



Dear Applicant:

Thank you for your interest in the Assisted Housing Voucher Program. Enclosed is a complete application packet that will be used to determine your eligibility to be placed on the waiting list.

After completing these forms, return them to our office along with copies of **Social Security cards** of all household members. Adult household members also need to submit a copy of a valid driver's license or state-issued picture ID. All persons under the age of 18 need a copy of their birth records. Unfortunately, if you fail to submit these documents with your application, we will not be able to process your application.

Please do not leave any blank spaces or unanswered questions on the application; this will cause a delay in processing your application.

You will be placed on the waiting list according to the date and time we receive your completed application and the preferences you have declared and verified on the "Certification of Applicant Preferences" form. When your name reaches the top of the waiting list, we will contact you so **it is very important for you to notify us in writing of any changes that occur and especially, any address change – our mail is not forwarded. If we cannot contact you when your name reaches the top, we will withdraw your name from the waiting list.**

Once your name reaches the top of the waiting list, we will also conduct a criminal background check for all members of the household and determine final eligibility. To see the list of criminal violations that may affect your eligibility, please log on to our website at www.cityofdubuque.org/hcv.

If you have any questions or need assistance in completing the enclosed forms, please call (563) 589-4230.

Sincerely,
Intake Specialist/Secretary

Housing Choice Voucher

The Housing Choice Voucher (HCV) Program receives federal funding to assist very low-income families, the elderly, and the disabled with affordable, decent, safe, and sanitary housing in the city of Dubuque.

The HCV Program gives participants the opportunity to find their own housing, including single-family homes, townhouses, and apartments whose property owners accept the housing subsidy.

While receiving rental assistance, participants have the opportunity to engage in services and programming to work towards homeownership, develop their skills, participate in their communities, and provide input to enhance the program.



Am I eligible?

Eligible applicants' annual income may not exceed the very low (50%) income limits as determined by the Federal government on an annual basis. See the chart below for the current guidelines.

Persons in Household	Very Low (50%) Income Limit
1	\$24,300
2	\$27,800
3	\$31,250
4	\$34,700
5	\$37,500
6	\$40,300
7	\$43,050
8	\$45,850

As of 12/18/13

How is rent calculated?

How do I apply?

Visit the City of Dubuque's Housing and Community Development Department at 350 W. 6th Street, Suite 312 anytime Monday-Friday from 8am-5pm to pick up an application or download the application from www.cityofdubuque.org, go to:

- Government
- Departments A-H
- Housing & Community Development
- Rental Assistance
- Application

If you need assistance completing the application, our staff are prepared to help!

Each tenant pays according to his or her household's income. Generally the tenant will pay 30-40% of their adjusted income for rent and utilities. The remaining portion of the rent is paid by the Housing Authority directly to the property owner/manager. Your caseworker will further explain how this is determined when you're preparing to go on the program.



HOUSING CHOICE VOUCHER PROGRAM PRELIMINARY APPLICATION

Directions: Answer all questions. Do not leave anything unanswered or blank. Thank you!

Head of Household Name: _____
First
M.I.
Last

Physical Address: _____
Street
Apt #
City
State
Zip

Mailing Address: _____
Street
Apt #
City
State
Zip

Phone Number: _____ Message Number: _____ Email Address: _____

Family Composition:

List Head of Household person (person listed above) on the first line. Then list other adult persons, then any children. If you are expecting a child, please list anticipated birth as “unborn child” and put your due date in date of birth column. We will also require proof of pregnancy from a Physician’s Office.

First	Full Name M.I.	Last	Social Security Number	Household Relationship	Sex	Date of Birth	Race	Disabled	Hispanic Ethnicity
				Head of Household				N - Y	N - Y
								N - Y	N - Y
								N - Y	N - Y
								N - Y	N - Y
								N - Y	N - Y
								N - Y	N - Y
								N - Y	N - Y
								N - Y	N - Y

List the name of the person that has **primary** legal custody of all minors listed above? _____

The City of Dubuque is required to determine whether to count a child as part of the family when a child lives with the family only part time. In this determination, we will consider any custody orders or agreements, and the amount of time the child spends with the applicant. If the child does not currently reside with the applicant, we will only consider the child part of the family only if there is evidence that the child would reside with the applicant if the applicant were admitted to the program. NOTE: The same child cannot be claimed by more than one applicant (i.e., counted more than once in order to have a bedroom in two separate households).

