

# PUBLIC HOUSING PRE-APPLICATION PACKET

**THE PUBLIC HOUSING WAITLIST IS CURRENTLY CLOSED FOR  
2, 3, 4, and 5 BEDROOM UNITS.**

**APPLICATIONS ARE ONLY BEING ACCEPTED FOR HOUSEHOLD  
SIZES OF TWO PERSONS OR LESS.**

## **ALL PUBLIC HOUSING PROPERTIES ARE SMOKE FREE**

Thank you for your interest in the Public Housing Program. The Public Housing program consists of rental units, within the City of Des Moines, owned and managed by the City of Des Moines Municipal Housing Agency (DMMHA). Upon acceptance of a unit, participants enter into a lease agreement with the DMMHA and pay approximately 30% of their monthly adjusted income for rent.

Additional eligibility for the program is determined by family composition (must be 18 years of age or older), income, past participation in Federally subsidized programs, arrest history and rental history. **DMMHA WILL DENY an applicant for the Public Housing Program if they have any drug related charges on their arrest record within the past five years.** The DMMHA may deny the processing of a pre-application for an individual or family who was denied Public Housing within six (6) months prior to the date of the pre-application.

The back of this page provides step-by-step instructions on completing the pre-application. Read carefully as you complete the pre-application. Please print clearly using ink. Return completed pre-applications to: City of Des Moines Municipal Housing Agency, 2309 Euclid Avenue, Des Moines, IA 50310-5703. Pre-applications may be dropped off at this address or mailed.

**Incomplete pre-applications will be returned to you for completion. Only pre-applications that are COMPLETE will be placed on the waiting list.**

If you have any questions while completing this pre-application, please contact 515-323-8977. If you reach voice mail, leave your name, number and a brief message so that your message can be returned as soon as possible. **NOTE: Clients are seen by APPOINTMENT ONLY!**

Periodically, you will be contacted by mail requesting an update of the information contained in your file. If you fail to respond to the interest letter, or if it is returned by the Post Office due to no forwarding address, your name will be removed from the active waiting list. Once your pre-application is retired, you must make a complete, new pre-application in order to again be placed on the active waiting list. If you wish to check your status on the waiting list, or need additional information, contact the Application Specialist at 515-323-8977. **You will be notified through the mail of your appointment for an interview and it is important that you keep your address current with the agency at all times.**

**IF YOU HAVE A CHANGE OF ADDRESS OR A CHANGE IN YOUR FAMILY COMPOSITION OR INCOME AT ANY TIME WHILE YOU ARE ON THE WAITING LIST, YOU MUST INFORM THE APPLICATION OFFICE OF THIS CHANGE. CHANGES MAY BE REPORTED EITHER BY MAIL OR IN PERSON. CHANGES WILL NOT BE ACCEPTED OVER THE TELEPHONE.**

Please be advised that the Violence Against Women Act of 2013 provides protections for persons that are victims of domestic violence, dating violence, sexual assault or stalking. If you receive a denial of assistance or termination/eviction by this Agency as a result of domestic violence in which you were the victim, you will receive HUD forms 5380 & 5382. You must notify this Agency in writing of your VAWA claim by completing and returning to the person signing the letter/notice, HUD form 5382 no later than fourteen (14) business days from the date of the letter/notice. The HUD form 5382 is also available in our administrative office at Polk County River Place, 2309 Euclid Avenue, Des Moines, Iowa 50310, or by phone at (515) 323-8950.

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 323-8950. A TDD machine is available at 323-8950. DMMHA offers the Language Line for applicants needing interpretation services.



