



MHACB

Municipal Housing Agency
of Council Bluffs

Public Housing Application

Application Information

Thank you for your interest in applying for housing with Municipal Housing Agency! This application is for housing at Regal Towers and Dudley Court.

Please review all information and instructions carefully to ensure your application is complete when submitted. Incomplete applications will have to be returned to you for completion, which will delay you being placed on the waiting list if your application is approved.

Timeline: The Municipal Housing Agency (MHA) processes all applications within 30 days of them being received. When your application is processed, you will be notified if you have been placed on our waiting list, if we need more information to process your application, or if your application has been denied. If your application is denied, you will be provided with the reason(s) for denial and information on our grievance process. Please be advised that not disclosing or falsifying required information may result in the denial of your application,

Waiting List: MHA has adopted preferences that determine waiting list position placement for those who qualify. The preferences adopted are elderly persons, disabled persons, and persons residing within the city limits of Council Bluffs, Iowa. These preferences are factors used to determine a qualifying applicant's initial position placement on the waiting list.

Please carefully review your application and utilize the **Complete Application Checklist** on the last page of this packet to ensure your application is complete before submission.

Note that MHA must have a copy of a **Driver's License or State Photo ID and a Social Security Card** for all members of the household over the age of 18 to accept your application as complete.

As you complete your application, please feel free to reach out to us with any questions. You can call us at 712.322.1491, email us at info@mhacb.org, or stop by our office at Regal Towers anytime Tuesday-Friday, 8AM-4PM.

If you or any member of your household is a person with disabilities who requires a specific accommodation to complete the application process, please call 712.322.1491

1. Household Member Information

Head of Household & Spouse

Head of Household Name: _____ Maiden Name: _____

Spouse Name: _____ Maiden Name: _____

Head of Household Phone Number: _____

Spouse Phone Number: _____

Your Current Address

(Street Address) (City) (State) (Zip Code)

Head of Household Race (Check One)

- African American/Black
- Asian/Pacific Islander
- Caucasian/White
- Native American
- Other _____

Head of Household Ethnicity (Check One)

- Hispanic/Latino
- Non-Hispanic/Latino
- Other _____

Family Information

Starting with yourself, please list all persons who will be living in the apartment if your application is approved.

Name (First, Middle Initial, and Last)	Date of Birth	Age	Sex	Social Security Number	Disabled (Yes/No)	Full-Time Student (Yes/No)

Displacement Information

Has your family been displaced by a declared natural disaster, government action, or domestic violence?

- Yes
- No

If yes, please explain (Verifying documentation may be needed)

Family Income Information

Starting with yourself, please list all income sources and amounts of expected income for each family member during the first 12 months of occupying your apartment. Please include all income from employment, unemployment, worker’s compensation, Family Independence Program, Veteran’s Administration, Social Security, Disability, etc.

Name of Family Member	Source of Income	Amount of Income	Frequency of Income Received (Weekly, Monthly, Etc.)

Specific Disability Accommodations

Does any household member require specific accommodation(s) due to a disability?

- Yes
- No

If yes, please explain (Verifying documentation may be needed)

Employment & School

Is any person that will be residing in the apartment currently employed or attending school?

- Yes
- No

(If yes, please list name of person, employer or school, address of employer or school, and phone number of employed or school)

Name of Household Member	Employer or School	Address of Employer or School	Phone number of Employee or School

Assets

Do you have a checking and/or savings bank account?

- Yes
- No

Do you own or have you sold any real estate in the last two years?

- Yes
- No

Do you own any Certificate of Deposits, Stocks, Bonds, Etc.?

- Yes
- No

If known, please list the market value of all owned assets below:

2. Residence History

Five Years of Residence History

Starting with your current or most recent residence, please list the place you have lived over the last five years. Please note that applications without five years of residence history may be returned as incomplete.

Address	Years lived at address (Start Year-End Year)	Phone Number/Email Address of Property Owner or Manager

Eviction History

Have you or a household member ever been evicted from a residence?

- Yes
- No

If yes, please explain

Housing Assistance

Have you or a household member ever received housing assistance (Public Housing, Section 8, HUD Subsidized Housing) from MHA or any other Housing Agency?

- Yes
- No

If yes, please complete section below:

Assisting Agency	Years lived at address (Start Year-End Year)	Household member(s) who lived in assisted unit

Do you or any household member owe money to MHA or any other Housing Agency? *(Please note money owed to MHA or another Housing Agency must be paid before application can be approved.)*

- Yes
- No

If yes, which Housing Agency?: _____

3. Background Information

Arrest & Conviction History

Have you or a household member ever been arrested or convicted of a crime other than a traffic violation?

- Yes
- No

If yes, please list the name of the household member and all arrests and convictions, with dates, below. Please be advised that not disclosing arrests and convictions may result in denial of the application.

Probation & Parole

Is any member of your household currently on Parole or Probation?

- Yes
- No

If yes, please explain

Sex Offender Registry

Is any member of your household currently registered on any state or national Sex Offender Registry List?

- Yes
- No

Drug & Alcohol Information

Have you or any household member had any experiences with alcohol or drugs that required police intervention?