Dubuque@Home is an initiative of the City of Dubuque Housing & Community Development Department

350 W. 6th St., Dubuque, Iowa 52001 | Phone: 563.690.6103 | www.cityofdubuque.org/dubuqueathome

jkieffer@cityofdubuque.org (email)

563-589-4244 (fax)

INCOME: List **ALL** household income below: Please check all applicable sources of income and assets for all household members. Put the amount you receive **monthly before any deductions (Gross amount)** from each source on the line next to it.

- | | |
|---|---|
| <input type="checkbox"/> Social Security \$_____ | <input type="checkbox"/> Unemployment \$_____ |
| <input type="checkbox"/> SSI \$_____ | <input type="checkbox"/> Alimony \$_____ |
| <input type="checkbox"/> Pension \$_____ | <input type="checkbox"/> Veteran's Benefits \$_____ |
| <input type="checkbox"/> Wages/Employment \$_____ | <input type="checkbox"/> FIP (TANF) Benefits \$_____ |
| <input type="checkbox"/> Annuities \$_____ | <input type="checkbox"/> Family Support \$_____ |
| <input type="checkbox"/> Child Support \$_____ | <input type="checkbox"/> Food Stamps \$_____ |
| <input type="checkbox"/> Self Employed \$_____ | <input type="checkbox"/> Other (Please specify) \$_____ |
| <input type="checkbox"/> I/We have no sources of income | |

Are you currently employed? No Yes If yes, list name & address of employer:

Assets: If you do not have any assets, please put an X through this section or write N/A over this section.

Type of Asset	Cash Value of Asset	Bank Name or Other Source
Checking Accounts		
Savings Accounts		
Stocks, Bonds, CDs, Investments		
Life Insurance		
Other		

Is any member of the household 18 yrs. or older enrolled or attend a school, college, vocational institute, or any other learning facility? No Yes (Does not include high school or GED)

Project-Based Assistance

Project-based assistance is tied to specific units located within the city. Unlike the Section 8 Voucher Program where you choose your own apartment, Project-Based assistance means that you live in a specific unit that is currently under contract between the owner of the properties and the City of Dubuque. The City of Dubuque offers two Project-Based assistance programs:

Are you interested in being contacted if a Mod Rehab unit becomes available? No Yes
The Moderate Rehabilitation program is often referred to as Mod Rehab.

Are you interested in being contacted by the Rose of Dubuque? No Yes
The Rose of Dubuque is an Assisted Living option for seniors and disabled persons with moderate to low income.

We want to provide you with the best service possible. Please help us be our best by answering the following questions:

Reasonable Accommodations:

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 the housing authority at 563-589-4230 and speak with Jessica for assistance in processing requests for accommodations.

Reasonable Accommodation examples including but not limited to:

1. Providing the hearing impaired accessibility through TTD/TTY machines.
2. Providing a sign interpreter upon request.
3. Providing materials in another manner to persons with visual impairments.
4. Conducting home interviews for the elderly or persons with disabilities.

No Yes Do you require a reasonable accommodation to help you with the application process?

If yes, please specify: _____

Limited English Proficiency:

If you have trouble speaking and/or understanding English, we can get a qualified interpreter in your primary language to help us communicate with you.

A qualified interpreter is someone who is fluent in English and your primary language.

We pay for our interpreter. You do not have to pay anything.

If a member of our staff feels that they are not able to communicate with you well enough to provide adequate services, they may request the services of an interpreter even if you did not request one.

Would you prefer to have an interpreter when you communicate with our office?

