



Return To:
The Housing Fellowship
322 E 2nd Street
Iowa City, IA 52240

PRE HOUSING APPLICATION

Applicant(s) Name: _____ **No. of Bedrooms** _____

Phone: (home) _____ **Email:** _____

Current Address: _____

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.** Application fee of \$25 (check or money order) must be submitted with application.**

Family Composition

Name ALL People to Occupy Unit First MI Last	DOB	Gender	Relationship To Head	Marital Status	SSN	FT Student
			HEAD			

Please complete the following questions:

1. Do you expect any changes in your household in the next 12 months? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Would any member of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Would any member of your household benefit from any other special living accommodations? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will your household be receiving Section 8 rental assistance at the time of move-in? If yes, voucher size and amount? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



Rental History

Current & Previous Landlords:

(Past 3 years residence including any owned by applicants.)

Head Current Address (please include FULL Address)	Rent/ mo	Utilities/mo	Move In Date	Move Out Date	Reason For Leaving
Landlord Name	Landlord Address			Landlord Phone	

Head Previous Address (please include FULL Address)	Rent/ mo	Utilities/mo	Move In Date	Move Out Date	Reason For Leaving
Landlord Name	Landlord Address			Landlord Phone	

Head Previous Address (please include FULL Address)	Rent/ mo	Utilities/mo	Move In Date	Move Out Date	Reason For Leaving
Landlord Name	Landlord Address			Landlord Phone	

Other Adult Current Address, if different from head	Rent/ mo	Utilities/mo	Move In Date	Move Out Date	Reason For Leaving
Landlord Name	Landlord Address			Landlord Phone	

Other Adult Previous Address, if different from Head	Rent/ mo	Utilities/mo	Move In Date	Move Out Date	Reason For Leaving
Landlord Name	Landlord Address			Landlord Phone	



Updated 1/2019

Income and Assets

<p>Total Monthly Household Income (gross income):</p> <p>\$ _____</p> <p>Value of household assets: (assets include bank accounts, cash, retirement, etc.)</p> <p>\$ _____</p>	<p>Income Source(s): Check all that apply</p> <p><input type="checkbox"/> Wages</p> <p><input type="checkbox"/> SSI/Social Security</p> <p><input type="checkbox"/> Child Support/Alimony</p> <p><input type="checkbox"/> FIP</p> <p><input type="checkbox"/> Other: _____</p>	<p>Asset Source(s): Check all that apply:</p> <p><input type="checkbox"/> Checking Account</p> <p><input type="checkbox"/> Savings Account</p> <p><input type="checkbox"/> Prepaid Debit Card</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Pension/IRA/Retirement</p> <p><input type="checkbox"/> Other: _____</p>
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APPLICANT RESPONSIBILITIES:

It will be your responsibility to provide management with all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. If your pre-application is approved and an offer to rent is made you will be required to go through an income verification process. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE: All Applicants 18 and older must sign application

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 criminal background check and eviction 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.

Head of Household Signature: _____ **Date:** _____

Other Adult Signature: _____ **Date:** _____

Other Adult Signature: _____ **Date:** _____



VOLUNTARY INFORMATION

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

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Racial – please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

- 1 – White
 2 – Black/African American
 3 – American Indian/Alaska Native
 4 – Asian
 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- 1 – Hispanic or Latino
 2 – Not Hispanic or Latino

Disabled*3

- Yes No

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!

