YES NO			YES NO			VETERAN ACTIVE NONE			
5			MALE FEMALE OTHER		YES NO			YES NO			VETERAN ACTIVE NONE			
6			MALE FEMALE OTHER		YES NO			YES NO			VETERAN ACTIVE NONE			
7			MALE FEMALE OTHER		YES NO			YES NO			VETERAN ACTIVE NONE			
8			MALE FEMALE OTHER		YES NO			YES NO			VETERAN ACTIVE NONE			

3. **HOUSEHOLD TYPE (check one)**

- ☐ SINGLE PERSON ☐ SINGLE PARENT FEMALE ☐ TWO PARENT HOUSEHOLD ☐ MULTIGENERATIONAL HOUSEHOLD
☐ TWO ADULTS NO CHILDREN ☐ SINGLE PARENT MALE ☐ NON-RELATED ADULTS WITH CHILDREN ☐ OTHER: _____

4. **HOUSEHOLD NON-CASH BENEFITS
(check all that apply)**

- ☐ SNAP (FOOD ASSISTANCE PROGRAM) ☐ HCV (HOUSING CHOICE VOUCHER) ☐ HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING) ☐ OTHER _____
☐ WIC (WOMEN, INFANTS, & CHILDREN) ☐ PUBLIC HOUSING ☐ CHILDCARE VOUCHER
☐ LIHEAP ☐ PERMANENT SUPPORTIVE HOUSING ☐ AFFORDABLE CARE ACT SUBSIDY

5. **HOUSING STATUS (check one)**

- ☐ OWN ☐ STREETS
☐ RENT ☐ VEHICLE
☐ MOTEL ☐ SHELTER
☐ STAYING WITH FRIENDS / FAMILY ☐ OTHER - Please explain _____

6. **ESTIMATED MONTHLY INCOME:** \$ _____7. **Minimum # of Bedrooms Needed** _____ **Maximum # of Bedrooms Needed** _____8. **What county are you applying for:**
(check all that apply)

- ☐ Linn ☐ Johnson ☐ Benton ☐ Washington

CERTIFICATION STATEMENT

I certify under penalty of perjury the above information is true. I give permission to the agency processing this application to acquire additional information and to share information with other organizations for the purpose of providing services to assist my household. This sharing of information is to be conducted with maximum respect of the confidentiality of the information contained in this application.

Applicant's Signature: _____ Date: _____

I UNDERSTAND THE ABOVE STATEMENT

Intake Worker's Signature: _____ Date: _____