



Region XII
Regional Housing Authority
320 E 7th Street, PO Box 663
Carroll, Iowa 51401
Phone: (712) 792-5560 - Fax: (712) 792-1650



Application for Housing Choice Voucher Rental Assistance

RHA will not process applications that are incomplete or are unable to be read. Only complete and readable applications will be accepted for our waiting list. We will NOT hold onto incomplete applications. Please Print.

*Contact RHA at 712-792-5560 if you have questions about this application.

A COMPLETE APPLICATION INCLUDES the below required documents and following RHA's policies for applications:

- **Applications MUST be returned IN PERSON.**
- **Social security cards for ALL household members.**
- **Birth certificates or citizenship/permanent resident verification for ALL household members**
- **Photo ID's for ALL adult household members (18+ years old).**
- **Signatures and income information for all household members 18 and over. All Adults must be present when completing the Application to sign additional paperwork.**

List the names of who will occupy the assisted unit:

Name (First, Middle Initial, Last Name)	Age	Sex	Relationship	Social Security #	Date of Birth
1)			Self/Head		
2)					
3)					
4)					
5)					
6)					
7)					

Current Address:

(Street, City, State, Zip)

Mailing Address:

(Street, City, State, Zip)

Phone:

E-Mail Address:

Race of head of household: (For statistical purposes, optional)

☐ White ☐ Black ☐ American Indian

☐ Asian ☐ Pacific Islander ☐ Alaskan Native

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Preferred language:

☐ English ☐ Spanish ☐ Other: _____

Please check the county you want to live in with rental assistance:

☐ Audubon ☐ Carroll ☐ Crawford ☐ Greene ☐ Guthrie ☐ Harrison ☐ Ida ☐ Sac ☐ Shelby ☐ Other_____

~Continue on Back of Form~

FOR OFFICE USE ONLY

Date & Time Completed: _____ Tenant ID: _____

Criminal History: ☐ All Adults Checked Date Checked _____ Pass Fail

Sex Offender Registry: ☐ All Adults Checked Date Checked _____ Pass Fail

Acquired Application from _____ Initial & Date _____

Please answer ALL questions.

- ☐ **Yes** ☐ **No** 1) Is anyone listed in the household age 18 or over and a full-time student? Name(s): _____
- ☐ **Yes** ☐ **No** 2) Are any household members temporarily absent/removed? Name & Age: _____
Reason for absence & date they are expected to return to the household? _____
- ☐ **Yes** ☐ **No** 3) Have you or any member of your family ever received rent assistance before? Where & When? _____
- ☐ **Yes** ☐ **No** 4) Is any member of your household considered disabled? Who? _____
- ☐ **Yes** ☐ **No** 5) Does any household member require a reasonable accommodation due to a disability? Please explain. _____
- 6) Do you or any member of your household (explain if you answer YES):
- ☐ **Yes** ☐ **No** a. Have a history of drug or alcohol abuse? _____
- ☐ **Yes** ☐ **No** b. Been involved in violent criminal activity? _____
- ☐ **Yes** ☐ **No** c. Been involved in drug-related criminal activity? _____
- ☐ **Yes** ☐ **No** d. Listed on a sex offender registry? _____
- ☐ **Yes** ☐ **No** 7) Have you or any member of your household ever lived in another state? Who, where (state, city, & county) & When? _____
- ☐ **Yes** ☐ **No** 8) Do any members have any sources of income? What are your current sources of income? (Examples: Jobs, Social Security, FIP/Child Support, odd jobs-cleaning/cooking/hair/mowing lawns/snow removal/etc, scrapping metal/recycling, etc). _____
- ☐ **Yes** ☐ **No** 9) Does anyone (family/friends) give you money OR pay any of your bills (cell phone/utilities/car ins/etc)? _____
- ☐ **Yes** ☐ **No** 10) Do you have any open bank accounts (checking/savings/money cards)? If YES, what type of accounts and where are they located? _____
- ☐ **Yes** ☐ **No** 11) Do you own any Real Estate/Property? If yes, address? _____
- ☐ **Yes** ☐ **No** 12) Do you have any Investments/CDs/Life Insurance/Pensions/Retirement Plans/etc? If yes, Explain. _____
- ☐ **Yes** ☐ **No** 13) Do you pay child care expenses out of pocket? How much & to whom? _____
- ☐ **Yes** ☐ **No** 14) If you are disabled or elderly (62+), do you pay any medical expenses out of pocket? Please check all that apply: ☐ Medicare ☐ Supplemental Ins. ☐ Pharmacy ☐ Doctors/Clinics ☐ Other: _____

I/We certify that the information above is accurate and complete to the best of my/our knowledge and belief. I/We understand that submittal of false statements or information is punishable under Federal law and reason for denial or termination of assistance. *All adult household members must sign below.*

Signature

Date

Signature

Date