

**Home Allies, Inc.**  
710 Kellogg Ave. Ames, IA 50010

*Application for the **Headed2Home Rental Housing & Tenant Education Pilot Project***

APPLYING FOR BASEMENT APT. 5, AVAILABLE 12-14-24

HEAD OF HOUSEHOLD'S NAME(S) \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

*(Please place  $\checkmark$  next to phrases that apply)*

**How will you pay the rent?**

- \_\_\_\_\_ Household will pay 100%.
- \_\_\_\_\_ Household will pay 30% of household income and third-party (give name) \_\_\_\_\_ will pay the remainder for entire time of lease.
- \_\_\_\_\_ Third-party (give name) \_\_\_\_\_ will pay 100% for entire term of the lease.
- \_\_\_\_\_ Third-party (give name) \_\_\_\_\_ will pay up to 100% for \_\_\_\_\_ months, then tenant will pay 30% and third-party will pay the remainder for rest of term of the lease.
- \_\_\_\_\_ Roommates will each pay \$250 with third-party paying the remainder for rest of the lease term.

**What assistance are you asking from Home Allies?**

- Application fee = \$35 (Paid by grant.)
- \_\_\_\_\_  $\frac{1}{2}$  of Security Deposit = \$ 837 (One month's rent match for one month's rent from \_\_\_\_\_.
- \_\_\_\_\_ Full Security Deposit = \$1,694
- \_\_\_\_\_ Animal Fee = \$150 non-refundable
- \_\_\_\_\_ Monthly rent subsidy in the amount of the rent less 30% of my income for entire term of lease.
- \_\_\_\_\_ Monthly rent less \$250 per roommate for the entire term of the lease
- \_\_\_\_\_ 100% of my monthly rent while my household has no income, including at the time I apply, then I will pay 30% of my household income for rent and grant money to Home Allies will pay the remainder.

*(Please tell us about whom will be living in the apartment. Provide the information requested as completely as possible, for example write full names instead of nicknames or just initials. )*

**Head of Household (HOH)** \_\_\_\_\_ *First name Middle name Last name* Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Other names used and states where they were used: \_\_\_\_\_

Phone (circle one) mobile landline takes messages \_\_\_\_\_ Email \_\_\_\_\_

User Names: Instagram \_\_\_\_\_ TikTok \_\_\_\_\_ Facebook \_\_\_\_\_

Current address or description of current sleeping/housekeeping arrangements \_\_\_\_\_

US Citizen: Yes / No ID presented / Number \_\_\_\_\_

USCIS Permanent Record Card (Green Card) Number \_\_\_\_\_

Nearest relative not living with this you: \_\_\_\_\_ Phone \_\_\_\_\_

Names and ages of dependents: \_\_\_\_\_

*(For statistical monitoring)*

Gender: \_\_\_\_\_ \*Race: \_\_\_\_\_ \*Ethnicity \_\_\_\_\_  
\*Disability status \_\_\_\_\_ \*Applicant not required to answer these.

Vehicle Year / Make / Model \_\_\_\_\_ License Plate State / Number \_\_\_\_\_

**Other residents that will make the apartment their primary residence.** (For minors, answer only items with a \*.)

**\*Resident** \_\_\_\_\_ **\*Date of Birth** \_\_\_\_\_ **\*Age** \_\_\_\_\_  
*First name Middle name Last name*

Other names used; states where used: \_\_\_\_\_ Relationship to HOH \_\_\_\_\_

Phone (circle one) mobile landline takes messages \_\_\_\_\_ Email \_\_\_\_\_

User Names: Instagram \_\_\_\_\_ TikTok \_\_\_\_\_ Facebook \_\_\_\_\_

\*Current address or description of current sleeping/housekeeping arrangements \_\_\_\_\_

US Citizen: Yes / No ID presented / Number \_\_\_\_\_

USCIS Permanent Record Card (Green Card) Number \_\_\_\_\_

Nearest relative not living with this you: \_\_\_\_\_ Phone \_\_\_\_\_

Names and ages of dependents: \_\_\_\_\_

*\*(For statistical monitoring)*

Gender: \_\_\_\_\_ \*Race: \_\_\_\_\_ \*Ethnicity \_\_\_\_\_  
\*Disability status \_\_\_\_\_ \*Applicant not required to answer these.

\*Vehicle Year / Make / Model \_\_\_\_\_ License Plate State / Number \_\_\_\_\_

---

• **Resident** \_\_\_\_\_ **\*Date of Birth** \_\_\_\_\_ **\*Age** \_\_\_\_\_  
*First name Middle name Last name*

Other names used; states where used: \_\_\_\_\_ Relationship to HOH \_\_\_\_\_

Phone (circle one) mobile landline takes messages \_\_\_\_\_ Email \_\_\_\_\_

User Names: Instagram \_\_\_\_\_ TikTok \_\_\_\_\_ Facebook \_\_\_\_\_

\*Current address or description of current sleeping/housekeeping arrangements \_\_\_\_\_

US Citizen: Yes / No ID presented / Number \_\_\_\_\_

USCIS Permanent Record Card (Green Card) Number \_\_\_\_\_

Nearest relative not living with this you: \_\_\_\_\_ Phone \_\_\_\_\_

Names and ages of dependents: \_\_\_\_\_

*\*(For statistical monitoring)*

Gender: \_\_\_\_\_ \*Race: \_\_\_\_\_ \*Ethnicity \_\_\_\_\_  
\*Disability status \_\_\_\_\_ \*Applicant not required to answer these.

