



City of Oskaloosa

220 South Market • Oskaloosa, IA 52577 • Phone: (641) 673-8361



Office of Community Development

Oskaloosa Municipal Housing Agency

Applications must be submitted to the Oskaloosa Municipal Housing Agency (OMHA) in person or via the postal system at the below listed address. Faxed or e-mailed applications will not be accepted. Incomplete applications will not be accepted. Questions regarding application requirements should be directed to the OMHA at (641) 673-8362. Office hours are 8:00 AM - 5:00 PM Monday, Tuesday and Thursday. The office is closed to the public on Wednesday and Friday.

Mail completed applications to:

Oskaloosa Municipal Housing Agency
220 South Market
Oskaloosa, IA 52577



PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Oskaloosa Municipal Housing Agency
 220 South Market
 Oskaloosa, IA 52577

		Office Use Only							
Received/ Revised	Unit Size	Preference							
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7

Legal address if different from mailing address

Full Legal Name:
 Mailing Address:

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Social Security Number	_____	Ethnicity (Check One Box)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Date of Birth	_____	Race (Check All That Apply)	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Home Telephone	_____		
Other Telephone	_____		
Other Telephone Type	<input type="checkbox"/> Work <input type="checkbox"/> Other Specify: _____		
E-mail Address	_____		
<input type="checkbox"/> I would like to receive correspondence via e-mail.			
Do you qualify for a reasonable accommodation due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			Racial and ethnic data for statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>				<u>If Income is from Wages</u> <u>List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Earned from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Check each box that applies to your current status.

- Yes. I have a family member who is disabled, handicapped, or elderly (aged 62 or greater).
- Yes. I am a U.S. veteran.
- Yes. I am near elderly (aged 52 or older).
- You or any member of your household have been evicted from Public housing, Indian housing, Section 23 housing, housing assisted by the Section 8 program, for drug-related criminal activity during the past three years.
- You currently live in public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing.

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____

Date _____

Supplement 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:

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)

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------|
| <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 | |

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 chose 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.