



Housing Application Keystone/Stonehaven



Ames Ecumenical Housing, Inc. *d.b.a.*

Keystone Apartments
3115 Roy Key Avenue
Ames, IA 50010
(515) 232-2865

Stonehaven apartments
421 Stonehaven Drive
Ames, IA 50010
(515) 232-2021

Reference # _____
 Applicant Name _____
 Interviewer _____
 Date Received _____
 Time Received _____
 Action _____
 Unit Preference _____

Office Use Only

Instructions for Head of Household

Please read the application package completely and carefully. If you have a disability, and need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, you have the right to request such accommodation.

ANSWER ALL QUESTIONS ON THIS APPLICATION. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, criminal or prior resident history **is grounds for rejection.** **Applications will not be considered unless they are fully completed.** Incomplete applications will be returned.

For financial information, please use pages 8 and 9 to write the names and addresses of people who can verify the information you provide. (For example, for employment income, write your employer's name and address; for a medical expense, write the name and address of your doctor). Please an extra sheet to record additional information if there isn't enough room for an entry.

*Before we offer you a unit we will give you a **Consent Form** (Authorization for Release of Information); this lets us check the information you give us. Have each adult family member sign this form and return it to us as soon as possible. Until you return the **Consent Form** to us, we cannot offer you a unit.*

Keystone/Stonehaven Apartments 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. Revised 3-1-2016

Head of Household's Initials: _____

General Family Information

Complete this information once for the entire family.

1) Name of Head of Household _____

2) Present address _____

Telephone Number _____ Is this your phone? Yes No

Work Telephone _____ Message / Emergency Phone _____

*Cell Phone Number _____

3) *Do you have or will you have a pet? (1 common household pet is allowable and under 26lbs) Yes No
(Additional Deposit May Be Required)

If yes, what kind? _____ Weight _____ Height _____

4) *What is your present living situation? [] Rent [] Own [] Other/Homeless If so, please explain and provide an address where you may receive mail. _____

Do you live or have you ever lived in subsidized housing? Yes No

If Yes, where? _____

When? From _____ To _____

*If you are currently subsidized, what agency provides the subsidy? _____

Were you evicted? Yes No If Yes, did you owe rent? Yes No

If Yes, how much did you owe? \$ _____

5) How many vehicles does the family own? _____

List make, color, year, license plate number and state for each:

Head of Household's Initials: _____

- 6) If a live-in attendant is required for an elderly, handicapped, or disabled member, please enter the name of the attendant and the name and address of a qualified professional who can verify the need for the attendant.

Name of attendant _____

Name and address of qualified professional _____

- 7) How many people live in your household now? _____

Will any of these people live anywhere except the unit you are applying for? Yes No

If Yes, please explain _____

Will anyone else live in the apartment on either a full-time or part-time basis? Yes No

Do you expect any of the above to change in the future? Yes No

If Yes, please explain _____

- 8) If you are now renting, who is your landlord?

Name _____

Address _____

Telephone Number _____

Current rent \$ _____ Security Deposit \$ _____

If you are not renting, please explain your current living arrangements _____

Head of Household's Initials: _____

9) If you have moved within the last five years, give the name, address, and phone number of your previous landlords and the dates you lived there. Use extra sheet if you need more space.

Name of Landlord	Address	Phone	Dates you lived there	
			From	To

PRELIMINARY SCREENING FOR CRIMINAL ACTIVITY AND/OR DRUG/ALCOHOL ABUSE

10) Have you or any member of your household ever been evicted from federally-assisted housing for drug-related criminal activity? Yes No *If yes, please complete the Screening for Criminal Activity and/or Drug/Alcohol abuse form and attach as part of this application form.*

11) Are you or any member of your household currently engaged in the use of illegal drugs? Yes No *If yes, please complete the Screening for Criminal Activity and/or Drug/Alcohol abuse form and attach as part of this application form.*

12) Are you or any member of your household subject to lifetime registration requirements under a state sex offender program? Yes No *If yes, please complete the Screening for Criminal Activity and/or Drug/Alcohol abuse form and attach as part of this application form.*

13) Do you or any member of your household abuse alcohol? Yes No *If yes, please complete the Screening for Criminal Activity and/or Drug/Alcohol abuse form and attach as part of this application form.*