No Yes If yes, please list the language you would like interpreted (examples: Spanish, Marshallese, Mandarin Chinese, French, Bosnian, etc): _____

NOTE: Where Limited English Proficiency persons desire, they will be permitted to use, at their own expense, an interpreter of their own choosing, in place of or as a supplement to the free language services offered by the our office. The interpreter may be a family member or friend.

How did you hear about us?

How did you hear about our Housing Choice Voucher Program?

- Friend/Relative/Word of Mouth
 Search Engine/Internet Search
 Newspaper (Name of newspaper) _____
 Event (Name of event) _____
 Social Media (Facebook, Twitter, etc) (what social media) _____
 Other (please specify where) _____

Are you aware of our Program Outreach?

No Yes

If yes, please specify which outreach you are aware of: _____

I/We certify that all the information given to the City of Dubuque Housing & CD Department on household composition, income, and assets is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that false statements or information will result in denial or termination of rental assistance. I/We understand that submission of false information or misrepresentation will result in loss of eligibility to participate in the housing choice voucher program.

I also understand that all changes to this application including family members, household members, income information and changes of address or phone numbers must be reported in writing to the City of Dubuque Housing & CD Dept. If you fail to report these changes, your application may be removed from the waiting list.

DO NOT LEAVE ANY BLANKS ON THESE FORMS (All adult household members must read this application and sign below. By signing this pre-application you are agreeing that all information is true and complete.)

Signature of Head of Household _____ Date _____

Signature of Spouse/Co-Head of Household _____ Date _____

Signature of Other Adult _____ Date _____

NOTE: Final determination of eligibility will occur once your name reaches the top of the waiting list and prior to receiving a Housing Choice Voucher. At that time, we will verify all income, assets, household members and perform a criminal background check to determine your eligibility.



Do you have valid State-Issued Photo ID's for all adults listed on your application?

Do you have Social Security Cards for all persons listed on your application?

Do you have Birth Certificates for all minors listed on your application?

If you are pregnant, do you have proof of pregnancy from your physician's office?

Do you have proof of all income your household receives?

Is there someone besides the head of household over 18 years old? If so, please ask that person/persons to complete second adult papers. Papers are available in our office at the address below or from our website at www.cityofdubuque.org/hcv.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Organization requesting release of information:

City of Dubuque Housing and Community Development Department
 350 West 6th Street, Suite 312
 Dubuque, IA 52001
 (563) 589-4230

Purpose: The City of Dubuque Housing & CD Department may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization: I authorize the release of any information to the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in all assisted housing programs.

Inquiries may be made about but not limited to:

Criminal Activity of all family members including juvenile records	Family Composition
Identity	Income
Urine Analysis and/or blood test for controlled substances and or alcohol	Current and/or previous residences
Child Care	Credit History
Family Composition	Employment
Income	Child Support
Pensions	Assets
Government Benefits	Colleges/Universities/Other Learning Institutions including Financial Aid
Disability Assistance Expenses	Marital Status
Medical Expenses	Social Security Numbers
Social Security/SSI/SSD Benefits	Residences and Rental History
Utility Obligations	Payments and Participation in the FSS/Assisted Housing Programs

Individuals or Organizations that may release information but not limited to: Any individual or organization including any governmental organization may be asked to release information for example, information may be requested from:

Courts	Law Enforcement Agencies
County/District Attorney	Dept of Correction Services/Juvenile Court Services
Dept of Human Services	Dept of Inspections and Appeals
Employers	Social Security Administration
Colleges/Universities/Educational Institutions	Housing Agencies
Landlords	Utility Companies
Government Agencies	Banks/Credit Unions/Financial Institutes
Pharmacies	Pension Companies

Conditions:

I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated. This release shall remain in effect until revoked in writing or within 15 months from the date entered below.

