APPLICATION FOR HOUSING

Complete one application per adult household member who will occupy the unit at time of move-in OR recertification.

Property Name:	Shalom Towers II	IFA Project Number:
Address:	321 4th St NE, Mason City, IA 50401	074-11033

For Office Use Only:	Application Date:	Desired Move-in Date:		Pre-Application?	☐ Yes ☐ No
	Date Received:	Time Received:	Received by (agent):	Initial App ☐	Recert App ☐

Bedroom Size Requested: ☐ *1* ☐ *2* ☐ *3* ☐ *4*

Applicant Name *MI* *Last* *Email Address*

Current Address *City* *State* *Zip Code* *Telephone Number*

HOUSEHOLD COMPOSITION

Provide your name and relation to the Head of the Household. Please also list any minor dependents under the age of 18 for whom you are individually responsible. Head of Household should list minors where two or more household members are jointly responsible. Please identify if any household members are foster children or adults in the Relationship to Head of Household column.

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Current Student	Last 4 digits of SSN#
1.				☐ Yes ☐ No	
2.				☐ Yes ☐ No	
3.				☐ Yes ☐ No	
4.				☐ Yes ☐ No	
5.				☐ Yes ☐ No	
6.				☐ Yes ☐ No	

QUESTIONS – *Please check **YES** or **NO** to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.*

1. *Do you expect any additions to the household within the next 12 months? Or are there any absent household members who normally would live with you? If yes, explain.* ☐ Yes ☐ No
   _____
2. *My current marital status is:* ☐ *Married* ☐ *Single* ☐ *Divorced* ☐ *Widowed* ☐ *Separated*
3. *Are all children listed above either in full custody of the household or subject to joint custody with an outside parent with the child being present in the unit at least 50% of the time.* ☐ Yes ☐ No
4. *Have you been a student in the past 12 months?* ☐ Yes ☐ No
5. *Are you currently a student or do you plan to become a student in the next 12 months? If yes, please advise how school will be paid for.* ☐ Yes ☐ No _____
6. *Will you or anyone in your household require a live-in care attendant?* ☐ Yes ☐ No
7. *Will your household be receiving Section 8 rental assistance at the time of move-in or recertification?* ☐ Yes ☐ No
8. *Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?* ☐ Yes ☐ No

CURRENT HOUSING STATUS

_____ _____

Name of Current Landlord *Phone Number*

How long have you resided at your current address? _____ *Years* _____ *Months* *Amt. of Rent/Payment: $* _____

PREVIOUS HOUSING STATUS (Provide information on 2 previous addresses where you have resided)

_____ _____ ___ _____ _____

Previous Address *City* *State* *Zip Code* *Telephone Number*

How long did you reside at this address? _____ *Years* _____ *Months* *Amt. of Rent/Payment: $* _____

_____ _____

Name of Previous Landlord *Phone Number*

_____ _____ ___ _____ _____

Previous Address *City* *State* *Zip Code* *Telephone Number*

How long did you reside at this address? _____ *Years* _____ *Months* *Amt. of Rent/Payment: $* _____

_____ _____

Name of Previous Landlord *Phone Number*

HOUSEHOLD INCOME INFORMATION

(NOTE: All information will be verified with documentation. If you have information on items below, please provide it.)

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	Y	N	MONTHLY AMOUNT
1.	Social Security, SSI (excluding PASS) or other payments from the Social Security Administration	☐	☐	$
2.	Employment pensions or retirement benefits, veteran's benefits, or annuities	☐	☐	$
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions, and cash)	☐	☐	$
4.	Self-employment income including gig app-based income (Uber, Lyft) and other contract labor	☐	☐	$
5.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support	☐	☐	$
6.	Alimony or child support (either court ordered or paid directly from the payor)	☐	☐	$
7.	Regular payments as a member of the Armed Forces	☐	☐	$
8.	Regular payments from disability (other than SSDI), death benefits or life insurance dividends	☐	☐	$
9.	Regular gifts or payments from anyone outside of the household (including cash or goods)	☐	☐	$
10.	Regular payments from rental property (land contracts or other real estate transactions)	☐	☐	$
11.	Any other sources of income not listed:	☐	☐	$
12.	Do you expect any changes to your income in the next twelve months?	☐	☐	$
	If yes, please explain:			
13.	If you have answered no to questions 1-11, Are you claiming that you have ZERO Income?	☐	☐	$

The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, AND ADDRESS, PHONE, EMAIL ADDRESS (i.e. employers, public assistance office, social security, pension fund, etc.)					
	Name:				Address:	
	Start Date:		Phone:		Email Address:	
	Name:				Address:	
	Start Date:		Phone:		Email Address	
	Name:				Address:	
	Start Date:		Phone:		Email Address:	

HOUSEHOLD ASSETS (NOTE: All information will be verified with documentation.)

	DO YOU HAVE MONEY HELD IN	Y	N	AMOUNT
1.	Checking accounts	☐	☐	$
2.	Savings accounts	☐	☐	$
3.	Certificates of deposit (CDs), money market accounts or annuities	☐	☐	$
4.	Stocks, bonds, mutual funds or securities	☐	☐	$
5.	Trust accounts (current balance if under control of the household)	☐	☐	$
6.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	☐	☐	$
7.	Non-necessary personal property (non-account assets such as RV's ATV's boats, campers)	☐	☐	$
8.	Whole or universal life insurance policies current cash value (do not include term life policies)	☐	☐	$
9.	Debit cards not linked to an account that is listed (Store Value/Direct Express Card/Reliacard)	☐	☐	$
10.	Internet based assets (Venmo, Paypal, Cash App, ApplePay, etc.)	☐	☐	$
11.	Cryptocurrency (Bitcoin, Ethereum, etc.)	☐	☐	$
12.	Cash on hand	☐	☐	$
13.	Amount of your most recent federal tax refund.	☐	☐	$

