



Midstates Development Inc.  
Professional Property Management

615 5th Street • Sioux City, Iowa 51101- 712-258-3251

## APARTMENT COMMUNITIES IOWA

### **AUTUMN PARK OF CHARITON**

330 NORTH MAIN STREET  
CHARITON, IA 50049  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**641-774-4201**

### **AUTUMN PARK OF IOWA CITY**

3042 MUSCATINE AVE.  
IOWA CITY, IA 52240  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**319-337-7176**

### **AUTUMN PARK OF MASON CITY**

780 SO. PIERCE AVE.  
MASON CITY, IA 50401  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**641-424-9845**

### **AUTUMN PARK OF SHENANDOAH**

201 NORTH BLOSSOM ST  
SHENANDOAH, IA 51601  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**712-246-4898**

### **CANDLEWICK APARTMENTS**

2000 OUTER DRIVE NORTH  
SIOUX CITY, IA 51104  
CONVENTIONAL  
**712-239-6575**

### **AUTUMN PARK OF CHEROKEE**

1001 (B)/ 1003 (A) E. RIDGEVIEW DR.  
CHEROKEE, IA 51012  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**712-225-2564**

### **CAPITOL HOUSE APARTMENTS**

320 SO. DUBUQUE ST.  
IOWA CITY, IA 52240  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**319-338-2127**

### **AUTUMN PARK OF SHELDON**

131 N. WASHINGTON AVE.  
SHELDON, IA 51201  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**712-324-4580**

### **AUTUMN PARK OF WASHINGTON**

841 WEST MONROE ST.  
WASHINGTON, IA 52353  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**319-653-6804**

### **PRESTWICK APARTMENTS**

4230 HICKORY LANE  
SIOUX CITY, IA 51106  
CONVENTIONAL/ 43 TAX CREDIT UNITS  
**712-274-0890**

## APARTMENT COMMUNITIES NEBRASKA

### **AUTUMN PARK OF SO. SIOUX CITY, NE**

320 EAST 12<sup>TH</sup> ST.  
SO. SIOUX CITY, NE 68776  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**402-494-5393**

### **PLATTEVIEW APARTMENTS**

302 WEST LEOTA ST.  
PLATTEVIEW, NE 69101  
SECTION 8/ 62 YEARS OF AGE  
OR PERSONS W/ DISABILITIES  
**308-534-9760**

### **AUTUMN PARK OF HASTINGS**

411 SOUTH ELM AVE.  
HASTINGS, NE 68901  
SECTION 8/ 62 YRS. OF AGE  
OR PERSONS W/ DISABILITIES  
**402-463-5651**



# Rental Application for Section 8 Housing

MIDSTATES DEVELOPMENT, INC. 615 5<sup>TH</sup> ST. SIOUX CITY IA 51101/ 712-258-3251

EMAIL: [leasing@midstatesdev.com](mailto:leasing@midstatesdev.com) Fax # 712-293-0787

RECEIVED INITIALS \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

Property Name and Location: \_\_\_\_\_

Please fill out the entire application – Incomplete applications could be returned to you.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you learn about the apartment: \_\_\_\_\_ Newspaper \_\_\_\_\_ Internet \_\_\_\_\_ Drive By \_\_\_\_\_ Other  
\_\_\_\_\_ Resident Referral

Referral name address and phone number: \_\_\_\_\_

## HOUSEHOLD COMPOSITION:

Note: the number in the below column is the household member number and is the number requested in the remaining sections of this application.

Full Name	Relationship	Social Security #	Date of Birth	Age	Student
1.					Y/N
2.					Y/N
3.					Y/N

## CRIMINAL HISTORY: ALL PERSONS APPLYING FOR SECTION 8 HOUSING

Do you have any criminal history that would threaten the health and safety of other residents? Y/N

Are you a current user/ abuser of a controlled substance? Y/N

Have you ever been convicted of the illegal use, distribution or manufacturing of a controlled substance? Y/N

Have you ever been convicted of a crime, or do you have a criminal record? Y/N

Have you ever been placed on probation or parole? Y/N

Is there a current warrant for your arrest, or are you currently involved in any criminal activity? Y/N

Are you required to register on any state or National Sex Offender Registries? Y/N

Please list all states in which any household member has resided: \_\_\_\_\_

Have you, your spouse or your co-applicant ever used different names from the name shown above? Y/N

If yes, List names and dates used: \_\_\_\_\_

Are you currently receiving HUD assistance for low-income housing? Y/N

If yes, please provide Landlord name, address and phone number: \_\_\_\_\_

Households where any member is disabled or mobility impaired, may qualify for an accessible unit and/or an adjustment in Income. Please note here if you need a barrier free apartment or any other features/equipment.