## INSTRUCTIONS FOR COMPLETING THE PUBLIC HOUSING PREAPPLICATION

1. Read the packet of information (pages 1-9) carefully.
  - Page 1 – Program Summary Sheet - this page is additional information on the Public Housing Program. Please read the information carefully as it has directions on how to report a change of address to the Public Housing Division.
  - Page 4 – Community Service and Self Sufficiency Requirement information
  - Page 5 – Public Housing Accessible Units
  - Page 6 & 7 – Is Fraud Worth It? - This page is information from Housing and Urban Development regarding fraud and the penalties for committing fraud. Read carefully.
  - Pages 8 through 10 – Maps, photos, and approximate wait times of the Public Housing Sites
2. Complete all pages of the Public Housing Pre-application. PLEASE PRINT everything except your signature.
  - Page 11 & 12 – Pre-Application - Complete every blank of the pre-application, both the front and the back. List family members beginning with YOURSELF! If the section does not apply to you or your household, place "N/A" in the section so it is clear that you have read the section and it does not apply to you. Make sure your name, mailing address, including your Zip Code, (P.O. Box is acceptable) and telephone number are on the pre-application. If you do not have a telephone number, please list a number of a contact person who will know how to get a hold of you. Use additional sheets of paper if necessary. **Failure to provide all arrests and charges will result in a denial of assistance.**
  - Page 13- Five Year Rental History- Place your name in the upper right hand corner. Complete your current landlord and previous landlord information. BE SURE TO INCLUDE THE LANDLORD'S FIRST AND LAST NAME, ADDRESS AND TELEPHONE NUMBERS. If any information is not completed, it will be sent back to you for completion and your pre-application will stop being processed until the information is received. If you do not have 5 years of rental history, list where you have resided (i.e. family, friends) for the last five years on the form. Answer the question regarding previous evictions.
  - Page 14 - Preference Information & Request Form - This page provides information regarding applying for a preference. If you are applying for a preference, you must check the box by the applicable preference and sign the form. You will receive an opportunity to provide the required verification. If you are not claiming a preference, mark the box indicating that and sign the form.
  - Page 15 – Location Selection Form - Please indicate your choice/s for the Site in which you would like to reside. Sign and date at the bottom. You will be placed on the waiting list according to the Site/s you have chosen.
  - Page 16 – Contact Information Form - Please complete this form if you want DMMHA to be able to contact another individual or agency. You must specify the reason for which contact can be made. If you do not want to list an additional person for contact, check the box which indicates that and sign the form.
  - Page 17 & 18 – Release of Information Form - Sign the form on page 18 where it says "Head of Household" and enter your social security number below your name (all household members age 18 and older must also sign this form). If all signatures are not on this form, your pre-application cannot be processed and will be returned to you.
3. Return pages 11 through 18 to:

City of Des Moines Municipal Housing Agency  
Attention: Application Specialist  
2309 Euclid Avenue  
Des Moines, IA 50310-5703
4. Keep the top copies of this information for your records and to refer to in the future.

**INCOMPLETE PRE-APPLICATIONS WILL BE RETURNED TO YOU FOR COMPLETION. ONLY PRE-APPLICATIONS THAT ARE COMPLETE WILL BE PLACED ON THE WAITING LIST.**

# COMMUNITY SERVICE AND SELF-SUFFICIENCY REQUIREMENT

RE: IMPORTANT NOTICE TO ALL PUBLIC HOUSING APPLICANTS

This notice is to inform you that the U.S. Department of Housing and Urban Development (HUD) has a requirement for Public Housing residents called **Community Service and Self-Sufficiency**. The following information is **very important** to you as it describes this requirement, and who will be required to perform community service activities.

## **What is the Community Service and Self-Sufficiency requirement?**

A requirement that any family member 18 years of age or older of a Public Housing unit, who is not exempt, perform voluntary work or duties that are a public benefit. The Community Service and Self-Sufficiency requirement is intended to allow residents an opportunity to “give something back” to their communities and facilitate upward mobility.

## **Who is exempt from this requirement?**

Anyone who is one of the following:

- 1) 62 years old or older
- 2) A blind or disabled individual who certifies that because of this disability she or he is unable to comply with the service provisions or is a primary caretaker of such individual
- 3) A primary caretaker of a person(s) with a disability
- 4) Engaged in work activities of at least 25 hours per week (such as employment, job training or education)
- 5) Currently attending school
- 6) Providing Childcare for an individual participating in a community service program
- 7) Meets the requirements for being exempted from having to engage in a work activity under part A of Title IV of the Social Security Act or any welfare program of the State of Iowa, including a welfare-to-work program
- 8) A member of a family receiving assistance, benefits or services under part A of Title IV of the Social Security Act or any welfare program of the State of Iowa, including a welfare-to-work program, and has not been found to be in non-compliance with such a program