14) Do you or any member of your household have a record of criminal activity? Yes No *If yes, please complete the Screening for Criminal Activity and/or Drug/Alcohol abuse form and attach as part of this application form.*

*Has any household member been convicted of a felony? Yes No Have you or any member of your household ever been convicted of, plead guilty to, or been placed on probation for any crime?
Yes No *If yes, which state(s) or jurisdiction(s)?*

Head of Household's Initials: _____

*Are there any criminal charges pending now? Yes No If yes, please explain? _____

15) Have you or any member of your household been previously denied admission for criminal activity that has since ceased? Yes No *If yes, please complete the Screening for Criminal Activity and/or Drug/Alcohol abuse form and attach as part of this application form.*

16) Have you or your spouse / co-applicant ever used different names from the names given in this application? Yes No If Yes, give name(s) and explain _____

17) Have you or any members of your household ever used social security numbers different from those listed in this application? Yes No If Yes, please explain _____

18) Have you, or your spouse / co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No If Yes, please explain _____

19) *Zero Income verification: Are YOU or is ANY OTHER ADULT member of your household claiming zero income? Yes No If Yes, whom? _____

20) *How did you hear about this rental property, e.g., newspaper, word of mouth, etc.? _____

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Phone Book	<input type="checkbox"/> Radio	<input type="checkbox"/> Web Site	<input type="checkbox"/> Craigslist
<input type="checkbox"/> Church resource	<input type="checkbox"/> Family/Friend Referral	<input type="checkbox"/> Seniors in Story	<input type="checkbox"/> In-home Health Agency	<input type="checkbox"/> Medical referral
<input type="checkbox"/> City of Ames	<input type="checkbox"/> C.I.R.H.A.	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other	

Head of Household's Initials: _____

21) Please give three references (other than family). Use an extra sheet if you need more space.

Name	Address	Phone

Member Information

Please list each member who will live in the unit. The bottom of the page explains what to put in each column.

Member No.	Member Name <i>(Last, First, Middle Initial)</i>	Social Security Number	Date of Birth	Relationship to Head	Sex <i>(M/F)</i>
Head				Head	
2					
3					
4					

Explanation of Columns:

Member Name: Enter the last name, first name, and then the middle initial.

Social Security Number: If a member has a social security number you must enter it if the member is age 6 or older or if the member has any income. If a member does not have a social security number, write *None*.

Date of Birth: Enter the month, day and year. Example: 6/13/35

Relationship to Head: Indicate how this member is related to the Head. Examples: Co-head, Foster Child/Adult, Non-Member, Spouse, Dependent (Son, Daughter), Other Adult.

Sex: Enter *M* for male or *F* for female.

Head of Household's Initials: _____

Additional Member Information

Household Member No.	Hispanic or Latino? (Y/N)	Race (See Below) List all that Apply	Occupation	Student Status Full or Part Time (F or P)	Pregnant / Adopting / Legal Guardianship (Y/N)	Handicap / Disabled (Y/N)
H						
2						
3						
4						

Explanation of columns:

Ethnicity: Hispanic or Latino: Enter *Yes* or *No* for each household member. (Your answers DO NOT affect your position on our waiting list or your chances of qualifying for a unit.)

RACE: Select **All** Which Apply for each household member. Put one or more numbers in each box.

- 1. American Indian or Alaskan Native 3. Black or African American 5. White
- 2. Asian 4. Native Hawaiian or Other Pacific Islander

(This information is being collected as per HUD memo dated 3-18-03 regarding Office of Management and Budget Mandated Reporting of Ethnicity and Race Categories. However, your answers DO NOT affect your position on our waiting list or your chances of qualifying for a unit.)

Occupation: Enter the occupation of the head, spouse, and all members over the age of 18. Examples: Clerk, Nurse, Truck Driver. **If an adult member does not work, enter N/A.**

Student Status: Answer this only for members who are ages 18 and older. Enter *Yes* if the member is a full- or part time student and *No* if the member is not. If you answer *Yes*, provide the required information on the *Verification Information* section.

