

WAITING LIST PRE-APPLICATION FOR CITY OF DUBUQUE RENTAL ASSISTANCE PROGRAMS

Programs

- *Project Based Voucher*: Seventeen 1-bedroom units located at The Rose of Dubuque which is an assisted living facility. Assisted living is housing for elderly or disabled people that provides nursing care, housekeeping, and prepared meals as needed.
- *Section 8 Housing Choice Voucher (HCV)*: Participants choose a rental unit whose property owners accepts the program and meets the requirements of the HCV program. (Waiting list for this program is only open the 2nd Tuesday of the month.)

Important Notice

To ensure the application process is accessible to all, including people with disabilities, elderly individuals, as well as persons with Limited English Proficiency (LEP), please contact the City of Dubuque Housing & Community Development Department for assistance.

Submit only ONE application to the City of Dubuque Housing & Community Development Department. Duplicate forms will not be accepted.

Disclaimer

By submitting this pre-application, you are not guaranteed placement on any waiting list. A lottery system will be used to determine which applicants are placed on the Housing Choice Voucher waiting list.

Maintaining Your Status on the Waiting List

If you are added to the waiting list, you will be notified by mail when your name comes to the top of the waiting list or if we are updating our files. If you do not respond to our notifications, or your letter is returned undeliverable and we are unable to contact you, **your name will be removed from the waiting list**. If you have a change of address, phone number, e-mail address, income, family size/members, you must notify us within 10 business days of the change. **ALL CHANGES MUST BE IN WRITING** unless you are limited by disability or do not possess the ability to provide written notice. Please include the last four digits of your social security number on any correspondence.

Eligibility

- An applicant must qualify as an individual or family as defined by U.S. Department of Housing and Urban Development (HUD) and the City of Dubuque.
- Head of household must be at least 18 years of age at the time of this pre-application or an emancipated minor by a court of competent jurisdiction, consistent with Iowa law.
- Family must have annual income at the time of admission that does not exceed the established income limits at the time of admission according to the maximum income by family size established by HUD.
- Applicant and all adult members of the family must pass a criminal background check.
- Applicant or any member of the family that has ever been convicted of manufacturing or producing methamphetamine on the premises of any federally assisted housing or any

family household member that is subject to a registration requirement under a state sex offender registration program will not be eligible for housing assistance.

- Applicant and all members of the family must provide documentation of social security numbers and birth certificates for all family members when your application is pulled from the waiting list.
- Applicant and all members of the family must meet requirements on citizenship or immigration status.
- Applicant or any member of the family who currently owes money to the City of Dubuque or any other housing authority will not be offered assistance until the outstanding balance is paid in full, or the family enters into an acceptable repayment agreement.

The City of Dubuque Housing & Community Development Department does not discriminate on the basis of race, sex, color, religion, marital status, familial status, national origin, age, pregnancy, disability, ancestry, or sexual orientation in the access to, admission into, or employment in housing programs or activities.



HCV WAITING LIST PRE-APPLICATION

Section 8 Housing Choice Voucher (Applications for this program will only be accepted from 12:00 a.m. through 11:59 p.m. on the second Tuesday of each month)

For Office Use Only:

Date:

Time:

Initials:

Household Composition:

Head of Household Name: _____

First

M.I.

Last

Social Security Number: _____ Date of Birth: _____
Month/Day/Year

Gender: Male Female

Ethnicity: Hispanic Non- Hispanic

Race (check all that apply): White African American American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander

Citizenship: Eligible Citizen Eligible Non-Citizen Ineligible Non-Citizen Pending

Are you a Full-Time Student: Yes No

Are you a Veteran: Yes No

Disabled: Yes No

Do you live or work in the city of Dubuque? (This does not include the COUNTY of Dubuque or any surrounding cities). Yes No

Phone Number: _____ E-mail Address: _____

Mailing Address: _____
Street Apt # City State Zip

Is any member of your household a Veteran: Yes No

If yes, list name(s): _____

Family Members:

Do not add Head of Household information in this section.

First Name Last Name	Middle Initial	Sex	Household Relationship	Social Security Number	Date of Birth	Citizen Yes/No	Race	Hispanic Yes/No	Disabled Yes/No

Income: List ALL household income below:

<u>Type of Income</u>	<u>Who Receives It</u>	<u>How Much</u>	<u>Frequency (weekly, bi-weekly, monthly)</u>
Social Security			
SSI			
Unemployment			
Alimony			
Pension			
Veteran's Benefits			
Child Support			
FIP			
Annuities			
Self-Employment			
Other _____			
Other _____			

Assets – List assets for ALL household members:

Do you or any members of your household have any assets? No Yes

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Bank Name or Other Source</u>	<u>Name of Person with the Account</u>
Checking Accounts	\$		
Savings Accounts	\$		
Stocks, Bonds, CDs, Investment, Cryptocurrency	\$		
Life Insurance	\$		
Other (including reloadable debit cards)	\$		

Additional Required Questions:

Please complete these questions. They apply to any member of household.

How did you hear about our Programs?

Friend/Relative Word of Mouth Newspaper Internet/Search Engine

Social Media Event Social Services Agency Other

Certification of Information:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate and complete to the best of my knowledge.

I understand that it is my responsibility to keep my contact information current with City of Dubuque Housing & Community Development Department. (All information must be provided to the City of Dubuque Housing & Community Development Department in writing.)

Signature:

Head of Household Signature

Date



Return waiting list pre-application to: City of Dubuque
Housing & Community Development Dept
350 W 6th Street, Ste 312
Dubuque, IA 52001
Phone: (563) 589-4230
FAX: (563) 589-4244

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.

Housing Choice Voucher Rental Assistance Program

The City of Dubuque Housing & Community Development Department is **OPENING** the **waiting list** for the Housing Choice Voucher rental assistance program on the second Tuesday monthly. However, due to funding, we may not open for a few months. Check at www.cityofdubuque.org/hcv

Apply the following dates:

Jan 10th Feb 14th March 14th April 11th May 9th June 13th

Applications will be accepted only between **12:00 a.m. to 11:59 p.m. CST.** on the dates listed above. *Applications mailed in must be received on that day. Faxed or emailed apps or apps dropped off at the office must be received by 4:30 p.m. CST*

THIS IS NOT A FIRST-COME, FIRST-SERVED APPLICATION PROCESS.

All applications received will be entered into a lottery drawing for placement on the waiting list. **Those selected will receive a letter informing them they have been chosen. If you do not receive a letter, be sure to reapply monthly!**

Four ways to apply:

ON-LINE



Apply on-line at <https://www.waitlistcheck.com/IA3159>

E-MAIL



Request an application by sending an e-mail to housing@cityofdubuque.org

WALK-IN



Pick up an application at the City of Dubuque Housing & Community Development Department at 350 W 6th St., Suite 312, Dubuque, IA 52001

PHONE



Request an application by calling 563-589-4230

Please remember: For more information visit www.cityofdubuque.org/hcv