## **If you are not exempt, what will you need to do to meet this requirement?**

You **must** do one of the following:

- 1) Contribute 8 hours per month of community service (not including political activities, employment or activities that replace a regular paid position). DMMHA must review and approve the activity.
- 2) Participate in an economic self-sufficiency program for 8 hours per month  
Eligible self-sufficiency activities in which residents may engage include, but are not limited to:
  - Job Readiness Programs
  - Job Training Programs
  - Skills Training Programs
  - Higher Education (Junior College or College)
  - HiSET/GED classes
  - Apprenticeships (formal or informal)
  - Substance abuse or mental health counseling
  - English proficiency or literacy (reading) classes
  - English as a second language classes
  - Budgeting and Credit counseling
  - Carrying out any activity required by the Department of Public Assistance as part of welfare reform.
- 3) Perform 8 hours per month of combined activities as described in numbers 1 & 2 above

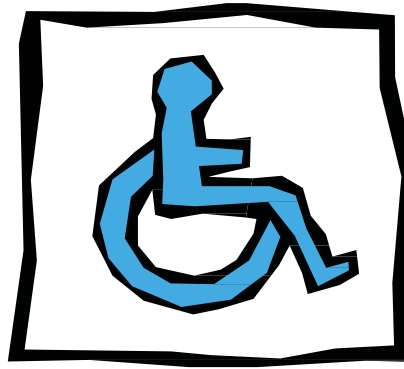
## **If you are not exempt, when do you have to start?**

Within two weeks of the date your lease agreement with the DMMHA begins.

**IF YOU HAVE ANY QUESTIONS REGARDING THE COMMUNITY SERVICE REQUIREMENT, PLEASE CONTACT DMMHA AT (515) 323-8950.**

# **PUBLIC HOUSING PROGRAM - ACCESSIBLE UNITS**

**City of Des Moines Municipal Housing Agency**



Royal View Manor – 1101 Crocker Street - 10 (efficiency units)

Highland Park Plaza – elderly only – 3717 6<sup>th</sup> Avenue - 3 (1 bedroom units)

Oak Park Plaza – elderly only – 3400 8<sup>th</sup> Street - 3 (1 bedroom units)

Eastview Manor – elderly only — 3700 E. 31<sup>st</sup> Street - 5 (1 bedroom units)

Southview Manor – elderly only – 2417 SW 9<sup>th</sup> - 5 (1 bedroom units)

**ACCESSIBLE UNITS WILL BE OFFERED TO APPLICANTS WHO NEED THEM IN ORDER BY PREFERENCE, DATE AND TIME OF APPLICATION AND WHEN THE UNITS BECOME AVAILABLE FOR RENT**

\*\*\*If you need an accessible unit, please indicate that need on page 15 of the application.





# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined up to \$10,000.**
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

## PUBLIC HOUSING PROGRAM – SITE BASED WAITING LIST



### ROYAL VIEW MANOR – 1101 CROCKER ST

Elderly and Disabled Families, Single individuals, families with two persons or less.

Note: Not to exceed more than two people per efficiency apartment and not to exceed 2 people per one bedroom apartment.

Number of Units: 200

Accessible Units: 10

Estimated wait time: 1 to 6 months for efficiency and one-bedroom units.

Amenities: Close to Bill Riley and Great Western Recreational trail, Brooks Community Center, and downtown. Royal View Manor has laundry facilities, a community room, and on-site Service Coordinators. There is a grocery store on the bus line. (for bus route information contact DART at 515-283-8100).

Security: The apartment complex has a secure main entrance. Certified Crime Free Multi Housing Property.





