

OFFICE OF ASSISTED HOUSING
501 WEST 3RD STREET DAVENPORT, IA 52801
(563) 326-7899 –VOICE
(563) 326-7912 – TDD

OFFICE USE ONLY

DATE _____
TIME _____
BR SIZE _____
PHY HANDI _____

THE HERITAGE
PRELIMINARY APPLICATION

WILLFUL MISREPRESENTATION IS CAUSE FOR CRIMINAL PROSECUTION

PLEASE PRINT – ANSWER ALL QUESTIONS!

NAME _____ PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

SOCIAL SECURITY NUMBER _____ MARITAL STATUS _____ BIRTHDATE _____

PLACE OF BIRTH: _____
CITY STATE COUNTY

FAMILY COMPOSITION - PERSON (S) WHO WILL LIVE IN OR OCCUPY UNIT WITH YOU:

NAME	SEX	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY NUMBER

LIST ANY EXPECTED CHANGE IN FAMILY SIZE AND WHEN: _____

.....
HAVE YOU DISPOSED OF AN ASSET FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO YEARS?
[YES] [NO]

WOULD ANY MEMBER OF YOUR FAMILY BENEFIT FROM THE DESIGN FEATURES OF A MOBILITY ACCESSIBLE UNIT?
[YES] [NO]
.....

GROSS INCOME:

LIST ALL SOURCES OF INCOME SUCH AS WAGES, SOCIAL SECURITY, SSI, PENSIONS, ETC., FOR EACH FAMILY MEMBER.

FAMILY MEMBER	INCOME SOURCE	HOW OFTEN PAID	AMOUNT	TOTAL PER YEAR

HAVE YOU APPLIED FOR OR PARTICIPATED IN A RENTAL ASSISTANCE PROGRAM? YES [] NO []

IF "YES" NAME & LOCATION: _____

PRESENT LANDLORD: _____

HOW LONG HAVE YOU BEEN AT THIS ADDRESS _____

YOUR PREVIOUS ADDRESS AND LANDLORD NAME _____

.....
DO NOT SIGN THIS BEFORE READING THE FOLLOWING INFORMATION

By signing this application I certify the following:

1. The information given is correct and complete to the best of my knowledge and all family income has been listed.
2. I understand it is my responsibility to notify the Office of Assisted Housing in writing of any change in my mailing address.
3. This information may be shared with other agencies or organizations to obtain information necessary to complete my application. I authorize the Davenport Housing Commission to verify the information given to make such additional normal inquires as reasonably may be related to or associated with this application from credit bureaus and from employers, creditors and others as may be deemed necessary.
4. **CONSENT TO RELEASE PUBLIC INFORMATION.** I understand that the information I provide in applying for and receiving funds through the Division of Housing and Neighborhood Development is **NOT CONFIDENTIAL** unless specifically exempted under Iowa law. As such, my personal financial information is a matter of public record and that anyone wishing to examine my file may do so in accordance with the City of Davenport Administrative Policy 8.3 – Examination & Copying of Public Records. My signature below acknowledges my understanding and gives my consent to have my file examined in accordance with the applicable City of Davenport policy.

Signature of Applicant

Date

The Heritage does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

A REASONABLE ACCOMMODATION IS A CHANGE, EXCEPTION, OR ADJUSTMENT TO A PROGRAM, SERVICE, BUILDING, OR DWELLING UNIT THAT WILL ALLOW A QUALIFIED PERSON WITH A DISABILITY TO PARTICIPATE FULLY IN A PROGRAM; TAKE ADVANTAGE OF A SERVICE, OR LIVE IN A DWELLING. APPLICANTS WITH DISABILITIES WHO REQUIRE A REASONABLE ACCOMMODATION IN ORDER TO PARTICIPATE IN THE APPLICATION PROCESS OR MAKE EFFECTIVE USE OF THE HOUSING PROGRAM MAY REQUEST SUCH AN ACCOMMODATION. THE OFFICE OF ASSISTED HOUSING WILL ACCOMMODATE A SPECIFIC REQUEST UNLESS DOING SO WOULD RESULT IN AN UNDUE FINANCIAL AND ADMINISTRATIVE BURDEN.



Race and Ethnic Data Reporting FormU.S. Department of Housing and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone 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 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.

FAMILY SUMMARY SHEET

	HOUSEHOLD MEMBERS				
	LAST NAME	FIRST NAME	RELATIONSHIP	SEX	DATE OF BIRTH
HEAD					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

APPLICANT DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet

LAST NAME: _____

FIRST NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ ALIEN REGISTRATION NO: _____

ADMISSION NUMBER _____ if applicable. (This is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

VERIFICATION NO.: _____
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Review the blocks shown below and complete either block number 1, 2 or 3.

DECLARATION:

I, _____ hereby declare, under penalty of perjury, that
(print or type first name, middle initial, last name)
I am:

_____ 1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below:

Signature Date

Check here if adult signed for a child: _____

_____ 2. A non-citizen with eligible immigration status in the category checked below:

_____ (a) A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants] (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reasons, the documents shown in paragraph "b" above are not currently available, complete the request for extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ (b) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

_____ (c) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;

_____ (d) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];

_____ (e) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or

_____ (f) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

- a. Verification Consent Format (Attachment 9)

AND

- b. one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - “Admitted as Refugee Pursuant to Section 207”;
 - “Section 208” or “Asylum”
 - “Section 243(h)” or “Deportation stayed by Attorney General”;
 - “Paroled Pursuant to Sec. 212(d)(5) of the INA”;
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - A final court decision granting asylum (but only if no appeal is taken);
 - A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application is filed before October 1, 1990);
 - A court decision granting withholding or deportation; or
 - A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated “Section 245A” or “Section 210”;
- (5) Form I-688B, Employment Authorization Card, which must be annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12”;
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.
- (7) Form I-152 Alien Registration Receipt Card.