APPLICATION TO WAITING LIST: PLEASE PRINT VERY CLEARLY! Answer all questions. Incomplete applications will not be processed.

Head of Household Name		Charles City Housing 205 Greenlees Circle Charles City, IA 50616					
Street Address:			Phone: 641-228-6661 ext.1 Fax: 641-228-6758 Email: office@charlescityhousing.org				
City	State Zip Code						
Note: If your address changes, yo	ou must notify the office to ma	aintain your waiting li	ist status.				
	Waiting List Pre	-Qualification Que	stions:				
Are you required to register a	Have you e	Have you ever had a drug conviction in a Y					
		Federally subsidized unit? N					
If yes to eith	er of these questions, PER H			e for a	ssistance.		
	Please mark which pr						
Morningside:	Section 8:	North Cedar			South Cedar Terrace:		
Morningside: Morningside is a Public Housing property with 8 two-bedroom and 8 three- bedroom townhouses.	Section 8: Individuals, familie single or married may apply Anyone 18 years old or older r apply.	n. bedroom apar may wheelchair acc Preference is gi older or disable	North Cedar Terrace: Has 52 one- bedroom apartments, including 8 wheelchair accessible apartments. Preference is given to those 62 and older or disabled. Unit has walk in showers (no tub).			South Cedar Terrace: Has 76 one- bedroom apartments and 4 two- bedroom apartments. Unit contains tub/shower combo. Preference is given to applicants 62 or older or disabled	
	Part 1:	Demographic	S				
Home (Cell) Telephone:		Check one	Check one box Hispanic/Latino				
			No	ot Hispai	nic/Latino		
Other Telephone:		Check All	That Apply W	hite			
Other Contact Person:(not r	G.1.CG.1.7	Black/			ı		
		American Indian					
Email Address:		Alaska Native					
			Asian Pacific Islander				
	Racial and ethnic data for statistical purp						
Do you qualify for reasona	ble accommodation* due to	o a disability?	Yes		No		
	n is a change, exception, or ac o utilize a program/service and			ing, or d	dwelling uni	t, that allows	
Part 2:	Household informa	tion (list head	d of housel	nold	first)		
If your family size will be changing	g, please explain:						
First Name M	I Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship	
				M/F	Y/N	Head	



Part 3: Family Income

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, Social Security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

	Gross	How Often				
First Name	Income	Weekly	Biweekly	Monthly	Yearly	Income Source (employer name, ss, child support, etc.)

Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. **Select each item that applies to your current status.**

Do you live inside the city limits of Charles City? Y or N
Do you work in the city limits of Charles City? Y or N
Are you 62 years old or older and/or disabled? Y or N

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration stat prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated denied or terminated following appeals and informal hearing processes.

I certify that the information on the form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

Signature	Date



Online application https://www.pha-web.com/portals/onlineApplication/1880

Charles City housing Website https://charlescityhousing.org

Privacy Act Notice: For your protection, the data collected on the form will only be released in accordance with the Privacy Act of 1974