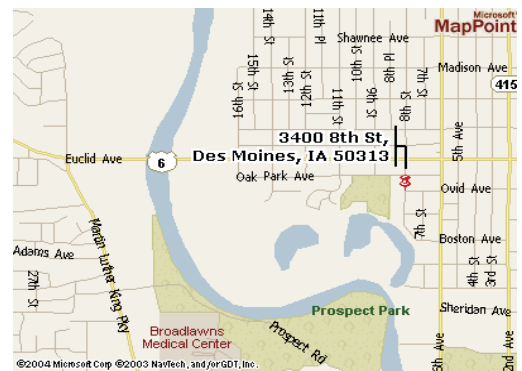
## PUBLIC HOUSING PROGRAM – SITE BASED WAITING LIST

Elderly Apartment Complexes: You must be at least 62 years of age or older to reside in these units.

### HIGHLAND PARK PLAZA - 3717 6<sup>th</sup> Avenue



### OAK PARK PLAZA – 3400 8<sup>th</sup> Street



Number of units: 50

Accessible units: 3

Estimated Wait Time: 1 to 2 months depending on unit availability.

Amenities: Close to Inter-Urban Recreation trail, J. Pat Dorian Recreational Trail and Grubb YMCA.

Highland Park has laundry facilities, community room and a grocery store on the bus line.

Security: The apartment complex has a secure main entrance. This property is a certified Crime Free Multi Housing Property.

Designation: ELDERLY



Number of units: 40

Accessible units: 3

Estimated Wait Time: 1 to 3 months depending on unit availability.

Amenities: Close to Inter-Urban Recreation trail, J. Pat Dorian Recreational Trail and Grubb YMCA. Oak Park has laundry facilities, a community room and a grocery store on the bus line.

Security: The apartment complex has a secure main entrance. This property is a certified Crime Free Multi Housing Property.

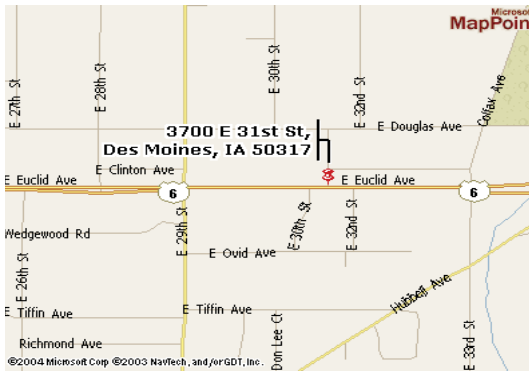
Designation: ELDERLY



# PUBLIC HOUSING PROGRAM – SITE BASED WAITING LIST

Elderly Apartment Complexes: You must be at least 62 years of age or older to reside in these units

## EAST VIEW MANOR – 3700 E 31<sup>st</sup> ST.



Number of units: 50                      Accessible units: 5

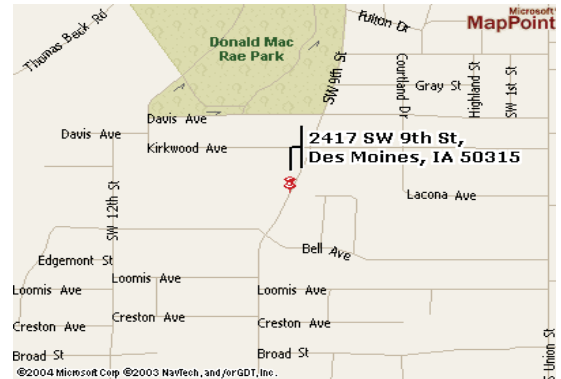
Estimated Wait Time: 1 to 3 months depending on unit availability.

Amenities: Close to Charles E. Harvey Recreation Trail, J. Logan and Four Mile Community Centers. East View Manor has laundry facilities, community room and a grocery store on the bus line.

Security: The apartment complex has a secure main entrance.

Designation: ELDERLY

## SOUTH VIEW MANOR – 2417 SW 9<sup>th</sup> ST



Number of units: 50                      Accessible units: 5

Estimated Wait time: 1 to 2 months depending on unit availability.

Amenities: Close to Bill Riley and Great Western Recreational Trails. South View Manor has laundry facilities, community room, and a grocery store on the bus line.

Security: The apartment complex has a secure main entrance and is a Certified Crime Free Multi Housing Property.