Does anyone plan to live with you in the future that is not listed on this application? Y/N

If yes please explain: \_\_\_\_\_

The following information is requested to ensure the Federal Government that this Property Management Company complies with the Federal Laws and Authority Policies, prohibiting discrimination against resident applicants on the basis of race, color, national origin, age, sex, Disability, religion, marital or familial status, creed, sexual orientation or gender identity. The Property Management Company does not discriminate based on disability status in the admission or access to, or treatment or employment in, it's Federally assisted programs and Activities. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluating your

application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race and national origin of individual applicants based on visual observation or surname.

**Please check all that apply. Race of the Head of Household:**

White: \_\_\_\_\_ Black: \_\_\_\_\_ Native American: \_\_\_\_\_ Alaskan/Pacific Islander: \_\_\_\_\_ Asian: \_\_\_\_\_

Hispanic: \_\_\_\_\_ Other: \_\_\_\_\_

**Questions For All Applicants:** The following questions pertain to you and all household members. Answer yes or no in the response to each question and use the space provided to explain any yes answers:

Does any member of the household receive regular cash contributions from Agencies or from Individuals not living with you? **Y/N**

Does any member of your household receive income from assets, interest, dividends, stocks, bonds, annuities, or pensions? **Y/N**

Does any member of your household own property? **Y/N** Value of the property: \$ \_\_\_\_\_

(Please note that HUD has made some changes to their program. Anyone with Property/Assets valued over \$100,000 may not be eligible

For assistance. Please ask us about the Home Ownership – Real Property Rule some exceptions do apply)

Have you sold or given away any real property or other assets worth \$1,000 or more in the past 2 years for less than fair market value?

Charitable Donations: **Y/N** Amount disposed of: \$ \_\_\_\_\_ Date disposed: \_\_\_\_\_

Does any adult member of your household attend school? **Y/N** If yes, please fully complete the attached Student Questionnaire.

**TYPE OF INCOME:**

1. SOCIAL SECURITY: MEMBER RECEIVING:	AMOUNT: \$
SUPPLEMENTAL SOCIAL SECURITY: MEMBER RECEIVING:	AMOUNT: \$
SOCIAL SECURITY: MEMBER RECEIVING:	AMOUNT: \$
SUPPLEMENTAL SOCIAL SECURITY: MEMBER RECEIVING:	AMOUNT: \$

2. EMPLOYMENT: FULL-TIME: PART-TIME: EMPLOYER:	INCOME: \$
3. PENSION: MEMBER RECEIVING: NAME OF PROVIDER:	AMOUNT: \$
ADDRESS/PHONE NUMBER:	

4. OTHER INCOME / SPECIFY:

**ASSETS: CHECKING, SAVINGS, INVESTMENTS, STOCKS, BONDS, ANNUITIES, LOTTO WINNINGS, HOME/PROPERTY, INHERITENCE, WHOLE LIFE INSURANCE, SETTLEMENTS, BONUS, FINANCIAL GIFTS ETC.**

Description of Asset	Name of Financial Institution	Estimated Current Cash Value	Annual Income
1.			
2.			
3.			
4.			

**RENTAL HISTORY**

List ALL Landlords within the past three years for all applicants 18 years of age and older, use an additional sheet of paper if necessary.

Please let us know if they are family or if you are/ or were owner of the property.

