



745

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
HILLCREST FAMILY SERVICES- BIRCH HOUSE-Sect 811
PRAC

Received By:
Date and Time Received:

Pepper Drive
Iowa City, Iowa 52240
319-341-9849 www.hillcrest-fs.org

****If you need any help or reasonable accommodations to assist you when completing the application process, please let us know. ****

Please complete the following information about yourself:

Name: _____ M F Social Security Number: _____
Address: _____ Date of Birth: _____
Telephone Number(s): _____

Marital status: Single Married Divorced Separated Domestic Partner Widowed

Please identify your Race: Check one (For statistical purposes only)

American Indian or Alaskan Native Asian or Pacific Islander Black or African American
Native Hawaiian or Other Pacific Islander White

Please identify your Ethnicity:

Hispanic or Latino Not Hispanic or Latino

Do you meet the following definition for a person diagnosed with a chronic mental illness?

“has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.”

Yes No (For project eligibility purposes only)

Please identify any special housing needs your household has:

Are you now living in a subsidized housing unit? Yes No

Name of Complex:

Name of Manager/Landlord:

Manager/Landlord telephone number:

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the charts below.

Do you:

YES NO

- 1. Work full time, part-time or seasonally?
2. Expect to work for any period during the next year?
3. Work for someone who pays cash?

- 4. Engage in the selling of goods or services?
- 5. Receive or expect to receive any money for blood or plasma donation?
- 6. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- 7. Now receive or expect to receive unemployment benefits?
- 8. Now receive or expect to receive child support?
- 9. Not receiving child support that he/she is entitled to?
- 10. Now receive or expect to receive alimony?
- 11. Have an entitlement to receive alimony that is not currently being received?
- 12. Now receive or expect to receive public assistance (TANF)?
- 13. Now receive or expect to receive social security benefits?
- 14. Receive or expect to receive SSI/SSDI/VA benefits?
- 15. Now receive or expect to receive income from pension or annuity?
- 16. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- 17. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from rental property?
- 18. Own real estate or any assets for which you receive no income (checking account, cash)?
- 19. Have real property or other assets (including cash) that he/she has sold or given away in the past two years?
- 20. Do you own your own car?
- 21. Do you own your own home?

EMPLOYMENT/ WAGE INFORMATION: (If applicable)

Name, Address and Phone # of present employer:

Telephone Number: _____

Supervisor's Name: _____

Start/ Hire date: _____

Rate of Pay _____ Ave. hrs. per week _____

SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME
TOTAL	

ASSETS

1. List all checking and saving accounts (including IRAs, Keogh accounts, and certificates of deposit) of all household members.

2.

BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

List all stocks, bonds, trusts, pensions or other assets and their value owned by any household member.

3. List any assets disposed of for less than the fair market value during the past 2 years.

EXPENSES

Yes No

Do you have expenses for medical insurance premiums, services of doctors or hospitals, prescription/non-prescription medicine, medical transportation, dental expenses, nursing expenses, monthly payments of accumulated medical bills, or long-term care insurance premiums? If yes, provide the following information

Name of Medical Provider	Type of medical expense	Monthly cost
TOTAL		

PREVIOUS RENTAL HISTORY- for the past 3 years

Name and Address of your Present Landlord:

Telephone Number: _____
How long have you lived there? _____
Reason for leaving? _____

Name and Address of Former Landlord:

Telephone Number: _____
How long did you live there? _____
Reason for leaving? _____

Name and Address of Former Landlord:

Telephone Number: _____
How long did you live there? _____
Reason for leaving? _____

CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION:

**Federal law requires us to obtain drug and criminal background and sex offender registration information for anyone applying for assisted housing. Please answer the questions below. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. Hillcrest Birch House will deny the application of anyone who does not provide accurate and complete information on this form, does not consent to a background check, or does not meet the screening criteria.

1. Have you been evicted in the last three years from a federally assisted/non-federally assisted site for drug-related criminal activity? Yes No If yes, please give a brief explanation _____

2. Do you currently engage in, or in the past three years have you engaged in the illegal use, manufacture or distribution of drugs or abuse alcohol? Yes No If yes, please give a brief explanation and describe any treatment you may have participated in _____

3. Have you been involved in, charged with, arrested or convicted of any violent or drug-related crime in the last three years? Yes No If yes, please give a brief explanation _____

4. Have you ever been involved in, charged with, arrested or convicted of violent or drug-related criminal activity classified as a felony? Including any deferred judgments or dismissals. Yes No If yes, please give a brief explanation _____

5. Are you currently required to register under a Lifetime State Sex Offender Registry Program? Yes No If yes, please give a brief explanation _____

6. Have you been convicted of any crime involving fraud or dishonesty in the past three years? Yes No If yes, please give a brief explanation _____

7. Please list all states in which you have lived or have held licenses to drive _____

APPLICANT CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/we will occupy will be our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize Birch House Management to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate federal, state or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law. I/We understand that false statements or information can result in denial or termination of rental assistance. I also understand that all changes to this application must be reported in writing to the Birch house Management.

NOTE: Any applicant who misrepresents information by failing to report information; reports incorrect or incomplete information; or omits information, will be denied application, withdrawn from the waiting list, or benefits will be terminated. Be sure to list true and complete information.

DO NOT LEAVE ANY BLANKS ON THESE FORMS. PLEASE PLACE N/A IN AREAS THAT ARE NOT APPLICABLE.

Signature of Applicant: _____

Date: _____

Signature of Guardian or legal representative: _____

Date: _____

Hillcrest Family Services Birch House does not discriminate against any person on the basis of race, color, sex, religion, marital status, creed, sexual orientation, gender identity, age, national or ethnic origin, familial status or disability.