*The following section **must** be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.*

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/EMAIL ADDRESS (i.e. employers, public assistance office, social security, pension fund, etc.)							
	Institution:				Address:			
	Account No.:		Interest Rate:		Phone:		Email Address:	
	Institution:							
	Account No.:		Interest Rate:		Phone:		Email Address:	
	Institution:				Address:			
	Account No.:		Interest Rate:		Phone:		Email Address:	
	Institution:				Address:			
	Account No.:		Interest Rate:		Phone:		Email Address:	

I certify that I ☐ have or ☐ have not sold or disposed of any asset for more than $1000 less than Fair Market Value during the two-year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	$		$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate documentation. It will be your responsibility to provide management with all the necessary information/documents to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and email addresses, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information and documentation management receives, you may be provided with a separate verification form for each source that may need further verification that you will need to sign and date.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

_____ _____

Applicant/Resident Signature Date

Voluntary Information:

The information is being requested in accordance with federal regulations. The information is for reporting purposes only. This information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to complete this information.

Name (first and last)	Relationship to head	Race	Ethnicity	Disabled

See Key Below

Relationship to HOH: H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; FA-Foster Adult; L-Live-in caretaker; or N-None of the above

Race: 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6–Other; or 8–Chose not to respond

Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 -Chose not to respond

Disabled: 1-Yes; 2-No; NR -chose not to respond – See Fair Housing Act for definition of handicap (disability).

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

Unit Address:

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, owners must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

Owner's Disclosure

(a) Presence of lead-based paint hazards (please check one box below):

☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (Please explain).

_____

_____

_____

☐ Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to owner (please check one below):

☐ Owner has provided the tenant with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (please list documents provided below).

_____

_____

_____

☐ Owner has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Tenant's Acknowledgment

(c) Tenant has received copies of all information listed above.

(d) Tenant has received the pamphlet *Protect your Family from Lead in your Home* from the Housing Agency.

Housing Agency's Acknowledgment

(e) Housing Agency has informed the tenant of the owner's obligations under 42U.S.C.4852(d) and is aware of agency's responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, the the best of their knowledge, that the information provided by those signing this document is true and accurate.

Signatures

Housing Agency Representative	Tenant	Owner
Mason City Housing Assistance		
Print or Type Name of HA	Print or Type Name of Tenant	Print or Type Name of Owner
Signature	Signature	Signature
Print or Type Name and Title of Signatory	Date	Print or Type Name and Title of Signatory
Date		Date

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Shalom Tower Two, Inc. | 074EH021 | 321 4th St NE Mason City, IA 50401
Name of Property | Project No. | Address of Property

Ian Stockberger | Section 8 - Elderly
Name of Owner/Managing Agent | Type of Assistance or Program Title:

Name of Head of Household | Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature _____ Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Iowa Division of Criminal Investigation
Criminal History Record Check Request Form

DCI Account number (if applicable): 9022-F

REQUESTOR INFORMATION PLEASE WRITE CLEARLY

Name (business or individual)	Mailing address (street/PO Box, city, state, zip code)
Good Shepherd, Annette Hesse	302 2nd St NE, Mason City, IA 50401

Phone number	Fax number	Email address
641-424-1740	641-423-8052	annette@goodshepmc.org

I would like the results sent to me by: ○ Mail ○ Fax ○ Email

I am required to have the results notarized: ○ Yes ○ No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION. Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)	FIRST NAME (required)	MIDDLE NAME (recommended)

DATE OF BIRTH (required)	GENDER M, F or Other (required)	SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of _____ a search of the information provided revealed:

○ NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

○ AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI# _____

Processed by _____

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: www.dcirecordchecks@dps.state.ia.us

QUESTIONS: www.dcirecordchecks@dps.state.ia.us

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional 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.

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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

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.

SHALOM TOWERS II

HUD APPLICANT SCREENING SUPPLEMENT

Applicant/Head of Household: _____

Date Completed: _____

Property Name: _____

Applicant Name: _____

Date: _____

Previous Residency Information

Please list all states in which any household member has resided during the past ten (10) years.

Household Member State(s) of Residence Approximate Dates

Sex Offender Registration Certification

Federal law prohibits admission to federally assisted housing for any household containing a member who is subject to a lifetime registration requirement under a state sex offender registration program.

Is any household member currently subject to a lifetime sex offender registration requirement under any state sex offender registration program?

☐ Yes ☐ No

If yes, identify the household member(s):

_____

_____

Methamphetamine Conviction Certification

Federal law prohibits admission to federally assisted housing if any household member has ever been convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing.

Has any household member ever been convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing?

☐ Yes ☐ No

If yes, identify the household member(s):

_____

_____

Authorization for Screening

I/We understand that the Owner/Agent may verify the information provided on this application and may conduct screening and verification activities as permitted by federal, state, and local law and program requirements.

I/We certify that the information provided on this form is true and complete to the best of my/our knowledge. I/We understand that providing false, incomplete, or misleading information may result in denial of admission or termination of assistance if discovered after admission.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet.

Last Name	First Name	Date of Birth
Relationship to Head of Household	Social Security Number	Sex

Admission Number _____ if applicable
(This is an 11-digit number found on DHS Form I-94, Departure Record)

Nationality _____
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

Save Verification Number _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____, hereby declare, under penalty of perjury, that

I am _____

(print or type first name, middle initial, last name)

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached Instructions for Citizenship Declaration. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

EQUAL HOUSING OPPORTUNITY