Current Address	City, State & Zip	Landlord Name	Landlord Address	Landlord Phone	Dates of Occupancy	Move Out Date
Previous Address						

Have you or your spouse/co-applicant ever been evicted or involuntarily removed from rental housing? Y/N

If yes, please explain: \_\_\_\_\_

**To verify any deductions, you must pay out of pocket, i.e. Supplemental Insurance, Prescription drugs outstanding doctor/ hospital bills, that you are currently making payments on, please fully complete the attached questionnaire. Provide name, address and fax numbers so we can verify if applicable.**

**IN CASE OF EMERGENCY**

Name:	Relationship	Telephone	Address
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**DO YOU HAVE ANY PETS Y/N** Type of Pet \_\_\_\_\_ Weight \_\_\_\_\_

**STATEMENT BY ALL ADULT HOUSEHOLD MEMBERS AND INFORMATION**

We certify that all information given in this application and any addendum thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property to make all inquiries to verify this information either directly or through information exchange now or later with rental and credit screening services, and to contact previous and current landlord, or other sources for credit and verification confirmation which may be released to appropriate Federal, State and Local agencies. If our application is approved and move-in occurs, we certify that only those people listed in this application will occupy the apartment, and they will maintain no other place of residence, and that there are no other persons for who we have or expect to have responsibility to provide housing. We agree to notify management in writing regarding any household changes in address, telephone numbers, income and household composition.

We have been notified that the Tenant Selection Plan summarizes the procedures for processing applications, is posted in the management office. We understand that if this application is placed on a Waiting list, we may request sample copies of Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and Security Deposits. It is important that all information on this form and on the Additional Adult Addendum forms be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected. If your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income, situation, or family size changes. After we accept your application, we will make a preliminary determination of eligibility. If the household appears to be income eligible for housing, your application will be placed on a Waiting List, but this does not guarantee that your household will be offered an apartment. If processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan posted in the management office.

**TERM OF LEASE AGREEMENT IS ONE YEAR ON SECTION 8 HOUSING PROGRAMS. ALL TERMS OF THE LEASE AGREEMENT WILL BE ENFORCED. A BLANK LEASE WILL BE MADE AVAILABLE UPON REQUEST BY THE RESIDENT MANAGER FOR YOUR REVIEW.**

**Warning:** Fair Housing Act, Title VII of the Civil Rights Act and The Affirmative Fair Housing Marketing Plan is designed to promote equal housing for all eligible applicants regardless of race, color, religion, creed, national origin, sex, age, familial status, disability, sexual orientation and gender identity.

MIDSTATES DEVELOPMENT, INC. (hereafter the Owner/Agent) is an Equal Housing Opportunity provider and employer and doesn't discriminate against applicants and/or residents with disabilities, it is our policy to provide reasonable exception to our usual rules or policies or a structural modification to be able to participate fully in a program, take advantage of a service, live in a dwelling or perform a job. The owner will provide accommodation/modification unless such accommodation/modification will result in an undue financial and/or administrative burden. A request for a Reasonable Accommodation/ Modification and a Verification Form must be completed by the applicant/resident and returned to Midstates Development, Inc. 615 5<sup>th</sup> St. Sioux City IA 51101. If an individual with a disability requires assistance in providing a written Reasonable Accommodation/ Modification Request, the Owner will assist the individual with this request. Upon receipt of the request, the 504 Coordinator will verify the need with the third party and notify the applicant/ resident in writing of the determination.

**APPLICANT’S AUTHORIZATION AND CERTIFICATION:** I hereby authorize Midstates Development, Inc. or their agents to contact any or all references listed above including obtaining a credit report, criminal and sex offender information, and a search of public records. I understand that the information obtained from this contact will be considered in determining my eligibility for residency at the above-named property. This information shall be kept confidential. I certify that I have read, understand, answered and reviewed all the questions on the Application and Reference Statement. I certify that all answers are true to the best of my knowledge and that any representation of information will lead to cancellation/rejection of my application or immediate termination of my lease. HUD may impose additional penalties including eviction, loss of assistance, fines up to \$10,000 and imprisonment for up to (5) years.