Pregnant / Adopting / Legal Guardianship: If a member is pregnant or in the process of adopting or becoming a legal guardian, enter the number of additional members expected because of the pregnancy or adoption or legal guardianship. Typically if someone is pregnant or adopting, you would answer *1*, you would answer *2* if a person were pregnant with twins or if two children were being adopted. **Leave this entry blank if it doesn't apply to this member.** If you do enter a number, complete the corresponding information in the *Verification Information* section.

Head of Household's Initials: _____

Additional Housing Applicant & Member Information

Pursuant to HUD Notice 2012-11, all Applicants and Co-Applicants must identify **ALL** States in which they have ever lived. Please attach any additional information to this application if necessary.

Applicant	Co-Applicant	Applicant	Co-Applicant	Applicant	Co-Applicant			
<input type="checkbox"/>	<input type="checkbox"/>	Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	Ohio
<input type="checkbox"/>	<input type="checkbox"/>	Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma
<input type="checkbox"/>	<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	Oregon
<input type="checkbox"/>	<input type="checkbox"/>	Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania
<input type="checkbox"/>	<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	<input type="checkbox"/>	California	<input type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	<input type="checkbox"/>	Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	<input type="checkbox"/>	Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	<input type="checkbox"/>	District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Texas
<input type="checkbox"/>	<input type="checkbox"/>	Florida	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Utah
<input type="checkbox"/>	<input type="checkbox"/>	Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	<input type="checkbox"/>	Guam	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	Virgin Islands
<input type="checkbox"/>	<input type="checkbox"/>	Idaho	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Washington
<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	Northern Marianas Islands	<input type="checkbox"/>	<input type="checkbox"/>	

List all States in which you or other co-applicants who are applying for housing: _____

Head of Household's Initials: _____

Handicapped / Disabled: You don't have to claim handicapped / disabled status for any member, but doing so may place you in a higher position on some waiting lists or give you a lower rent if you are accepted as a tenant. If you wish to be considered for these preferences and you indicate that a member is handicapped or disabled, please complete the corresponding information in the *Verification Information* section.

Page revised 5-21-03 per OMB and HUD reporting changes 3-18-03

Head of Household's Initials: _____

Verification Information

Complete this page for each individual who will live in the unit who is a full-time or part-time student, pregnant, or in the legal process of adopting or becoming a legal guardian. If none of the categories on this page applies to any household member, it is not necessary to complete this page. Simply enter N/A here _____, initial the upper right-hand corner of the page, and proceed to the next page.

Student Status Full or Part Time

Member Name (Last, First, Initial)	Name and Address of the School or Vocational Facility

Pregnancy or Adoption Information

Member Name (Last, First, Initial)	Name and Address of Doctor or Organization who can verify information

Will you or any household member need an accessible unit? Yes No

If yes check the applicable need:

- ___ Mobility Impaired
- ___ Wheelchair Bound
- ___ Hearing Impaired
- ___ Vision Impaired
- ___ Other

Head of Household's Initials: _____

Financial Information - Income

Complete this page if any member who will live in the unit has any income. You do not need to complete this page for a live-in attendant. List all employment and non-employment income for all household members. Include Salary and Wages (gross amount), Social Security, Supplementary Security Income, IRA, Keogh, V.A. Pension, other pensions or annuities, General Assistance (Welfare), ANFC, Child Support, and any other source of income.

Member Name (Last, First, Initial)	Type of Income	Estimated Total (circle one) Income:	OR Address of Income Source	Contact Person Name and Telephone No.
		\$ _____ per wk or mo		
		\$ _____ per wk or mo		
		\$ _____ per wk or mo		

*Do you hold assets jointly with another person? Yes No If yes, with whom? _____

Financial Information - Assets

Complete this page if any member who will live in the unit has any assets. You do not need to complete this page for a live-in attendant. List assets of all household members. Include savings and checking accounts, certificates of deposit, stocks, bonds, mutual funds, credit union shares, land, real estate including your home, if you own it, and any other assets.

Member Name (Last, First, Initial)	Account Number	Description of Asset	Current Value of Asset	Interest Rate OR Annual Income	Bank / Credit Union / Appraiser	Address

Head of Household's Initials: _____

Financial Information - Expenses

Complete this page if any member who will live in the unit causes any medical, handicap, or child-care expenses to be paid. For example, list child-care expenses for the child who needs the care, not for the person who pays for the care. You do not need to complete this page for a live-in attendant.

