



Iowa Finance Authority (IFA)
**APPLICATION FOR HCBS RENT
 SUBSIDY**

Date received by IFA:

1. Please type or print the following information and mark the correct boxes.

This application is: New Application Annual Renewal Change of Information

2. Applicant Information

| | | | |
|-------------------|--|----------------|--|
| First Name | | Last Name | |
| Social Security # | | Date of birth | |
| Address Line 1 | | Address Line 2 | |
| City | | Zip | |
| County | | Phone # | |
| Email | | | |

3. Income Information

| | |
|--|--|
| Amount of income anticipated each month during the next 12 months | |
|--|--|

4. Rental Unit Information

| | | | |
|-----------------------------|---------------|--|--|
| Date moved in | | Total monthly rent for entire unit | |
| Number of bedrooms in unit | | Number of additional qualified dependents (as claimed by the applicant for federal tax purposes) | |
| Additional Household Member | Date of Birth | Relationship | |
| | | | |
| | | | |
| | | | |
| | | | |

5. HCBS Waiver Information

Does the applicant participate in Money Follows the Person (MFP)? Yes No
 Does the applicant participate in one of the HCBS Waiver programs? Yes No
 Does the applicant participate in the Habilitation Waiver program? Yes No

If MFP or Habilitation waiver, documentation verifying participation must be attached
 (If the answer to all three questions is "No", STOP now and do not submit this application).

| 6. Case Manager Contact Information | | | |
|-------------------------------------|--|----------------|--|
| First Name | | Last Name | |
| Email | | Organization | |
| Phone # | | Fax # | |
| Address Line 1 | | Address Line 2 | |
| City | | State | |
| Zip | | | |

| 7. Legal Guardian Information (if applicable) - Proof of Guardianship or POA may be requested | | | |
|---|--|----------------|--|
| First Name | | Last Name | |
| Relationship to Applicant | | Phone # | |
| Address Line 1 | | Address Line 2 | |
| City | | State | |
| Zip | | Email | |

| 8. Correspondence Directed To: At least one email address other than the applicant MUST be provided! | |
|--|---|
| <p>All correspondence relating to initial approval or denial, renewal notices, policy changes, etc. will be sent to the applicant. In addition, the applicant elects that correspondence also be directed to one or more of the following individuals:</p> | <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Case Manager <input type="checkbox"/> Payee |
| <p>If the recipient will receive payments by direct deposit, check to indicate one or two individuals who should receive a monthly email telling when payments have been released from Iowa Finance Authority.</p> | <p>Check ONE or TWO</p> <input type="checkbox"/> Applicant <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Case Manager <input type="checkbox"/> Payee Email if not already on application: Phone if not already on application: |

| 9. Payee Information – complete if different from applicant | | | |
|--|--|---------|--|
| Organization Name, if applicable | | Phone # | |
| Contact Name | | Address | |
| City | | State | |
| Zip | | Email | |

| 10. Rent Subsidy Information | |
|---|--|
| Has applicant received any other rent subsidy in the past six months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain who provided that subsidy and why it was cancelled | |
| Is applicant currently on wait list for HCV/Section 8 program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide which housing authority can verify wait list status or submit documentation showing active status. | |

| |
|---|
| I understand that in order to remain eligible for the HCBS rent subsidy program it is a requirement to sign up for section 8/HCV wait list and follow through with all appointments/letters when offered. I will communicate with IFA regarding any changes regarding section 8, including proof of application and/or determination of (in)eligibility for section 8/HCV as provided by the housing authority. |
| Signature |

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

11. Declaration**I, the undersigned, declare the following:**

- 1) The information in this application is true to the best of my knowledge;**
- 2) I believe the applicant meets the requirements of the program;**
- 3) The application is not submitted with the intent to gain financial assistance to which the applicant is not eligible;**
- 4) I understand the requirement to notify IFA within ten (10) working days if income changes by more than \$100/month or if any other information from the application form changes.**
- 5) Failure to notify IFA of changes or the making of false statements may result in repayment of the amount that was received while ineligible, and/or termination of rental assistance;**
- 6) I understand that abusive or threatening language or behavior toward IFA staff may result in termination of subsidy; and**
- 7) Iowa Finance Authority quality assurance measures for this program will include audits of the information provided.**

| | | | |
|---------------------------|---|-----------|--|
| Printed Name | | Signature | |
| Date | | | |
| Relationship to Applicant | <input type="checkbox"/> Self <input type="checkbox"/> Case Manager <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other, specify Please provide phone number and/or email if not already provided in application: | | |

I will be responsible for repaying any overpayment that may occur as a result of not reporting such changes within ten (10) working days, or before the next payment is sent:

| | | | |
|---------------------------|--|-----------|--|
| Printed Name | | Signature | |
| Date | | Email | |
| Relationship to Applicant | <input type="checkbox"/> Self <input type="checkbox"/> Case Manager <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other, specify Please provide phone number if not already provided in application: | | |

12. Electronic Funds Transfer Information

| | | | |
|----------------|--|---------------------|--|
| Routing Number | | Your account number | |
| Account type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Bank Name | |

Send completed application and attachments to: HCBSIFA@IowaFinance.com OR
 Iowa Finance Authority
 HCBS Rent Subsidy Program
 1963 Bell Ave, Ste. 200
 Des Moines, IA 50315

Because applicants are added to the waiting list based on when a completed application with all required attachments is received by our office, it is to your benefit to submit the application and documentation by email.

SELF CHECKLIST

I have included the following documents in this order:

- Application form, marked correctly at top of page 1 – MUST include an email address for at least one person other than the applicant to ensure that important email notices are received.
- Income Verification to include *entire* SS/SSI award letter or bank statement showing direct deposits of SS/SSI funds, pension statements, wage reports from most recent three months if applicable, as well as verification of any other income
- Copy of lease showing applicant as tenant, *number of bedrooms in unit*, rent amount for the entire unit, and signed by the landlord as well as the applicant or the applicant's legal guardian
- Documentation dated within the last 12 months verifying that applicant has applied for Section 8 Rental Assistance administered by the local public housing authority.

Acceptable documentation would include one or more of the following:

1. Copies of ongoing correspondence with the Public Housing Authority (PHA) (dated within the last 12 months)
2. Notice from PHA that you have been placed on a waiting list showing your number on the wait list or the approximate wait time
 - a. Call during annual renewal to determine if you (your family) remains on the waiting list
 - b. Note the answer, the name of the person to whom you spoke, date and time of call, and attach to copy of wait list letter
 - c. If you find you have been dropped from wait list, provide an explanation of why, and reapply for that rent assistance as soon as possible.
3. Notice from PHA that waiting list is closed and *written statement of intent to apply when re-opens*.

It is the responsibility of the applicant and all representatives to monitor the local public housing authority for times when Section 8 applications will be accepted. If the waiting list opens, the applicant, or their representative, is expected to submit an application during the time period when the PHA accepts applications.

- Documentation verifying participation in Money Follows the Person or Habilitation waiver if applicable - IFA can verify participation in the other waiver programs.

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.