



APPLICATION FOR HOME AND COMMUNITY-BASED (HCBS) RENT SUBSIDY PROGRAM

SECTION 1: TYPE OF APPLICATION

Please type or print the following information and mark the correct boxes.

This application is: New Application Annual Renewal Change of Information

SECTION 2: HCBS WAIVER INFORMATION

Does the Applicant participate in Money Follows the Person (MFP)? Yes No
Does the Applicant participate in one of the HCBS Waiver programs? Yes No
Does the Applicant participate in the Habilitation Waiver program? Yes No

If the Applicant answered "Yes" to participation in MFP or Habilitation Waiver, documentation verifying participation must be attached.

If the answer to all three questions is "No", the Applicant is ineligible under HCBS Rent Subsidy rules. STOP now and do not submit this application.

SECTION 3: APPLICANT INFORMATION

First Name Last Name
Social Security # Date of Birth
Address Line 1 Address Line 2
City Zip
County Phone
Email

SECTION 4: INCOME INFORMATION

Gross amount of income anticipated each month during the next 12 months \$
(if gross monthly income is zero, please also complete the Zero Income Certification Form)

Sources of income:

Social Security Employment Pension Other

SECTION 5: RENTAL UNIT INFORMATION

Date moved in _____

Total monthly rent for entire unit \$ _____

Number of bedrooms in unit _____

Number of qualified dependents
(as claimed by the Applicant for federal tax purposes) _____

Additional Household Member	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 6: CASE MANAGER CONTACT INFORMATION

Organization _____

First Name _____ Last Name _____

Email _____ Phone _____

SECTION 7: LEGAL GUARDIAN INFORMATION (IF APPLICABLE)

Proof of Guardianship or POA may be requested.

Relationship to Applicant _____

First Name _____ Last Name _____

Email _____ Phone _____

SECTION 8: ADDITIONAL CONTACT INFORMATION (IF APPLICABLE)

Relationship to Applicant _____

First Name _____ Last Name _____

Email _____ Phone _____

SECTION 9: LANDLORD INFORMATION

Property Name/Company Name _____

Contact Name _____

Phone _____ Email _____

SECTION 10: CORRESPONDENCE DIRECTED TO

All correspondence relating to initial approval or denial, renewal notices, policy changes, etc., will be sent to the Applicant, Legal Guardian, and Case Manager. In addition, the Applicant elects that correspondence also be directed to one or more of the following individuals:

Additional Contact Landlord

Please note that notification and details of ACH payment will be sent on the date of payment to the email address provided by the landlord on the required Vendor ACH form, which may or may not be the email address listed for the landlord in Section 9 of this application.

SECTION 11: RENT SUBSIDY INFORMATION

Has Applicant received any other rent subsidy in the past six months?

Yes No

If yes, please explain who provided that subsidy, when it was ended, and reason for ending.

Is Applicant currently on wait list for Section 8 Housing Choice Voucher (HCV) program?

Yes No

If yes, please provide the Public Housing Authority that can verify wait list status or submit the documentation listed on page 6.

Has Applicant been told they are denied or ineligible for the Section 8/HCV program?

Yes No

If yes, please explain when the determination was made, the reason for that determination, and if the determination is temporary or permanent. Further documentation from the Public Housing Authority may be requested.

SECTION 12: APPLICANT CERTIFICATIONS

I understand that the HCBS Rent Subsidy Program is intended to provide assistance until I am able to transition to the Section 8 Housing Choice Voucher (HCV) program. I further understand that in order to remain eligible for the HCBS Rent Subsidy Program, I am required to sign up for the Section 8 HCV wait list with my local Public Housing Authority when made available and follow through with all appointments, letters, and/or other requirements set forth by the Public Housing Authority.

I will:

Sign up for the Section 8 HCV wait list through my local Housing Authority and provide documentation to the Iowa Finance Authority (IFA);

Notify IFA when I reach the top of the Section 8 HCV wait list and of all impending deadlines;

Inform my Public Housing Authority of any changes to my address/contact information;

Attend all appointments and provide all requested documents to my Public Housing Authority;

Notify IFA when the transition date to Section 8 HCV is established or provide written documentation of denial from the Public Housing Authority.