Designation: ELDERLY



# PUBLIC HOUSING PRE-APPLICATION

Des Moines Municipal Housing Agency  
2309 Euclid Avenue  
Des Moines, IA 50310-5703

**If during the course of processing your pre-application, it becomes evident that you have falsified or otherwise misrepresented any facts about your current situation, history, or behavior in a way that affects eligibility, preferences, applicant selection criteria qualifications, allowances or rent, your pre-application will be denied.**

Name of Applicant \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ (+4) \_\_\_\_\_

### A. Family Composition

FAMILY MEMBER	NAME (First, Middle Initial, Last)	BIRTH DATE	SOCIAL SECURITY NO.	RELATIONSHIP	Age	Sex	MARITAL STATUS (M, W, S, D)
				HEAD			

Anticipated Changes in Family Composition

### B. Source and Amount(s) of Income

Family Member	Source of Income Employer, FIP, SS, etc.	Gross Dollar Amount per Month

### C. Net Family Assets-Checking, Savings, CDs - List all Bank Accounts

Family Member	Description	Amount Value

**D. Deductions and Allowances Medical Expenses (Elderly/Disabled Only)** Note: Persons who are 62 or older AND persons with disabilities are entitled to additional deductions such as medical expenses and a \$400 reduction of total annual income which could impact the amount of rent that you will pay.

Family Member	Description (prescriptions, doctors, insurance payments, medicare)	Cost per Month

**E. Family Characteristics** Ethnicity (Circle one)    Non Hispanic    Hispanic  
Race (Circle one)    White    African American/Black  
Asian    Native Hawaiian/Other Pacific Islander  
American Indian/Alaska Native

F. Previous Participation (Please answer the following questions)

1. Have you **ever** committed fraud in connection with any federal program? Yes No
2. Have you **ever** received rental assistance? Yes No If Yes, Where, when and through what agency? \_\_\_\_\_
3. Do you owe any money to a federally subsidized housing program? Yes No  
If Yes, How much? \_\_\_\_\_ To Whom? \_\_\_\_\_
4. Are you currently on the Section 8 or Public Housing Rental Assistance Program or any other Federally Subsidized Program? Yes No The address: \_\_\_\_\_
5. Have you **ever** been evicted/terminated from a rental assistance program? year: Yes No If yes, list the address and program?year: \_\_\_\_\_
6. Has your child/ren ever been tested for lead poisoning? Yes No Were they designated as an Elevated Blood (lead) Level (EBL) child? Yes No If Yes, what was the level? \_\_\_\_\_  
When were they tested? \_\_\_\_\_
7. Have you or any other adult member(s) **ever** used any other names (s) or Social Security Number(s) other than the one you are currently using? (This includes maiden names and other married names)  
\_\_\_\_\_
8. What is your primary language spoken at home? \_\_\_\_\_  
Do you require an interpreter to understand written or verbal English? YES or NO
9. Have you or anyone in your household **ever** been arrested/charged for a crime other than a traffic violation? Yes No If yes: When \_\_\_\_\_ Where: \_\_\_\_\_  
**\*\*LIST ALL CHARGES — Use additional sheets if necessary. Failure to provide all arrests and charges will result in a denial of assistance.**
10. Are you, or any other household member, required, by court order, to register on a local or national sex offender registry? Yes No  
If yes please list the state and the year that the offense occurred: State: \_\_\_\_\_ Year: \_\_\_\_\_
11. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If Yes, Who? \_\_\_\_\_  
What do they require? \_\_\_\_\_
12. Do you need any alternate forms of communications? Yes No If Yes, what do you require? \_\_\_\_\_

**The following MUST be completed and attached in order for your application to be considered complete:**

Incomplete applications will not be processed and will be returned to you for completion.

- Five Year Rental History Form
- Preference Request Form
- Site Based Selection Form
- Supplement to Application for Federally Assisted Housing Form
- Authorization for the Release of Information/Privacy Act Notice form (HUD form 9886)
- Sign page 12, 13, 14, 15,16, and 18

PLEASE READ AND SIGN: I understand that this is not a contract and does not bind either party. The above information is all true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. **\*\* Be advised the DMMHA will be obtaining a criminal history report on all household members age 18 and older – Providing incomplete/false answers to this Agency will result in the denial of your application for the Public Housing Program\*\***

By signing this pre-application, I understand that I am authorizing the DMMHA to perform a criminal background check and other screening as required in the administration of the Public Housing Program.

Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

WARNING: § 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

## Five Year Rental History

PLEASE PROVIDE A **MINIMUM OF FIVE (5) YEARS OF LANDLORD/RENTAL HISTORY**. IF YOU CANNOT PROVIDE FIVE (5) YEARS LANDLORD HISTORY, YOU MUST EXPLAIN WHY BELOW

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Landlord's Address: \_\_\_\_\_

Your Current Address: \_\_\_\_\_

Date Rented From: \_\_\_\_\_ To \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Why are you moving? \_\_\_\_\_

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Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord's Address: \_\_\_\_\_

Your Previous Address: \_\_\_\_\_

Date Rented From: \_\_\_\_\_ To \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Why did you move? \_\_\_\_\_

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Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord's Address: \_\_\_\_\_

Your Previous Address: \_\_\_\_\_

Date Rented From: \_\_\_\_\_ To \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Why did you move? \_\_\_\_\_

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Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord's Address: \_\_\_\_\_

Your Previous Address: \_\_\_\_\_

Date Rented From: \_\_\_\_\_ To \_\_\_\_\_ Rent Amount: \_\_\_\_\_

Why did you move? \_\_\_\_\_

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**Have you EVER been evicted?** \_\_\_\_\_ When? \_\_\_\_\_

Where: \_\_\_\_\_

Why? \_\_\_\_\_

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I am unable to provide five years rental history. Explanation: \_\_\_\_\_

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**BY SIGNING THIS FORM, I AM AUTHORIZING THE DES MOINES MUNICIPAL HOUSING AGENCY TO OBTAIN CURRENT/PREVIOUS RENTAL INFORMATION FROM LANDLORDS, PROPERTY OWNERS, HOUSING AGENCIES AND OTHER FEDERALLY SUBSIDIZED HOUSING PROVIDERS FOR SCREENING PURPOSES.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult Household Member: \_\_\_\_\_ Date: \_\_\_\_\_

# PUBLIC HOUSING PROGRAM PREFERENCE INFORMATION & REQUEST FORM

The City of Des Moines, Municipal Housing Agency has adopted the following preferences for ranking applicants to prioritize selection for assistance. These preferences change the order of placement on the waiting list since selection will be based on need, rather than the date the application was filed. This process will assist in targeting services to these applicants with the greatest need.

Applicants applying for a preference must complete the bottom of this form and will be required to provide acceptable verification that they are eligible for a preference. Acceptable verification must come from a government agency, law enforcement agency or employer. Adequacy of the verification shall be determined by the DMMHA in its sole discretion. The verification will be valid for ninety (90) days. If the applicant is not housed within ninety (90) days, the preference may be re-verified at the time the family is offered assistance.

## **Emergency Preferences**

1. As a result of Actual or Threatened Physical Violence — violence directed against the applicant or one or more members of the applicant's family by a spouse or other member of the applicant's household; or, the applicant lives in a housing unit with such an individual who engages in such violence (police reports substantiating the violence will be required as verification that such violence has occurred in the applicant's household). Further, the individual who engages in such activity will NOT be allowed to reside with the applicant on Public Housing program unless DMMHA provides written approval.
2. As a Result of Hate Crimes — If one of more of the applicant's family have been the victim of one or more hate crimes; and the applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit (police reports substantiating the crime will be required as verification of such crimes).
3. As a Result of a Natural Disaster — An applicant who is a victim of a natural disaster may qualify for this preference upon verification that the natural disaster occurred and that the natural disaster was beyond the applicants ability to control. In the event of a fire in a unit, verification from the Fire Marshall that the fire occurred as a result of natural causes, and not as the result of tenant neglect, will be required in order to qualify for this preference.
4. As a Result of Involuntarily Displacement – An applicant is displaced as a tenant as a result of an action by the owner of a housing unit as listed below:
  - The reason for the owner's action is beyond the tenant's ability to control and is not the fault of tenant; and
  - The action is occurring despite the tenant meeting all previously imposed conditions of occupancy; and
  - The action taken is other than a rent increase or an eviction notice for violation of lease.