\*Vehicle Year / Make / Model \_\_\_\_\_ License Plate State / Number \_\_\_\_\_

**Occasional Resident(s)** (Minors, adult children relatives likely to stay for 8 or more hours in a month).

Name \_\_\_\_\_ Relationship to HOH \_\_\_\_\_  
*First name Middle name Last name*

Name \_\_\_\_\_ Relationship to HOH \_\_\_\_\_  
*First name Middle name Last name*

Name \_\_\_\_\_ Relationship to HOH \_\_\_\_\_  
*First name Middle name Last name*

**Notice: City of Ames' occupancy regulations limit the number of residents, full or part-time, in an apartment based on the number of bedrooms and habitable square footage. They cannot be exceeded, even if a landlord gives written approval. Visitors, for example, a child visiting a non-custodial parent for a very limited amount of time, are acceptable. Home Allies requires advance notice in such situations.**

---

Do you expect to add household members in the 12 months following application? YES / NO

Do you expect to delete household members in the 12 months following application? YES / NO

Please list any temporarily absent household members. \_\_\_\_\_

Is a government agency, private non-profit or charitable group working with the head of household or another adult who will be living in the apartment to locate housing? Yes /No

What is your contact's name and agency? \_\_\_\_\_

His/her/their E-mail? \_\_\_\_\_ Phone \_\_\_\_\_

What type of help are members of your household receiving? (i.e. helping fill out forms, buying bus tickets or gas vouchers, leasing a motel room for a few days, teaching you housekeeping skills, paying a rent subsidy or all of your rent for several months, other.)

---

*References in Ames (not a social services case manager)*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Your Household Income (You must declare all income from all members, including minors.)**

<b>Household Members seeking continued tenancy after June 30, 2024</b>	Employment, self-employment, commissions, tips	Fixed income such as Social Security or SSDI, Pension, TANF	Part-time jobs, cash side "gigs," gifts from family, child support
<i>Head of Household</i> Name	Employer:  Gross monthly:  Employer:  Gross monthly:	Source:  Amount:  Source:  Amount:	Source:  Amount:  Source:  Amount:
<i>Resident (includes minors, anyone staying overnight an average of more than once a month.)</i> Name	Employer:  Gross monthly:  Employer:  Gross monthly:	Source:  Amount:  Source:  Amount:	Source:  Amount:  Source:  Amount:
<i>Resident (includes minors, anyone staying overnight an average of more than once a month.)</i> Name	Employer:  Gross monthly:  Employer:  Gross monthly:	Source:  Amount:  Source:  Amount:	Source:  Amount:  Source:  Amount:
	<b>Subtotal</b> +	<b>Subtotal</b> +	<b>Subtotal</b> = <b>Total</b>

Are there sources of income of any adult household member that does not appear in the income section of this application, for example a military housing allowance or frequent gifts from a family member? List them here.

---



---

List the two most recent jobs for all adult household members:

<i>Name</i>	<i>Employer</i>	<i>Position</i>	<i>From</i>	<i>to</i>

List all assets for all adult household members. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_Assets cont. \_\_\_\_\_

Has the Head of Household been refused housing by a landlord with an available residential rental unit in Story County? Yes / No (circle answer)

When? \_\_\_\_\_ What community? \_\_\_\_\_

What reason(s) were given or do you believe impacted the response? Check '√' by all that apply to you.

Has any other resident who will live in the unit been rejected by a landlord? Yes / No (circle answer)

What reason(s) were given or do they believe impacted the response? Also place an 'X' by all that apply.

- \_\_\_\_\_ No credit references
- \_\_\_\_\_ Bad credit references
- \_\_\_\_\_ No previous rental history
- \_\_\_\_\_ Bad previous rental history
- \_\_\_\_\_ Rent would be more than 30% of income
- \_\_\_\_\_ Multiple misdemeanor convictions
- \_\_\_\_\_ One or more felony convictions
- \_\_\_\_\_ No verifiable source(s) of income
- \_\_\_\_\_ Frequent employment changes
- \_\_\_\_\_ Frequent address changes
- \_\_\_\_\_ Insufficient income to cover rent plus debt
- \_\_\_\_\_ Eviction due to non-payment of rent or mortgage
- \_\_\_\_\_ Eviction /non-renewal for violating other material provisions of a lease
- \_\_\_\_\_ Landlord was a different ethnicity or race
- \_\_\_\_\_ You wanted to use the HUD Housing Choice (Section 8) voucher program
- \_\_\_\_\_ Your difficulty communicating in English
- \_\_\_\_\_ Other. Please explain: \_\_\_\_\_

*Is the Head of Household a member of any of the following populations? Check '√' all that apply.*

*If another adult who will live in the apartment is a member of any of the following groups, also place an 'X' by all that are applicable.*