Member Name (Last, First, Initial)	Type of Expense		Est. Total Expense	Name and Address of Doctor or Provider who can verify the information
	M (Medical) H (Handicap)	C (Child-care) (circle one)		
		1. Working 2. Looking for work 3. School	\$_____ per wk or mo	
		1. Working 2. Looking for work 3. School	\$_____ per wk or mo	
		1. Working 2. Looking for work 3. School	\$_____ per wk or mo	
		1. Working 2. Looking for work 3. School	\$_____ per wk or mo	
		1. Working 2. Looking for work 3. School	\$_____ per wk or mo	
		1. Working 2. Looking for work 3. School	\$_____ per wk or mo	

Head of Household's Initials: _____

Financial Information

List any assets that you have disposed of, transformed, given away, or sold for less than the market value during the last two years, e.g., a house, car, or cash.

Description of Asset	Date Disposed Of	Fair Market Value	Divestiture Costs (e.g., Realtor, CD penalty)	Amount Received	Name and Address of Bank, Institution, Real Estate Agent, or Appraiser who can verify

Do you expect any changes in your income, assets, or expenses during the next twelve months?

Yes No If Yes, please explain (use the extra sheet if necessary). _____

Owner Signature and Certification

The Owner hereby certifies that all selection criteria are within the Final Rule on Screening and Eviction for Drug Abuse and Other Criminal Activity, as found in 24 CRF Par 5 et al, published May 24, 2001, and the criteria are consistent with Fair Housing and Equal Opportunity Provisions.

_____ 20__

(Signature and Date of Owner Representative)

Head of Household's Initials: _____

Applicant Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be verified. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental, credit, and criminal screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state, or local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application, in particular the information in the *Instructions for Head of Household* on page 1, and we agree to comply with such information.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living and criminal background check.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required *Consent Form* (Authorization for Release of Information") before we can be offered a unit.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Revised 5-20-2013

Signature of Head of Household

Date

Signature of Spouse or Co-applicant

Date

Signature of Spouse or Co-applicant

Date

Head of Household's Initials: _____

HOUSING APPLICATION

EXTRA SHEET FOR ADDITIONAL DETAILS (if needed):

List Question Number:

Your Additional Details:

Head of Household's Initials: _____

**OWNER'S NOTICE NO. 1
FOR AN APPLICANT FAMILY**

Dear Applicant:

Section 214 of the Housing and Community Development Act of the 1980 as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than the United States Citizens, national or certain categories of eligible non-citizens in the following HUD programs:

Public and Indian Housing Programs
Section 8 Housing Assistance Programs
Section 235 of the National Housing Act
Section 236 of the National Housing Act
Section 101/Rent Supplement Programs

You have applied for assistance under the section 202/8 Program: therefore, **you are required** to declare U.S. Citizenship or submit evidence of eligible immigration status for each family member that will reside in your household. To do this you should:

1. Complete a Family Summary Sheet using the attached blank format to list all family members who will reside in the assisted unit. If you are the only person in the household, you are the Head of your Household and will be the only name on the Family Summary Sheet. If you are married, and have your spouse living with you, you will have two names on the form.
2. Have a Declaration Format completed by each family member, including yourself, who is listed on the Family Summary Sheet. If you are the only person in your household, you will fill out only one Declaration Form. If you have a spouse **EACH** of you will fill out a Declaration Form for a total of two forms.
3. Submit the Family Summary Sheet, the Declaration Format, and any supporting information or evidence and return to the name and address listed below at the time you submit your application.

Ames Ecumenical Housing, Inc.
K.D. Burkett, Administrator
3115 Roy Key Ave. and 421 Stonehaven Drive
Ames, Iowa 50010

FAILURE TO PROVIDE THIS INFORMATION OR ESTABLISH ELIGIBLE STATUS MAY RESULT IN YOUR NOT BEING CONSIDERED FOR HOUSING ASSISTANCE.

Head of Household's Initials: _____

This section 214 Review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached forms, or determining the type of documentation required, please contact the Keystone or Stonehaven office at 232-2865 or 232-2021. We will be happy to assist you.

