



## INSTRUCTIONS FOR APPLICATION FOR HCBS RENT SUBSIDY

Thank you for your interest in the Home and Community Based Services (HCBS) Rent Subsidy Program. These instructions are provided to assist you in completing the Application for HCBS Rent Subsidy.

In order to determine eligibility, Iowa Finance Authority (IFA) must receive a complete application which includes the following:

- A completed, signed copy of the "Application for HCBS Rent Subsidy"
- Documentation that verifies the applicant's monthly income (see page 5 of application)
- A signed copy of the current lease agreement (see page 5 of application)
- Documentation that the applicant has applied for Section 8 rental assistance (see page 5 of application)
- Documentation verifying participation in MFP or Habilitation Services – we can verify participation in the other waiver programs

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1. Place an  or  to designate if the application is a New Application, Annual Renewal or Change of Information.
  - **Change of Information:** Once an applicant receives HCBS rent subsidy, a change in any of the information included on the application must be reported to the HCBS Rent Subsidy Program within 10 working days. When submitting the Change of Information form, list the applicant's first and last name as well as any information that has changed from the most recent application. The first signature block on page 4 must also be completed. The second one needs to be completed only if there is a change regarding the person responsible for repaying overpayments.
  - **New Application:** Must be submitted if the applicant is not currently receiving rent subsidy or if the subsidy has lapsed without renewal. A complete application (plus all attachments) must be submitted.
  - **Annual Renewal:** The renewal or "redetermination of eligibility" is completed at least once every 12 months to maintain ongoing eligibility for the program. A complete application with all required documents must be submitted.
2. **Applicant Information:** List the information for the applicant.
3. **Income Information for the Next 12 Months:** List the **monthly** income expected for the next 12 months for the applicant. Documentation verifying this amount must be submitted as an attachment (see page 5 of application).

4. **Rental Unit Information:**
  - a. List the date the applicant originally moved into the rental unit.
  - b. List the total monthly rent for the entire rental unit.
  - c. List the number of bedrooms, even if they are not currently being used.
  - d. List the number of qualified dependents. A dependent relative may be the applicant's spouse, parent or child who is both financially dependent on the applicant, living with the applicant, and eligible to be claimed as a dependent for tax purposes.
  - e. List the additional household members, dates of birth, and relationships.
5. **HCBS Waiver Information:** Mark Yes or No to each of the three questions. You do NOT need to list the name of the HCBS waiver the applicant participates in. Please submit documentation verifying participation if this answer is MFP or Habilitation waiver.

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6. **Case Manager Contact Information:** List all information for the case manager. In the case of the Elderly Waiver, list the name of the primary case manager.
7. **Legal Guardian Information:** List the information for the legal guardian if applicable. Legal verification of guardianship or Power of Attorney may be required.
8. **Correspondence Directed To:** All correspondence will be sent to the applicant, but please mark whether the correspondence regarding HCBS rent subsidy should also go to the legal guardian, case manager and/or the representative payee. Examples of correspondence sent by regular mail include the initial approval or denial letter, notification of a change in the subsidy amount, and renewal notices. Also, please mark **one** person who should receive an email each month telling when the electronic payments have been released, and provide the email address and phone number if not already included elsewhere on the application.

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9. **Payee Information:** List the information of the representative payee or conservator. If a payee is not listed, the subsidy payment will be sent to the applicant. The payment must be sent to the applicant, his/her legal guardian, or appointed representative payee.
10. **Rent Subsidy Information:** Please respond to the questions and provide explanation if needed. Additional documentation may need to be submitted to verify wait list status for HCV/Section 8 (see page 5 of application). Please sign box acknowledging expectations of participants related to Section 8/HCV.

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11. **Declarations:** Read the declaration carefully, then complete both signature blocks, specify the relationship the applicant has to the person signing the application, and provide phone number and email if not provided previously on the application.

12. **Electronic Funds Transfer Information:**

- a. List the routing transit number where funds should be deposited:
  - i. Must be nine digits.
  - ii. First two digits must be 01 through 12 OR 21 through 32
  - iii. Checking: Listed on your check or deposit slip
  - iv. Savings: Contact your financial institution
- b. List the account number and mark checking or savings
  - i. Can be up to 17 characters (can include both letters and numbers)
  - ii. Include hyphens but omit spaces and special symbols
  - iii. Enter the number from left to right
  - iv. **DO NOT INCLUDE THE CHECK NUMBER!**
- c. List the bank name



You **may** include a **voided** copy of a check or deposit slip with the application, but this is not required.

**PLEASE NOTE:** If the applicant obtains eligibility for any other local, state or federal rent subsidy, IFA must be notified within 10 working days. The HCBS rent subsidy is a temporary subsidy and is only available to the applicant until such time that the applicant becomes eligible for any other local, state or federal rent subsidy.