



Application for Housing

****PLEASE RETURN TO:****

- Armstrong Apartments**
717 South Second Street
- Clinton Block Apartments**
419 South Second Street
- Van Allen Apartments**
200 5th Ave South

COMMUNITY HOUSING INITIATIVES, INC.
210 2ND STREET SE, SUITE 200
CEDAR RAPIDS, IA 52401
319-362-1020 phone
319-362-1092 fax

(If you fax you must also mail the originals)

#OF BEDROOMS REQUIRED 1 2 Apt # of choice _____

This application must be completed in black or blue ink & will not be processed if not completed in full!

The use of white out, black out or alteration of original information will void this document.

Applicant Name _____
 Current Address _____
 City, State, Zip _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Household Composition and Characteristics

1. List below the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. (If more room is needed, use back of paper)

MEM BER NO.	MEMBERS FULL NAME	RELATIONSHIP TO THE HEAD OF HOUSEHOLD	BIRTH DATE	STUDENT Y OR N?	IF STUDENT FULL OR PART TIME?	S E X	MARITAL STATUS	SOCIAL SECURITY NUMBER
1		Head of Household						
2								
3								
4								
5								
6								
7								

2. Does anyone live with you now who is not listed above? Yes No If yes, Who? _____

3. Does anyone plan to live with you in the future who is not listed above? Yes No If yes, Who? _____
When? _____

4. Do you expect a change in your household composition? Yes No If yes, Who? _____
When? _____

5. Do all of the above household members reside in the household 100% of the time? Yes No
If no list the member that does not live in the household 100% of the time _____
What percent do they live with you? _____

6. Do you have full custody of your child (ren)? Explain the custody agreements: _____

7. Would you or a family member benefit from a handicap accessible unit? Yes No

8. Please identify any special housing needs your household has. _____

9. Will your household be receiving Section 8 rental assistance at the time of move in? Yes No
10. Have you applied to receive Section 8 rental assistance in the next 12 months? Yes No
11. Have you ever received rental assistance? Yes No
12. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? Yes No
13. Do you own a pet? Yes No
14. Have you (currently or in the past) ever been evicted? Yes No If yes, When? _____
15. Are you able to have the gas and electricity put into your name? Yes No
16. Do you have a legal right to be in the United States? Yes No (check one that applies)
- _____ Yes, because I am a United States Citizen.
- _____ Yes, because I have a valid documentation from the Bureau of Citizenship and Immigration Service.
- _____ No
- If you answered yes because you are a non-US citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a non-citizen with eligible immigration status.
17. Are you a current illegal abuser of a controlled substance? Yes No
18. Have you ever been convicted of the illegal use or distribution of a controlled substance? Yes No
19. Have you ever been convicted of a crime? Yes No
- If yes, list the charge and the date it happened _____.

INCOME INFORMATION

Please answer each of the following questions. *For each yes provide details in the chart below.*

Does any member of your household:

- Yes No 1. Work full-time, part-time or seasonally?
- Yes No 2. Expect to work for any period during the next year?
- Yes No 3. Work for someone who pays them cash?
- Yes No 4. Now receive or expect to receive unemployment benefits?
- Yes No 5. Now receive or expect to receive workers compensation?
- Yes No 6. Now receive or expect to receive student financial aide of any kind?
- Yes No 7. Now receive or expect to receive veteran's benefits?
- Yes No 8. Now receive or expect to receive military pay?
- Yes No 9. Now receive or expect to receive income from self-employment?
- Yes No 10. Now receive or expect to receive child support?
- Yes No 11. Now receive or expect to receive alimony?
- Yes No 12. Now receive or expect to receive FIP from Dept of Human Services (do not include food stamps)?
- Yes No 13. Now receive or expect to receive Social Security or disability benefits?
- Yes No 14. Now receive or expect to receive income from a pension or annuity?
- Yes No 15. Now receive or expect to receive regular contributions from anyone not living in the unit?
- Yes No 16. Receive income from assets including interest or dividends on checking, savings accounts, CD's, bonds or stocks?
- Yes No 17. Do you own real estate?
- Yes No 18. Do receive income from rental property?

Income Information

1. List below details from each question above answered "yes". (If more room is needed, use back of page)

MEMBER NAME	SOURCE OF INCOME / TYPE OF INCOME	ANNUAL GROSS INCOME

EMPLOYMENT DETAILS

Name & Address of Head of Household's CURRENT Employer

Company Name _____
 Street _____
 City, State Zip _____

Telephone No. _____
 Supervisors Name _____
 How long employed there? _____

Name and Address of Spouse or Co-Head's CURRENT Employer

Company Name _____
 Street _____
 City, State Zip _____

Telephone No. _____
 Supervisors Name _____
 How long employed there? _____

ASSET INFORMATION (For **all** members of the household)

1. Have you sold or disposed of any property in the last 2 years? Yes No
2. Have you received any Lump Sum Receipts? (include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? Yes No
3. Have you disposed of any other assets in the last 2 years? Yes No
4. Do you have a safe deposit box? Yes No
5. List below all checking and savings accounts, Stocks, Bonds, Whole Life Insurance Policies, Real Estate Property, IRA's, Keogh accounts, CD's, mutual funds, etc. (If more room is needed use back of page)

MEMBER NO.	BANK OR INSTITUTION NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE OR VALUE

Please provide the name and phone number of two credit references. [for example: Bank, Utility Company, Car Insurer, Department Store account (not major credit cards)] **NOT PERSONAL REFERENCES.**

1. _____ 2. _____

RENTAL/ADDRESS HISTORY – (You must provide all of your previous addresses for the last 2 years whether you rented or not)

Current Address _____
 Landlord Name _____ Landlord Phone # _____
 How long at this address _____ Monthly Rent \$ _____
 Monthly Utility Amounts \$ _____
 Reason for leaving _____

Previous Address (if applicable) _____
 Landlord Name _____ Landlord Phone # _____
 How long at this address _____ Monthly Rent \$ _____
 Monthly Utility Amounts \$ _____

Reason for leaving _____

Previous Address (if applicable) _____

Landlord Name _____ Landlord Phone # _____

How long at this address _____ Monthly Rent \$ _____

Monthly Utility Amounts \$ _____

Reason for leaving _____

IN CASE OF EMERGENCY NOTIFY:

Full Name / Relationship	Address: City, State & Zip	Phone #

APPLICANT CERTIFICATION

I/we certify that if selected to reside in Community Housing Apartments, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources for credit and certification information which may be released to appropriate Federal, State, or local agencies. I/we understand that false statements or information are punishable under Federal law.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPT. OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

Community Housing Initiatives, Inc. does not allow pets.

All adult members (18 & over) that will live in the apartment must sign this application.

This application will not be processed until completed in full!

Signature of Household Head: _____

Date: _____

Signature of Spouse/Co-Head: _____

Date: _____

How did you hear about our rentals? _____

Have you rented from Community Housing Initiatives, Inc. in the past? Yes No

Owner/Manager Signature: _____

Date: _____

Revised 06/07/06