 Signature _____
 Date

Do not leave this line blank. Please list any other names used (such as maiden, married, adopted, etc). If you have never used another legal name, please write N/A or None: _____

Print the following information (do not leave this area blank, it must be completed):

Full Legal Name: _____

Address: _____

Date of Birth: _____

Social Sec#. _____

Sex: _____

Race: _____

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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.	

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.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury ¹, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or ²
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101(a or 1010(a)(20) of the INA ³; or
 - Permanent residence under 249 of INA ⁴; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA ⁵; or
 - Parole status under 212(d)(5) of the INA ⁶; or
 - Threat to life or freedom under 243(h) of the INA ⁷; or
 - Amnesty under 245A of the INA ⁸.

Signature _____

Date _____

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15 or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249]
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)» before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
- 6/ Parole status under §212(d)(S) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].
- 7/ Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)» [threat to life or freedom].
- 8/ Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19,1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A PHA signature is not required. Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Sign and date at bottom of page. Place an "X" in the box below the
Signature if the signature is by the adult residing in the unit who is responsible for Child. .

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, (name of parent) _____ certify, under penalty of perjury, that to the best of my knowledge, the following minors are lawfully within the United States because

_____ The *following minors are citizens* by birth, a naturalized citizen or a national of the United States (Please list each child's name)

Signature of Children's Parent or Legal Guardian

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

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

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(I)(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.

**CITY OF DUBUQUE
HOUSING & CD DEPARTMENT
350 WEST 6TH STREET, SUITE 312
DUBUQUE IA 52001
(563) 589-4230**

LETTER OF UNDERSTANDING

In applying for housing assistance, you must realize that:

1. You will be placed on the waiting list in the order of the date we receive your completed application, and according to the preferences you have marked on the Certification of Applicant Preferences form. Your application will be considered complete only after the applicant has received written verification of the initial determination of eligibility.
2. Your application is considered complete only if accompanied by all acceptable verifications including copies of birth certificates and social security cards.
3. You are solely responsible for providing the City of Dubuque Housing & CD Dept. with all required written verifications.
4. You are required to notify the City of Dubuque Housing & CD Dept. in writing of any changes in your family membership, income, and living arrangements. You must supply this information in writing as soon as possible after the changes occur. If you fail to report all household members, income or assets it is considered a program violation resulting in denial of listing on the waiting list; denial or withdrawal of a voucher; refusal to approve a unit; and refusal to process or provide assistance. **Please put all changes in writing.**
5. When your name reaches the top of the waiting list, all verifications must be updated. If you are unable to provide current verifications, or if Housing & CD Dept. is unable to reach you by mail or by phone, your name will be removed from the waiting list. In the future, you will have to reapply.
6. When you are at the top of the waiting list, your application will be reviewed for final determination of eligibility. If acceptable, you will be offered a Voucher.

I am signing this agreement as certification that I have read and understand the above information. I also understand that I may call the Housing & CD Dept. at 589-4230 if I have any questions.

Signature

Date

CITY OF DUBUQUE HOUSING AND COMMUNITY DEVELOPMENT
CERTIFICATION OF APPLICANT PREFERENCES

Do not leave any unanswered questions. If you have questions, call (563) 589-4230 for help completing this form.

Have you been displaced by a disaster, such as, a fire or flood, within the City of Dubuque and within the last 60 days?
 Yes No, Address: _____

Have you been displaced by governmental action, such as, a code enforcement, public improvements, or development?
 Yes No, Address: _____

Does any member of your household receive Disability income from the Social Security Administration? Yes No
Is any member of your household disabled? Yes No

Do you, your spouse or co-head have veteran status? A Veteran is defined as: A person who was honorably discharged from the U.S. military service. (If yes, you must submit document of verification such as a DD214) Yes No

Are you or your spouse 62 years or more? Yes No

Are you receiving supported Community Living Services due to a disability that require live-in staff through the Department of Human Services Case Management Services? (If yes, you must submit document of verification)
 Yes No

Are you enrolled in a Transitional Housing Program for the homeless? (If yes, you must submit document of verification)
 Yes No

