

HCBS Rent Subsidy Program Landlord Acknowledgement Form



_____ (the "Participant") is a Participant in the HCBS Rent Subsidy Program administered by the Iowa Finance Authority. This program is intended to provide rental assistance to eligible individuals only until a Section 8 Housing Choice Voucher becomes available to them. HCBS Rent Subsidy Program assistance will be sent in monthly installments directly to the landlord prior to the first of the month by ACH or by paper check, if requested. Rental assistance payments will continue as long as the Participant remains eligible for the HCBS Rent Subsidy Program as determined by the Iowa Finance Authority at its sole discretion, subject to available funding.

Landlord Acknowledgements (check all that apply):

____ I agree to accept ongoing rent assistance payments from the Iowa Finance Authority on behalf of the Participant.

____ I agree to complete all required paperwork associated with the HCBS Rent Subsidy Program upon request.

____ I agree to complete all required paperwork associated with the local public housing authority's Section 8 Housing Choice Voucher Program and further agree to accept an available Section 8 Housing Choice Voucher if/when it becomes available to the Participant.

____ In the event of any overpayment as determined by the HCBS Rent Subsidy Program Manager, I agree to return the full amount of the overpayment to the Iowa Finance Authority.

Signature: _____

Printed Name: _____

Date: _____

Please return the completed form to HCBS Rent Subsidy Program, c/o Iowa Finance Authority:

hcbsifa@iowafinance.com; or by mail to

HCBS Rent Subsidy Program
1963 Bell Ave, Suite 200
Des Moines, IA 50315

Questions or concerns should be directed to:

Megan Marsh, HCBS Rent Subsidy Program Manager

megan.marsh@iowafinance.com

515-452-0442