## **Working Preference**

The DMMHA may give a preference to applicants who meet the following minimum criteria (so long as DMMHA's Income Targeting requirements are not negatively affected):

- Preference will be given to applicants in which the head, spouse, or sole member is employed at least twenty five (25) hours per week.

Written verification from the Employer and four most recent check stubs will be required as documentation to support the applicant's eligibility for this preference.

**According to the above preference definitions, I am applying for the following type of preference and understand I will be required to provide verification of this claim:**

- |  |   |
|--|---|
| <input type="checkbox"/> Emergency Preference – Physical Violence        | <input type="checkbox"/> Working Preference |
| <input type="checkbox"/> Emergency Preference – Hate Crime               |   |
| <input type="checkbox"/> Emergency Preference – Natural Disaster         |   |
| <input type="checkbox"/> Emergency Preference – Involuntary Displacement |   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I am not claiming a preference

# PUBLIC HOUSING PROGRAM - SITE BASED SELECTION FORM

## City of Des Moines Municipal Housing Agency

I understand that I will be offered a rental unit by the City of Des Moines Municipal Housing Agency on the basis of my position on the site based waiting list, availability of dwelling units, location of the available units and family composition (to determine bedroom size).

### **DMMHA IS ONLY ACCEPTING APPLICATIONS FOR FAMILY SIZES OF 2 PERSONS OR LESS AT THIS TIME.**

Having been notified of all of the provisions regarding rental unit offers, the following is my preference of location within the City of Des Moines:

### **PLEASE MARK AN "X" IN THE LINE BESIDE THE LOCATIONS TO INDICATE YOUR CHOICE OF WAITING LIST SITE YOU WOULD LIKE PLACED ON:**

\*\*\*Be advised that if you are NOT 62 years of age or older, you will NOT be placed on the waiting list for Highland Park, Oak Park, South View, East View because they are designated for elderly only.

- |       |  |   |
|-------|--|---|
| _____ | Highland Park Plaza (elderly only)                               | 3717 6 <sup>th</sup> Ave. (North of I-235 and West of N.E.14 <sup>th</sup> )        |
| _____ | Oak Park Plaza (elderly only)                                    | 3400 8 <sup>th</sup> St. (North of I-235 and West of N.E.14 <sup>th</sup> )         |
| _____ | South View Manor (elderly only)                                  | 2417 SW 9 <sup>th</sup> St. (South of I-235 and West of SE 14 <sup>th</sup> )       |
| _____ | Royal View Manor (mixed population)                              | 1101 Crocker St. (South of I-235 and West of S.E.14 <sup>th</sup> )                 |
| _____ | East View Manor (elderly only)                                   | 3700 E 31 <sup>st</sup> St. (East of N.E. 14 <sup>th</sup> and North of University) |
| _____ | No preference at this time (First available for my bedroom size) |   |

### **ALL PUBLIC HOUSING PROPERTIES ARE SMOKE FREE!**

By signing below, I am acknowledging that I am aware that all DMMHA Public Housing Properties are smoke free and I am aware I may not smoke anywhere on the property.

### **NEED FOR ACCESSIBLE UNIT:**

1. Do you need a **fully** handicapped accessible unit? (circle one)      YES or NO  
A fully handicapped accessible unit is a unit that has complete wheelchair accessibility, i.e. accessible kitchen, light switches and bathroom facilities.
2. Does anyone in your household require any other type of accommodations to fully utilize DMMHA programs and/or services? (circle one)      YES or NO  
If yes, which household member? \_\_\_\_\_

What type of accommodation does this person require? \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.



# Authorization for the Release of Information/ Privacy Act Notice

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

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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)

City of Des Moines Municipal Housing Agency  
Polk County River Place  
2309 Euclid Ave.  
Des Moines, Iowa 50310-5703

**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(l)(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.