By signing below, I acknowledge the above statements and further give IFA staff permission to discuss my Section 8 HCV application, wait list status, and program eligibility with the Public Housing Authority staff.

Signature of Applicant and/or Legal Guardian _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

SECTION 13: APPLICANT DECLARATION

I, the undersigned, declare the following:

1. The information in this application is true to the best of my knowledge;
2. I believe I meet the requirements of the program;
3. The application is not submitted with the intent to gain financial assistance for which I am not eligible;
4. I understand the requirement to notify IFA within ten (10) working days if income changes by more than \$100/month or if any other information from the application form changes;
5. I understand failure to notify IFA of changes, misuse of IFA funds, or the making of false statements may result in repayment of the amount that was received while ineligible, and/or termination of rental assistance;
6. I understand that abusive or threatening language or behavior toward IFA staff may result in termination of subsidy; and
7. I understand Iowa Finance Authority quality assurance measures for this program will include audits of the information provided.

Signature of Applicant and/or Legal Guardian _____

Printed Name(s) _____

Date _____

I understand that I will be responsible for repaying any overpayment of HCBS Rent Subsidy that may occur as a result of failing to report changes in income, living arrangements, Section 8 HCV wait list status, and/or any other required reporting under program rules in a timely manner and/or providing false or misinformation to the Iowa Finance Authority:

Signature of Applicant and/or Legal Guardian _____

Printed Name(s) _____

Date _____

Send completed application and attachments to: HCBSIFA@iowafinance.com OR

Iowa Finance Authority
HCBS Rent Subsidy Program
1963 Bell Ave, Ste. 200
Des Moines, IA 50315

Because Applicants are added to the HCBS Rent Subsidy Program waiting list based upon the date and time when a complete application with all required attachments is received by the Iowa Finance Authority, it is to your benefit to submit the application and required documentation by email. Incomplete application submissions will be allowed 30 days to remedy as directed by program staff. An application that remains incomplete after the 30 day review period will be denied.

CHECKLIST OF DOCUMENTS THAT MUST ACCOMPANY APPLICATION

I have included the following documents in this order:

Application form, completed and signed/dated by either Applicant or Legal Guardian, if applicable. **MUST** include an email address for at least one person other than the Applicant on page 2 to ensure that important email notices are received.

Income Verification to include entire SSA award letter or full monthly bank statement showing direct deposits of SSDI/SSI funds, pension statements, wage reports from most recent three months if applicable, as well as verification of any other income. **Please note** that income of spouse and/or any unearned income of minor/dependents should also be provided.

Copy of lease showing Applicant as tenant, number of bedrooms in unit, rent amount for the entire unit, and signed by the landlord as well as the Applicant or the Applicant's legal guardian.

Current documentation verifying that Applicant has applied for Section 8 HCV rental assistance administered by the local Public Housing Authority.

Acceptable documentation would include one or more of the following:

1. Copies of ongoing correspondence with the Public Housing Authority (PHA) (dated within the last 3 months)
2. Notice from PHA that you have been placed on a wait list showing your number on the wait list or the approximate wait time
3. Notice from PHA that Applicant is not currently on the wait list and that wait list is closed for new applications.

It is the responsibility of the Applicant and all representatives to monitor the local Public Housing Authority's notifications for times when Section 8 HCV applications will be accepted. If the wait list opens, the Applicant, or their representative, is expected to submit an application during the time period when the Public Housing Authority accepts applications.

Documentation verifying participation in Money Follows the Person or Habilitation Waiver (if applicable - IFA can verify participation in the other HCBS Waiver programs).

Landlord Acknowledgement Form: To be completed and signed by the Applicant's landlord to verify the eligibility of the rental unit for assistance. (To be submitted with original application or with change of information only.)

New Vendor ACH form and W9: Must be completed and signed by landlord/property management in order to receive rental assistance payments. (To be submitted only when Applicant reaches the top of the HCBS Rent Subsidy Program waiting list or with a change in landlord information.)

PLEASE NOTE: If the Applicant obtains eligibility for any other local, state or federal rent subsidy, IFA must be notified within 10 working days. The HCBS Rent Subsidy Program is a temporary subsidy and is only available to the Applicant until such time that the Applicant becomes eligible for any other local, state or federal rent subsidy.