**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 FailUse 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

1.
2.
3.

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)

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