**Warning:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

**ALL APPLICANTS 18 YEARS OR OLDER MUST SIGN THIS APPLICATION, AND PROVIDE PICTURE ID/ STATE ISSUED DRIVER’S LICENSE OR STATE ID, ALONG WITH A COPIES OF BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS FOR ALL MEMBERS PRIOR TO SCREENING AND MOVE IN.**

**I further understand that the apartment I am applying for must be my household’s permanent residence and I verify that I will not maintain a separate subsidized rental apartment in a different location.**

<div>Date</div>	<div>Head of Household</div>	<div>Date</div>	<div>Spouse/Co-Tenant</div>
<div>Date</div>	<div>Adult Tenant</div>		<div>Midstates Development Inc.</div> <div>615 - 5<sup>th</sup> St.</div> <div>Sioux City, IA 51101</div> <div>712. 258. 3251</div> <div>712-293-0787 Fax</div>
<div>Date</div>	<div>Property Manager</div>		



## APPLICATION/RECERTIFICATION CHECKLIST

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### HEAD OF HOUSEHOLD

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PROPERTY & UNIT NUMBER	PHONE/ CELL NUMBER	DATE
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OBTAIN SOCIAL SECURITY CARDS/ BIRTH CERTIFICATES/ STATE ISSUED ID FOR ALL MEMBERS

- | 1. | <u>Does your household have any of the following:</u>        | YES   | NO    |
|----|--|-------|-------|
|    | Checking Accounts.....                                       | _____ | _____ |
|    | Savings Accounts.....  | _____ | _____ |
|    | Money Market Funds.....                                      | _____ | _____ |
|    | Trusts.....  | _____ | _____ |
|    | Are Trusts Revocable?.....                                   | _____ | _____ |
|    | Certificates of Deposit.....                                 | _____ | _____ |
|    | IRA/Keogh Accounts or Other Capital Retirement Accounts..... | _____ | _____ |

For each "YES" above, complete an Asset Verification Form

- |   |       |       |
|---|-------|-------|
| Stocks (list stocks and sign stock verification forms) .....  | _____ | _____ |
| Savings Bonds (get photocopies of bonds) .....  | _____ | _____ |
| Own Property (most recent tax bill) .....   | _____ | _____ |
| Is there a Mortgage? (get statement from bank) .....  | _____ | _____ |
| Rental Property Income (get copy of lease) .....  | _____ | _____ |
| Sold Property on Land Contract (get amortization schedule) .....  | _____ | _____ |
| Personal Property Held as an Investment (get appraisal) .....   | _____ | _____ |
| Cash Held – safety deposit box, home, etc. (get notarized statement<br>or signed affidavit verifying amounts) ..... | _____ | _____ |
| Other Accounts Not Listed Above.....  | _____ | _____ |

2. Have you received any lump sum payments such as:

- |   |       |       |
|---|-------|-------|
| Inheritance.....  | _____ | _____ |
| Lottery Winnings.....   | _____ | _____ |
| Insurance Settlements (health, Accident, Workers Compensation, etc....) | _____ | _____ |
| Capital Gains.....  | _____ | _____ |
| Other.....  | _____ | _____ |

Any "YES" answer should be verified through an Asset Verification form

3. Have you disposed of any assets for less than the Fair Market Value in the past two years? (Complete an Asset Disposal Certification/DOA form each time certified/recertified.....
- |       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

4. Are any assets held jointly with another person?..... ☐ ☐  
If yes, describe \_\_\_\_\_
5. Do you receive income such as:
- Social Security Benefits or SSI (consent for Release form) ..... ☐ ☐  
Retirement Funds (Pension Verification form) ..... ☐ ☐  
Pension – VA, Railroad, etc. (Pension Verification form) ..... ☐ ☐  
Annuities (Pension/Annuity Verification form) ..... ☐ ☐  
Insurance Policies (Pension Verification form) ..... ☐ ☐  
Disability or Death Benefits (Consent for Release form) ..... ☐ ☐  
Employment (Employment Verification form) ..... ☐ ☐  
Unemployment Benefits (printout from UC agency) ..... ☐ ☐  
Child Support (printout from court) ..... ☐ ☐  
Alimony/Maintenance (copy of divorce decree/court decree) ..... ☐ ☐  
Public Assistance (Public Assistance form) ..... ☐ ☐  
Educational Grants (Educational Status and Assistance Verification form)..... ☐ ☐
6. Do you regularly receive monetary gifts or non-cash contributions from people outside your household? (Need a statement from person providing the gifts/contributions stating purpose, dates and values) ..... ☐ ☐
7. Is the head of the household or Spouse/Co-Head a student?..... ☐ ☐
8. Are any household members temporarily absent?..... ☐ ☐
9. Have you listed any household members who will be permanently absent from the unit?..... ☐ ☐
10. Has the employment status of any household member changed?..... ☐ ☐
11. Are any members of your household (other than the Head or Spouse) 18 years of age and a full-time student or 18 years of age and working? (Student Eligibility or Employment form) ..... ☐ ☐
12. Are there childcare expenses paid for you to continue your education? (Child Care Verification form) ..... ☐ ☐
13. If employed, is childcare paid because of work or looking for work? (Child Care Verification form) ..... ☐ ☐
14. Are there any Foster Children who are part of your household?..... ☐ ☐

