



Iowa Northland Regional Housing Authority

PRELIMINARY APPLICATION

The Housing Authority cannot accept applications that are not complete. You will not be placed on the waiting list until a complete application is submitted. Incomplete applications will be returned to the mailing address on the application.

A COMPLETE APPLICATION INCLUDES:

- Social Security numbers for **ALL** household members. Failure to provide Social Security numbers for some or all family members may affect your wait time on the waiting list, or your application may be returned to you.
- Proof of current address (lease, utility bill, statement from owner of the property).
- **Signatures and income information for all persons in the household age 18 and over.**

Please call INRHA if you have any questions.

Received		
P1	P2	P3

Current information: (if any of the following changes, you MUST contact to update)

Name of Head of Household (Last, First MI)	
Current Address	City, State, Zip
Mailing Address (if different)	City, State, Zip
Phone	Email

List the name(s) of all persons who will occupy the residence:

Name (Last, First MI)	Age	Sex	Relationship	Social Security Number	Date of Birth
1.			SELF		
2.					
3.					
4.					
5.					
6.					

For office use only	<input type="checkbox"/> Criminal History – All Adults	Date Checked		Pass	Fail
	<input type="checkbox"/> National Criminal History – All Adults	Date Checked		Pass	Fail
	<input type="checkbox"/> Sex Offender Registry – All Adults	Date Checked		Pass	Fail

Alternate Contact (optional, and may be revoked at any time. We would contact this person if we are unable to contact you.)

Name	
Phone	Relationship

Race of Head of Household (Optional: for statistical purposes only)			Ethnicity
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Non-Hispanic

Income

Yes	No	Family Members Name	Income Type	Monthly Gross Income
			Social Security/SSI/SSDI	
			Other Disability	
			Pension	
			Gifts	
			FIP	
			Child Support	
			Alimony	
			Wages/Salary	
			Wages/Salary	
			Wages/Salary	
			Wages/Salary	
			Unemployment	
			Military Pay	
			Net Business/Farm Income	
			Real Estate/Rental Income	
			Retirement Plans	
			Other	
			Other	
			Other	
			Other	

Employment Information

Employer Name:	
Street Address:	City/State
Phone:	Employed Date:

Eligibility and Preferences

Check each box that applies to your current status.

- You or any member of your household is disabled.
- You or any member of your household have been evicted from Public Housing, Indian Housing, Section 23 Housing, or housing assisted by the Section 8 program.
- You or any member of your household owes money to another Housing Authority.
- You or any member of your household has been convicted of a felony in the last 3 years.
- You or any member of your household have been convicted of violent or drug related criminal activity in the last 3 years.
- You or any member of your household has had to register with any state as a sex offender.

U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time the housing is made available. Based on the evidence submitted at that time, assistance may be denied or terminated following the appeals and informal hearing process.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

Signature

Date

Signature

Date