Are you currently residing in a permanent supportive housing program and not receiving rental assistance? (If yes, you must submit document of verification)
 Yes No

Are you or have you been enrolled in the Foster Care System, do you have a written statement from the Department of Human Services certifying that you have been participating for at least six months prior to your eighteenth birthday or are you a person at least 18 years old and not more than 21 years old (have not reached 22nd birthday) who left foster care at age 16 or older and who do not have adequate housing? Yes No

Are you are currently working with the Dept. of Human Services for the purpose of reuniting the family but lack adequate housing for the child, or children, to be released back into the household and that is the primary factor in placement of the child or children, do you have verification from DHS? Yes No

NOTE: If your income is within the extremely low income guidelines as defined by HUD you may be assigned preference points. Please provide verification of **all income** your household receives (child support, TANF/FIP, unemployment, wages, SSI, SS, etc). If you are working please provide pay stubs for the past 6 weeks.

Are you providing proof of income? Yes No

Do you stay any place other than the address listed on page 1 of this form? Yes No
If yes, list other addresses used: _____

Signature of Head of Household

Date

Signature of Other Adult Household Member

Date

Signature of Other Adult Household Member

Date

Student Eligibility Checklist
City of Dubuque Housing & Community Development Dept.

Effective January 30, 2006 Congress enacted law affecting the eligibility of students for Assisted Housing under Section 8 of the U.S. Housing Act of 1937. In brief, the law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student's parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student. The eligibility requirements apply to both full and part-time

1. Are you or any adult member of the household a full-time or part-time student enrolled in an institution of higher education? (Does not include GED)

Yes: Go to question 2

No: **Stop-** Sign & Date form at end of questionnaire

2. Is the student at least 24 years of age with at least 1 dependent child?

Yes: **Stop-** See **Result B**

No: Go to question 3

3. Does the student meet any of the following criteria?

- At least 24 years old
- Veteran
- Married
- At least 1 dependent child

Yes: **STOP.** See **Result C**

No: Go to question 4

Independent student qualification standards:

Is the individual of legal contract age under state law? Yes No

Has the individual established a household separate from parents or legal guardians for at least one year prior to application? (Must be accompanied by evidence such as lease agreement) Yes No

Was the individual claimed as a dependent by parents or legal guardians pursuant to IRS regulations? (Must be accompanied by evidence such as tax forms either by individual or parents/guardians) Yes No

Has the individual obtained certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support? This certification is required even if no assistance will be provided. May also submit financial aid verification if the documents clearly state the parents/guardians will not contribute to the financial assistance.

Yes No

4. Does the student qualify as an "independent student" as listed above? If the answer is no to any of the above questions and is not supported by evidence, you must answer no to this question. .

Yes: **Stop.** See **Result D**

No: Go to question 5

5. Do the student's parents/guardians meet income eligibility requirements for the area in which they reside? Must submit verification of all gross income.

Yes: **Stop.** See **Result E**

No: Ineligible for assistance

Result A

Do not count student financial assistance for determination of family eligibility at admission or reexamination

Result B

Do not count student financial assistance for determination of eligibility at admission or reexamination

Do not examine parental income at admission or reexamination

Result C

Count student financial assistance in excess of tuition for determination of eligibility at admission

Do not include student loans

Ineligible for admission or participation if income exceeds applicable limit

Do not examine parental income at admission or reexamination

Do not test for individual income eligibility at reexamination

Result D

Count student financial assistance in excess of tuition for determination of eligibility at admission

Do not include student loans

Ineligible for admission if income exceeds applicable limit

Do not examine parental income at admission or reexamination

Test for individual income eligibility at reexamination

Terminate assistance if income exceeds applicable limit

Result E

Count student financial assistance in excess of tuition for determination of eligibility at admission

Do not include student loans

Deny admission if income exceeds applicable limit

Test for individual income eligibility at reexamination

Terminate assistance if income exceeds applicable limit

Test for parental income at reexamination

Terminate assistance if parental income exceeds applicable limit

Signature

Date