- Yes
- No

If yes, please explain

References

Please list two references who can provide information on your history as a tenant or neighbor.

Name: _____ Phone Number: _____ Email: _____

Name: _____ Phone Number: _____ Email: _____

4. Housing Location Preference

Location Information and Applicant Choice

All applicants are given the option of choosing Regal Towers only, Dudley Court only, or First Available (Regal Towers or Dudley Court) as their requested place of residence. The applicant's choice of housing location and the preferences adopted by MHA impact the length of time an applicant is on the waiting list before being offered an apartment.

When an applicant reaches the top of the waiting list and there is a vacancy at their chosen location, the applicant will be offered an apartment by the agency. An applicant can deny no more than two apartment offers by MHA. After the second offer is denied, the applicant will be removed from the waiting list.

Please check your housing location choice below:

- First Available
- Dudley Court (201 N. 25th Street)
- Regal Towers (505 S. 6th Street)

5. Application Certification

I certify that the statements on this application are true to the best of my/our knowledge and understand that they may be verified. I understand that any false statement made on this application may result in the my/our application not being approved. I understand that this application is not an offer of housing. I agree to inform MHA of any updates including changes to the information provided in this application.

Applicant Signature

Date

Co-Applicant Signature

Date

6. Authorization for the Release of Information

Release of Information Info

Housing Agency Requesting the Release of Information:

Municipal Housing Agency of Council Bluffs

505 S. 6th Street Council Bluffs, IA 51501 Phone #: 712-322-1491

Authority: 42 U.S.C 1437f and 3535(d), implemented at 24CFR

Purpose: In signing this consent form, you are authorizing HUD and the above-named Housing Agency to request information including, but not limited to: identity and marital status, employment income and assets, residences and rental activity, medical or child care allowances, credit, and criminal activity. HUD and the above-named Housing Agency need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the above-named Housing Agency may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Use of Information Obtained: HUD is required to protect the 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 Housing Agencies for the purpose of determining housing assistance. The Housing Agency is also required to protect the information it obtains in accordance with any applicable state privacy law. HUD and Housing Agency Employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained base on the consent form.

Failure to Sign Consent Form: Your failure to sign the consent form may result in denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the Housing Agency's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to: Previous Landlords (Including Public Housing Agencies) Courts and Post Offices, Schools and Colleges, Law Enforcement Agencies, Support and Alimony Providers, Social Service Agencies, Past and Present Employers, State Unemployment Agencies, Social Security Administration, Medical and Child Care Providers, Veterans Administration, Retirement Systems, Banks and other Financial Institutions, Credit Providers and Credit Bureaus, Utility Companies, Internal Revenue Service, State Wage Information Collection

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 agencies signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.



7. Authorization Consent Form

HUD/Housing Agency Release of Information Consent

I consent to allow HUD or the above-named Housing Agency to request of obtain any information from and any Federal, State, or Local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that those who have received information under this consent form cannot use it to deny, reduce, or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations. This consent form expires 15 months after signed.

Tenant Data Release of Information Consent

I hereby authorize the landlord or landlord's agents to verify the information on the application. Verification or re-verification of any information contained in the application will be retained by the landlord. I hereby authorize Tenant Data Services, Inc. to obtain information about me, including but not limited to any court records and/or my criminal record. I hereby authorize and instruct an entity or person contacted by Tenant Data Services, Inc. to release information to them. Upon my request, Tenant Data Services, Inc. will provide the name and number of the source used in the verification process.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Penalties for Misusing this Consent: HUD, the Housing Agency, and any owner (or any employee of HUD, the Housing Agency, or the owner) may be subject to penalties for unauthorized disclose or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. 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 Housing Agency, or the owner responsible for the unauothorized disclosure or improper use.



8. Identification Documents

Driver's License/State Photo I.D.(s) & Social Security Card(s)

MHA is required to obtain a copy of a Driver's License or State Photo Identification Card **and** a copy of a Social Security Card for all persons 18 years of age or older that will be members of the household.

If submitting this application via mail, email, or fax: Please include a copy of a Driver's License or State Photo Identification Card and a copy of a Social Security Card for each member of the household 18 years of age or older as attachments to this application

If you are submitting this application in person: Please bring with you a copy of a Driver's License or State Photo Identification Card and a Social Security Card for each member of the household 18 years of age or older. MHA staff will make a copy of these documents to attach to your application.

Complete Application Checklist

- **Household Member Information (Pages 3-6):** Be sure to include complete information for **all members** of your household.
- **Residence History (Pages 7-8):** Be sure to include all places you have resided in the **past five years**.
- **Background Information: (Pages 9-10):** Be sure to include complete background information for **all members** of your household.
- **Housing Location (Page 11)** Be sure you have **check marked** your selected housing location preference.
- **Application Certification (Page 11)** Be sure this section has been signed by **all applicants**.
- **Authorization Consent Form (Page 13)** Be sure this section has been signed by **all applicants**.
- **Driver's License(s) or State Photo I.D.(s)** Attach or bring a copy for **each household member** 18 years of age or older.
- **Social Security Card(s)** Attach or bring a copy for **each household member** 18 years of age or older.