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

Application for the ***Headed2Home*** **Rental Housing & Tenant Education Pilot Project**
for leases of Apartment #2 starting November 11, 2026 and later

HEAD OF HOUSEHOLD'S NAME(s) _____ APPLICATON DATE _____

Do you need a studio or one-bedroom apartment?
First month's rent for all units is the fair market rate of the unit. This payment must be made by the tenant, service agency, or private third party.
How will you pay the rent for subsequent months? *(Please place √ next to phrases that apply)*
_____Household will pay 100% of the rent for the entire lease.

_____Household will pay base rent of $460/month for first $1000 of income per month, plus 15% of household income in excess of $1000/month up to the market rate rent. Home Allies is requested to pay any remainder for the entire lease.

_____Other, please explain_____

Security deposit is $1400, $700 of which must be paid by tenants, service agency, or private third party, due at lease signing. The other half may be payable for qualified applicants from the limited Home Allies/SCHT revolving security deposit fund. **Applicants for Home Allies security deposit assistance must complete a two-page supplemental application. How will you be paying for the first $700 of the security deposit?**_____

NOTE: Agencies approved to issue pledges for security deposit and rent assistance are ACCESS, Christ Community Church in Ames, Good Neighbor Emergency Assistance, Story County General Assistance, and The Bridge Home. Home Allies must approve any other agency or organization if payment is not at lease signing.

(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)**_____ *Date of Birth* _____ Age _____
First name Middle name Last name

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 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 _____

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

Household Members having ANY INCOME (includes minors)	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
Head of Household Name	Employer: Gross monthly: Employer: Gross monthly:	Source: Amount: Source: Amount:	Source: Amount: Source: Amount:
*Resident (includes minors, anyone staying overnight an average of more than **twice a month.*** Name	Employer: Gross monthly: Employer: Gross monthly:	Source: Amount: Source: Amount:	Source: Amount: Source: Amount:
*Resident (includes minors, anyone staying overnight an average of more than **twice a month.*** Name	Employer: Gross monthly: Employer: Gross monthly:	Source: Amount: Source: Amount:	Source: Amount: Source: Amount:
	Subtotal +	**Subtotal +**	**Subtotal = Total**

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, selling plasma, or frequent gifts of cash or gift cards (i.e. average of once a month more than $25) from a friend or family member? List them here.

_____

_____

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

Name	*Employer*	*Position*	*From* *to* .

List all assets for all adult household members. _____

_____

_____

_____

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 ' √ ' 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? **Check ' √ ' all that apply to them.**

_____ 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 to you.***
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 to them.***

_____ Been evicted due to non-payment of rent
_____ Been evicted for violating terms of the lease. What terms? _____
_____ 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:

Town or City	*County, State*	*From to .*

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 or were 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 and income goals***

    a. *In one year?*

    In three years?

    In five years?

Recap of Headed2Home program

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 program incorporates immediate feedback, meetings to review Iowa's landlord/tenant law and common landlord requirements in the county and supplemental reading materials.

Term, Rental Rate and Utilities

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. **Tenants must participate in the program, maintaining a positive, progressive trajectory toward their goals; failure to do so will result in non-renewal of the month-to-month lease and tenant will need to move out.**

The apartment rent payment at 710 Kellogg Ave. includes use of the physical apartment and common grounds, one off-street parking space, water and sewer services, weekly trash collection, natural gas for cooking and heat, and an average of $50.00 per month for electric.

Rent Payments

Participants in the Headed2Home pilot program must pay 100% of their first month's rent or obtain rental assistance from outside agencies or family and friends. The payment is due at time of move-in unless it is a pledge for payment within three weeks from an approved local social services agency or organization. Home Allies has a limited source of monthly rent assistance for months two through twelve. Tenants need to present proof of the previous month's income and sign a form to qualify for a portion of the rent subsidy funds each month. The tenant's portion of the rent each month will be $460 plus 15% of the previous month's household income in excess $1000. Income information is updated and verified, and the amount of the tenant's portion of the rent payment is recalculated monthly. **Tenants are required to aggressively seek and maintain paid employment that raises their household incomes.**

Rent is **due the final business day of the month previous to the period covered**. For example, the October rent payment is due to Home Allies by 4 PM on September 30.

Story County General Assistance (the common access point for rental assistance in the county) can provide possible sources of rent assistance. In addition, other possible sources of rent assistance are another government agency (such as City of Ames or the Veterans Administration), employment-sponsored aid or military stipend for off-base housing, another social agency, service clubs, fraternal organizations, religious groups, or family.

The amount of rental subsidy paid on your behalf will change every month based on an update of your income information and recalculation of the rent you owe.

Completed applications accepted via e-mail, postal service or hand-delivery to

info@homeallies.org
710 Kellogg Ave.
Ames, IA, 50010
515-766-0538

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 _____