**Municipal Housing Agency of Manning, IA**

**421 Center Street, Manning, IA 51455 – (712) 655-2155**

**RENT ASSISTANCE APPLICATION**

Application for  Terrace Apartments, 421 Center St.  Timmerman Apartments, 34 May St.  First Available

The Housing Agency cannot accept applications that are not complete. You will not be placed on the waiting list until a complete application is submitted.

**A COMPLETE APPLICATION INCLUDES:**

* **Social Security cards for all household members. Staff must see the cards or an affidavit from the Social Security Office**
* **Photo ID’s for all adult members.**
* **Signatures and income information for all persons in the household age 18 and over.**

If you submit your application by mail a copy front and back of your Social Security Cards & photo ID’s must accompany the application. Please call the Housing office at 712-655-2155 if you have any questions about this application.

**List the names of all persons who will occupy the residence**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name (Last, First , MI) | Age | Sex | Relationship | Social Security Number | Date of Birth |
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| --- | --- |
| Current Street Address | City, State, Zip |
| Mailing Address | City, State, Zip |
| Phone | Contact Person/Phone |

**Emergency Notification**

|  |  |
| --- | --- |
| Name | Address |
| Phone | Relationship |

|  |  |
| --- | --- |
| **Race of head of household: (Optional - For statistical purposes only)**  White  Black  American Indian  Asian  Pacific Islander  Alaskan Native | **Ethnicity**  Hispanic  Non- Hispanic |

|  |  |  |
| --- | --- | --- |
| For Office Criminal History: All Adults Checked Date Checked\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pass Fail  Use Only Sex Offender Registry:  All Adults Checked Date Checked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pass Fail | | |
| **YES** | **NO** | **PLEASE CHECK ANSWER FOR ALL QUESTIONS** |
|  |  | Is anyone listed in the household age 18 or over and a full time student?  Names: |
|  |  | Are any household members temporarily absent?  Names & Age:  Date they are expected to return to the household: |
|  |  | Have you or any member of your household ever received rent assistance before?  Where & when: |
|  |  | Have you or any member of your family ever been evicted from any HUD or other Federally assisted housing”  Please explain: |
|  |  | Do you or any household members require reasonable accommodation due to a handicap/disability?  Please explain |
|  |  | Do you or any member of your family have a history of drug or alcohol abuse? |
|  |  | Have you or any member of your household been involved in violent criminal activity within the past 3 years? (This includes but is not limited to domestic violence charges) |
|  |  | Have you or any member of your household been involved in drug related criminal activity during the past 3 years? (This includes but is not limited to possession charges) |
|  |  | Are you or any member of your household listed on the sex offender registry? |
|  |  | Are you or any member of your household fleeing to avoid prosecution, custody or confinement after conviction of a felony? |
|  |  | Are you or any member of your household in violation of a condition of probation or parole imposed under Federal or State law? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YES** | **NO** | **Family Member Name** | **Income Type** | **Monthly Gross Income** |
|  |  |  | Social Security |  |
|  |  |  | Social Security |  |
|  |  |  | SSI |  |
|  |  |  | Other Disability |  |
|  |  |  | Pension |  |
|  |  |  | Retirement Plans/IRA/Annuities |  |
|  |  |  | Regular Gifts |  |
|  |  |  | FIP |  |
|  |  |  | Child Support |  |
|  |  |  | Alimony |  |
|  |  |  | Wages/Salary |  |
|  |  |  | Name of Employer: |  |
|  |  |  | Name of Employer: |  |
|  |  |  | Name of Employer: |  |
|  |  |  | Unemployment |  |
|  |  |  | Military Pay |  |
|  |  |  | Net Business/Farm Income |  |
|  |  |  | Real State Contract Payments |  |
|  |  |  | Rental Income |  |
|  |  |  | Other: |  |

**Please list all states that you and your household members have resided:**

|  |  |
| --- | --- |
| Name | States Resided |
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**I/We certify that the information given to the Rent Assistance Program is accurate and complete to the best of my/our knowledge and belief. I/We understand that submittal of false statements or information is punishable under Federal law and reason for denial or termination of assistance.**

Applicant Signature Date

Applicant Signature Date

**REFERENCES**

Please Provide the Names, Address and phone number of at least 3 personal references



Please provide the names, address and phone number of your current landlord.

I/We own the home I/we are currently residing in.

**DOCUMENTATION NEEDED:**

1. Copy of Social Security Card
2. Copy of Driver’s license or picture I.D.
3. Copy of Social Security or SSI award letter (Form SSA-1099) or other Social Security Administration documentation showing your benefit information. (If you received Social Security or SSI)

Revised 7/2015