**COMPLETE THE FOLLOWING FOR ELDERLY, HANDICAPPED OR DISABLED ONLY:**

- |     |   | YES                      | NO                       |
|-----|---|--------------------------|--------------------------|
| 15. | Does anyone in your household benefit from Handicap Assistance?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Do you receive any income under Title V of the Older Americans Act (Such as RSVP, Green Thumb, Senior Aides, Older American Community Service Employment Program, Foster Grandparent Program)? (Employment Verification form – this is not included as income, but needs verification form) | <input type="checkbox"/> | <input type="checkbox"/> |

17. Are there any Live-In Care Attendants who are part of your household?  
(Please provide name of caretaker) ..... \_\_\_\_\_

**ANTICIPATED MEDICAL EXPENSES INCURRED BY HEAD OF HOUSEHOLD OR FAMILY MEMBER ARE AS FOLLOWS:**

18. Health Insurance Premiums (copy of Notice of Premium or cancelled checks) ..... \_\_\_\_\_
19. Prescription Drugs (check whether resident is covered by SSI, Medicaid, or  
Spendedown programs) (Prescription Verification form) ..... \_\_\_\_\_
20. Non-prescription medical supplies (diabetic, hearing aid batteries, etc.)  
Receipts or printout from pharmacy) ..... \_\_\_\_\_
21. Medical expenses incurred for Chronic Illnesses that ARE NOT COVERED by  
Medicare and/or Insurance (Medical Expense Verification form) ..... \_\_\_\_\_
22. Do you have an Assistance Animal? ..... \_\_\_\_\_  
If yes, do you have receipts for the upkeep of the animal?..... \_\_\_\_\_

**I/WE \_\_\_\_\_ CERTIFY THAT I/WE HAVE BEEN ASKED  
THE ABOVE STATEMENTS AND THEY ARE TRUE AND COMPLETE TO THE BEST OF  
MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT IT IS MY/OUR RESPONSIBILITY TO  
REPORT TO MANAGEMENT SUCH CHANGES IN INCOME AND ASSETS WHENEVER  
THEY OCCUR. SUBMITTAL OF FALSE STATEMENTS OF INFORMATION IS PUNISHABLE  
UNDER FEDERAL LAW.**

\_\_\_\_\_  
HEAD OF HOUSEHOLD                      SPOUSE/CO-HEAD                      DATE

\_\_\_\_\_  
MANAGEMENT REPRESENTATIVE



EQUAL HOUSING OPPORTUNITY







615 5<sup>th</sup> Street  
Sioux City, Iowa 51101  
712-258-3251

## **STUDENT CERTIFICATION**

**APPLICANT/ RESIDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROPERTY:** \_\_\_\_\_

### **TO BE COMPLETED BY APPLICANT/ RESIDENT**

**Are you a student of higher education?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

**NAME OF SCHOOL** \_\_\_\_\_ **CITY** \_\_\_\_\_

**If you answered yes, the owner agent is required to determine your eligibility as a student. You may refer to the resident selection plan for additional information regarding student eligibility. Please complete the following questions:**