If you are unable to provide the required documentation at the time you submit your application, you should immediately contact the office and request an extension, using the block provided on the Declaration format. Otherwise, you will be found ineligible for placement on the waiting list.

If this Section 214 Review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and other aspects of your eligibility review shows that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 Review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Thank you for your cooperation.

Sincerely,

K.D. Burkett
Administrator

Head of Household's Initials: _____

4350.3 REV-1

ATTACHMENT 5

Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

3-86 HUD Occupancy Handbook Chapter 3: Eligibility for Assistance and Occupancy

Head of Household's Initials: _____

Exhibit 3-7: Owner's Summary of Family

Member No.	Last Name of Family Member	First Names of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Exhibit 3-7 revised 5-20-2013

Head of Household's Initials: _____

4350.3 REV-1

Exhibit 3-5: Citizenship Declaration

INSTRUCTIONS: Complete this Declaration 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 DHS 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.)

SAVE 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. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under

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

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. 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 below.

Signature

Date

Check here if adult signed for a child: _____

Head of Household's Initials: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

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:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was 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."

Head of Household's Initials: _____

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent 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.

If for any reason, the documents shown in subparagraph 2.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 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 here if adult signed for a child: _____

_____ 3. I am 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: _____

Head of Household's Initials: _____

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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.	

Signature of Applicant

Date

Head of Household's Initials: _____

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.

Form HUD- 92006 (05/09)

Head of Household's Initials: _____

Criminal Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and dates Used: _____

Social Security Number: _____ Date of Birth: _____

Sex: _____ DL Number/State: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

List past states with counties and cities with dates you have lived in:

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

I, _____ hereby authorize Keystone/Stonehaven Apartments to perform a criminal background check for the purpose of determining eligibility for Federally Assisted Housing for which I am applying for.

Signed: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statements to any department of the United States government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) maybe subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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, and may be appropriate, against the officer or employee of HUD, the PHA 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 42 U.S.C.208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C.408, f, g and h.

Keystone and Stonehaven Apartments does not discriminate on the basis of handicapped status in the admission or access to, or treatment of employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988)

K.D. Burkett, Administrator
Ames Ecumenical Housing, Inc. dba Keystone and Stonehaven Apartments

Equal Housing Opportunity

Head of Household's Initials: _____

RENTAL VERIFICATION AND REFERENCE REQUEST

TO:

Business Name: _____

Date: _____

Address: _____

Phone: _____

City: _____

State: _____

Zip: _____

Fax: _____

I authorize **Ames Ecumenical Housing, Inc. dba Keystone & Stonehaven Apartments**, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Signature (Head of Household)

Date

Signature

Date

- To be completed by landlord -

Dates of residency: From _____ to _____. Total number of months _____

1. Did the resident pay their rent on time? _____
If the resident was late on the rent, how late? _____
How often? _____ Comments _____
2. How much rent was paid each month by this resident? _____
3. Did you receive a security deposit? _____
How much of it was returned to the resident? _____
4. Did the resident, their guests, or their family damage the apartment or the property? _____
Did they pay for the damages? _____ Amount of damages \$ _____
5. Were the police ever called as a result of the disturbance? _____ Date _____
Comments: _____
6. Were there problems with the neighbors? _____
7. Does the resident have pets or other potential problems that may be important for a landlord to know? _____

8. Did the resident violate the lease agreement in any way? _____
Comments: _____
9. Did the resident give you proper notice for vacating? _____
Reason for leaving? _____
10. *Was the applicant asked to vacate by you or one of your company representatives? Yes No Is yes, why?
Comments: _____
11. *Did or is the applicant moving voluntarily or after judicial eviction? _____
12. *What were their overall housekeeping habits? Good Moderate Poor
13. *Was the property left in rentable condition after they moved? Yes No
12. Would you re-rent to this resident again? Yes No

Preparer's Signature: _____

Date: _____

Company / Title: _____

Phone / Fax: _____

Head of Household's Initials: _____

SMOKE FREE / NON SMOKING POLICY

Both of our communities of Keystone Apartments and Stonehaven Apartments, are smoke-free communities as of July 1, 2006. In smoke-free communities smoking is not allowed anywhere in the community, including individual apartments, common areas or outside the building within 25 feet of any building entrance. A designated smoking area which complies with HUD's smoke-free environment standards are located on the grounds and must be utilized properly. This rule is for the safety and well being of every individual who resides at, or enters Keystone or Stonehaven Apartments.

