



Iowa Finance Authority (IFA)
**APPLICATION FOR HOME AND
 COMMUNITY-BASED (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 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant participate in one of the HCBS Waiver programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant participate in the Habilitation Waiver program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the applicant answered "Yes" to participation in 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 #			

7. Legal Guardian Information (if applicable) - Proof of Guardianship or POA may be requested			
First Name		Last Name	
Relationship to Applicant		Phone #	
Email			

8. Additional Contact Information (if applicable)			
First Name		Last Name	
Relationship to Applicant		Phone #	
Email			

9. 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"/> Additional Contact <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Case Manager <input type="checkbox"/> Landlord
<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"/> Landlord

10. Landlord Information			
Property/Company Name		Phone #	
Contact Name		Email	

11. 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 <i>or</i> submit the documentation listed on page 5.	

Applicant Certifications. I understand that the HCBS Rent Subsidy Program is intended to provide assistance until I am able to transition to the Section 8 Housing Choice Voucher (HCV) program. I further understand that in order to remain eligible for the HCBS rent subsidy program it is a requirement that I sign up for the Section 8 HCV wait list and follow through with all appointments/letters when offered. I will:

- Sign up for the Section 8 HCV wait list through my local Housing Authority and provide documentation to IFA;
- Notify IFA when I reach the top of the Section 8 HCV wait list and of all impending deadlines;
- Inform my local Housing Authority of any changes to my address/contact information;
- Attend all appointments and provide all requested documents to my local Housing Authority;
- Notify IFA when the transition date to Section 8 HCV is established *or* provide written documentation of denial from the Housing Authority.

By signing below, I give IFA permission to discuss my Section 8 HCV application, wait list status, and program eligibility with local Housing Authority staff.

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)

12. Declaration

I, the undersigned, declare the following:

- 1) The information in this application is true to the best of my knowledge;**
- 2) I believe I meet the requirements of the program;**
- 3) The application is not submitted with the intent to gain financial assistance to which I am 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) I understand failure to notify IFA of changes, misuse of IFA funds, 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) I understand 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		

I understand I will be responsible for repaying any overpayment that may occur as a result of not reporting changes to income, living arrangement, or Section 8 HCV wait list status in a timely manner and/or providing false or misinformation:

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		

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 complete application with all required attachments is received by our office, it is to your benefit to submit the application and documentation by email. Incomplete applications will be held for 30 days by program staff.

CHECKLIST OF DOCUMENTS THAT MUST ACCOMPANY APPLICATION

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 on page 2 to ensure that important email notices are received.
- Income Verification to include *entire* SSA award letter or full monthly bank statement showing direct deposits of SSDI/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
- Current documentation 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 3 months)
2. Notice from PHA that you have been placed on a wait list showing your number on the wait list or the approximate wait time
3. Notice from PHA that applicant is not currently on the wait list *and* that wait list is closed for new applications.

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 wait 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).
- New Vendor ACH/EFT documents: Must be completed and signed by landlord/property management in order to receive rental assistance payments.

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.