- \_\_\_\_\_ Is a parent with at least partial custody of a child under 18-years-old.
- \_\_\_\_\_ Is an emancipated minor.
- \_\_\_\_\_ Is 18 – 24 years of age and transitioning out of foster care.
- \_\_\_\_\_ Has a mental or physical disability. (710 Kellogg is not wheelchair accessible.)
- \_\_\_\_\_ Uses a mobility-assistance device. ( 710 Kellogg is only accessible by navigating stairs.)
- \_\_\_\_\_ Is on parole or probation.
- \_\_\_\_\_ Is a veteran of the US Military Service \_\_\_\_\_ Has his/her DD-214. (discharge papers)
- \_\_\_\_\_ Has been released from an inpatient or intensive out-patient substance abuse treatment program within the last 12 months.
- \_\_\_\_\_ Is fleeing from domestic violence.
- \_\_\_\_\_ Has been convicted of a violent or sexual assault crime. (misdemeanor or felony)

- \_\_\_\_\_ Self-identifies as an ethnic, racial, or cultural minority.
- \_\_\_\_\_ Self-identifies as LGBTQ.
- \_\_\_\_\_ Other. Please identify \_\_\_\_\_

List the three places you lived previous to your last permanent housing:

<i>Town or City</i>	<i>County, State</i>	<i>From</i>	<i>to</i>

What is the address of the last permanent housing you had?

\_\_\_\_\_

How long were you there? \_\_\_\_\_ What was your housing cost (rent plus utilities)? \_\_\_\_\_

Why did you leave?

\_\_\_\_\_

\_\_\_\_\_

Please answer the following questions. Feel free to write the answers on a separate sheet of paper.

1. Describe 'the best' landlord or property management firm you have had. Why was he/she/they the best?
2. What was the 'worst experience' you have had as a tenant?
3. What would the landlord or property manager involved in your worst experience say about you?
4. What are your housing goals in one year?

*In three years?*

*In five years?*

## Recap of Headed2Home program

### Term, Rental Rate and Utilities

The Headed 2 Home rental housing and self-directed improvement program is a month-to-month tenancy. The first month focuses on transitioning from homelessness, emergency sheltering or very short-term housing to more stable housing. Beginning in the second month, the focus of the head of household's improvement efforts will be for learning skills and strategies to become a better tenant and create a more positive relationship with future landlords to enhance their ability to obtain and keep rental housing. The length of tenancy will vary by the needs, goals and efforts put into the program, but in no case will the tenancy last more than 12 months total.

The apartment rent payment at 710 Kellogg Ave. includes use of the physical apartment and common grounds, one off-street parking space, storage space in one of two garages plus water and sewer services, weekly trash collection, natural gas for cooking and heat, and an average of \$35.00 per month for electric. The building is located two blocks from the Ames Public Library in downtown Ames and four blocks from the downtown central bus hub with access to over six routes, including 4 that operate on weekends,

### Estimate of Tenant(s)' 1<sup>st</sup> Quarter Monthly Rent Payment

Participants in the Headed2Home pilot program must pay up to 30% of their household income toward their rent and utility costs unless approved by Home Allies for a 100% rent subsidy for that quarter. Income information is updated and verified, and the amount of the tenant's portion of the rent payment is recalculated every three months.

Based on the income you provided on Page 4, 30% of your household income would be \$(A)\_\_\_\_\_. *(Add all household income together. Multiply that number by 0.30. The result is 30% of your household income.)* The amount would be your portion of the monthly rent payment for the first three months. It is due the final business day of the month previous to the period covered. For example, the August rent payment is due to Home Allies by 4 PM on Wednesday, July 31.

The difference between the apartment rent \$(C) and your rent payment amount, \$(A) would be \$(B)\_\_\_\_\_. *(Subtract \$(A) from the full rent for the apartment you want \$(C).)* If the difference is positive and you are accepted into the Headed2Home Rental Housing Pilot Program, you will receive credit for a partial rental payment subsidy \$(B). The rental subsidy would be paid out of grant money given to Home Allies, Inc. by the Story County Housing Trust; as a sub-recipient of the American Rescue Plan Act (ARPA) grant to Story County, Iowa; or as gifts from private donors. The amount of rental subsidy paid on your behalf will change every three months based on an update of your income information and recalculation of the 30% of monthly income payment the household is usually required to make.

**I have received, read and understand the notices contained in this application. I have answered the questions honestly and fully to the best of my ability and recollection. I acknowledge that deliberate misrepresentation or omission of information I supplied is a violation of a material provision of any tenancy my household has with Home Allies, Inc. I understand that Home Allies may incorporate public records and my social media content into the scores they assign to my eligibility for the Headed2Home Rental Housing Program.**

Signed Name \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

Signed Name \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

Signed Name \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

Completed applications accepted via e-mail, postal service or hand-delivery (office hours vary; please call first) from  
11 AM Sunday, Dec. 8  
to 5 PM, Wednesday, Dec 11.  
[info@homeallies.org](mailto:info@homeallies.org)  
710 Kellogg Ave., Ames, IA,  
50010  
515-766-0538