

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

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

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

Do you need a studio or one-bedroom apartment?

How will you pay the rent? *(Please place ✓ next to phrases that apply)*

_____ Household will pay 100% of the rent for the entire lease.

_____ Third-party (give name) _____ will pay 100% of the rent for the entire lease.

_____ Household will pay 30% of income and 3rd-party (give name) _____ will pay remainder for the entire lease.

_____ Household will pay 30% of income and Home Allies is requested to pay the remainder for the entire lease.

_____ Third-party (give name) _____ will pay up to 100% for _____ months, then tenant will pay 30% of income and third-party will pay the remainder for the rest of the lease.

Security deposit is two (2) month's rent, due at lease signing. How will you be paying for the security deposit?

Half of security deposit must be paid by tenants, service agency, or private third party. The other half may be payable for qualified applicants from the limited Home Allies/SCHT revolving security deposit fund.

Applicants for security deposit assistance must complete a one-page supplemental application.

(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 _____

3. Name _____ Relationship _____ Phone _____

Address _____ City, State, Zip _____

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

Household Members seeking continued tenancy after June 30, 2024	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 twice 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 twice a month.</i> 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 or frequent gifts (i.e. average of once a month more than \$50) from a friend? 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:

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

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.

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, 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)' 1st 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, or more frequently if income varies by more than \$100 in the previous month. **Tenants not prohibited by a medical, psychological, vocational or educational exemption are required to aggressively seek and maintain paid employment that raises their household incomes. Most others will be required to volunteer regularly with a local non-profit or charitable effort.**

Based on the income you provided on Page 4, I estimate that 30% of my 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 October rent payment is due to Home Allies by 4 PM on Tuesday, September 30.

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, \$(B) is the amount of rent subsidy you will need. Possible sources of rent assistance includes, but is not limited to, Story County General Assistance (the common access point for rental assistance from the county, The Salvation Army and Good Neighbor Emergency Assistance), 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.

Applicants must have applied to one or more of these assistance programs and been denied before seeking rent assistance from Home Allies.

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
from

**9 AM Monday, July 21
to 4 PM, Thursday, July 24.**

info@homeallies.org

710 Kellogg Ave., Ames, IA,
50010

515-766-0538