TENANT SELECTION POLICY

Please be advised that our Tenant Selection Policy requires that we thoroughly screen all applicant household members to determine suitability for residency. This includes a review of the following past behaviors:

✓ Ability and willingness to pay the rent.	✓ Ability and willingness to care for the unit.
✓ Ability and willingness to comply with the lease	✓ Ability and willingness to cooperate with management and staff.
Accordingly, we may perform the following screening tasks listed below:	
✓ Previous Landlords Verifications	✓ Employment/Income Verifications
✓ Credit/Criminal History Verifications	✓ Income/Assets Verifications
✓ Drug or Alcohol Abuse History	✓ Disability Verification (if younger than 62 years of age)
✓ Sex Offender Registries	✓ Mobility Accessibility Verification
✓ Citizenship and/or Non-Citizen	✓ Verification
✓ Personal References (where applicable)	✓ Home Visits (where applicable)

VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

If you or a member of your household is a victim of domestic violence, dating violence or stalking where such incidents may affect your application status or background screening review, please notify management for information regarding additional housing protections. You will be asked to complete a certification and provide documentation of circumstances.

Housing protections you may request include but are not limited to:

- * Request management not to contact certain entities listed in your application during your background screening check.
- * Discuss with management negative issues that may potentially arise in a background screening check that would be attributable to domestic violence, dating violence or stalking.
- * If applicant ineligibility is determined based on negative applicant history arising from domestic violence, dating violence or stalking, applicant household may request an application review based on mitigating circumstances.
- * You may provide alternative contact information to management if needed for your protection

Head of Household's Initials: _____

It is important to remember that falsification of any information on this application is grounds for automatic rejection. If you have any questions concerning the application package, please contact our office at **515-232-2865** or **515-232-2021** and we'll be glad to help you.

CONSENT TO RELEASE OF INFORMATION/RELEASE HOLD HARMLESS

By signing below, I consent to the release of information to Ames Ecumenical Housing, Inc. *dba Keystone and Stonehaven Apartments*, and their agent or employees, any information requested by them to verify and complete my application process for housing, or to maintain, administer or enforce their rules and policies. I also give any party contacted by Ames Ecumenical Housing, Inc. full authorization to release to Keystone Apartments or Stonehaven Apartments any information relating to my rental and/or credit history needed by to evaluate my application. I also release and hold harmless Keystone and Stonehaven Apartments and all related entities, including project, sponsor or board, and any person or entity contacted by them from any and all liability related to or arising from the release of such information.

I understand that previous or current income regarding me or my household, including other occupants, may be needed. Inquiries include, but are not limited to, the following:

Identity and Marital Status	Residences and rental activity
Child Care Allowances	Employment/Income/Assets
Medical Allowances	Criminal or Credit Records

I understand that this authorization cannot be used to obtain information that is not relevant to my eligibility and continued participation in housing managed Ames Ecumenical housing, Inc.

The groups or individuals who may be asked to release the above information include, but are not limited to:

Present Employers	Schools/Colleges	Support/Alimony Providers
Veterans Administration	State Unemployment	Medical/Child Care Providers
Courts/Post Offices	Agencies Banks/Financial Inst.	Utility Companies
Welfare Agencies	Law Enforcement Agencies	Aging Services
Retirement Systems	Social Security Administration	Public Housing Agencies
Credit Providers/Credit Bureaus	Previous Landlords	

I understand and agree that Ames Ecumenical Housing, Inc. may conduct computer-matching programs to verify the information supplied for my application. If a computer match is done, I understand that I have a right to notification of any negative information found and a chance to disprove that information. Ames Ecumenical Housing, Inc. may, in the course of its duties, exchange information with Federal, state or local agencies, including but not limited to:

State Employment Security	Office of Personnel Mgt.	Social Security Agency
Department of Defense	U.S. Postal Service	State Welfare
Internal Revenue Service	Food Stamp Agencies	

A photocopy of this authorization is as good as the original. If I refuse to sign this authorization I understand my application may be denied.

Head of Household Signature

Date

Co-Head/Spouse Signature

Date