

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 in 2025:

July 8 Aug. 12

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

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. (Waiting list for this program is only open the 3rd Wednesday of the month.)
- *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

Disabled: ☐ Yes ☐ No

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

I understand that I am applying for assistance in Dubuque, IA, and if I am not already a resident within the City of Dubuque and I accept this assistance, I will be required to live in Dubuque for at least 12 months before I am allowed to move. ☐ 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 <u>Including cash app, venmo, paypal, etc.</u>	\$		
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