- |  |                                  |
|--|----------------------------------|
| 1. Are you a full-time student?  | _____ <b>Yes</b> _____ <b>No</b> |
| 2. Are you a graduate or professional student?                                 | _____ <b>Yes</b> _____ <b>No</b> |
| 3. Are you at least 24 years of age?   | _____ <b>Yes</b> _____ <b>No</b> |
| 4. Are you claimed as a dependent on your parent's tax return?                 | _____ <b>Yes</b> _____ <b>No</b> |
| 5. Are your parents receiving or eligible to receive Section 8 Assistance?     | _____ <b>Yes</b> _____ <b>No</b> |
| 6. Were you an orphan or ward of the court through the age of 18?              | _____ <b>Yes</b> _____ <b>No</b> |
| 7. Are you a veteran of the United States military?                            | _____ <b>Yes</b> _____ <b>No</b> |
| 8. Are you married?  | _____ <b>Yes</b> _____ <b>No</b> |
| 9. Do you have a dependent child?  | _____ <b>Yes</b> _____ <b>No</b> |
| 10. Do you have dependents other than a child or spouse?                       | _____ <b>Yes</b> _____ <b>No</b> |
| 11. Have you been independent of your parents/ guardian for at least one year? | _____ <b>Yes</b> _____ <b>No</b> |
| 12. Are you receiving any financial assistance to pay for your education?      | _____ <b>Yes</b> _____ <b>No</b> |

**If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If we determine at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.**

**Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.**

(X) \_\_\_\_\_ (X) \_\_\_\_\_  
**Signature of Applicant/ Resident** **Date**

**PENALTIES FOR MISUSING THIS CONSENT:** 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 uses 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) (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**EQUAL HOUSING OPPORTUNITY**

## **DRUG FREE SECTION 8 HOUSING POLICY & PROCEDURES**

**TO: ALL APPLICANTS/TENANTS/RESIDENT/EMPLOYEES**

**RE: DRUG FREE HOUSING**

"The Department of Housing & Urban Development and Owners/Manager share the common goals of insuring that privately-owned rental housing remains financially viable and provides a decent, safe and sanitary environment for all its residents. These goals are being threatened by the illicit drug activity of today." Former Secretary Jack Kemp wrote a letter on September 7, 1990, on this issue which the HUD office sent to our management office in October 1990. This is a matter which is taken very seriously by the Secretary and everyone in the Management Company.

### **DRUG ACTIVITY POLICY STATEMENT:**

1. All applications will be reviewed for criminal activity, as permitted by law, when doing background checks on prospective residents and employees.
2. Existing regulations and the HUD approved lease Agreement allows Owners to terminate tenancy in assisted housing for illegal activities which include drug-related criminal activity.
3. The landlord will advise immediately any known drug activity to the proper authorities.
4. All action will be documented regarding property and personnel involved in illegal drug activity, whether it be current residents or potential residents. Information will be forwarded to the proper authorities, to include the Federal Agents for a full investigation.
5. Any and all visitors to the unit involved in illegal activities, for distributions of illegal substances or the purchase of the same, will be handled through the proper authorities. "Current tenants will be held responsible for any and all action of their visitors to their unit, with or without permission."

**LEASE AGREEMENT, PARAGRAPH #13, GENERAL RESTRICTIONS:** The Tenant agrees not to:

- B. "Use the unit for unlawful purposes; or
- C. Engage in or permit unlawful activities in the unit, in the common areas or on the project grounds."

### **APPLICANT(S) CERTIFICATION & ACKNOWLEDGEMENT:**

I/We certify that we are not involved in any illegal activities involving illegal substances, by myself or any members of my family. I/We fully understand your Policy and Procedure of a DRUG FREE SECTION 8 HOUSING ASSISTANCE PROGRAM. I/We further understand that any false statements on my application herein are punishable under Federal Law and will warrant rejection of my application or warrant a full investigation thereafter.

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Signature of Applicant/Resident/Employee

Date

---

Signature of Spouse/ Co-Head

Date

Cc: file

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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**Name of Property** **Project No.** **Address of Property**

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**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

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**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

---

**Signature**

---

**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

OWNER'S NOTICE NO. 1

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (\*\*see sample Family Summary Sheet in Exhibit 3-4\*\*) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a \*\*Citizenship\*\* Declaration (\*\*see Sample Citizenship Declaration in Exhibit 3-5\*\*). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the \*\*Citizenship\*\* Declaration. The \*\*Citizenship\*\* Declaration has easy-to-follow instructions and explains what, if any, other forms and/or evidence must be submitted with each \*\*Citizenship\*\* Declaration.
3. Submit the Family Summary Sheet, the \*\*Citizenship\*\* Declarations, and any other forms and/or evidence to the name and address listed below by (insert date).

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MIDSTATES DEVELOPMENT, INC.,

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615 5th St.

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SIOUX CITY, IA 51101

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This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact (insert name and telephone number). He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the \*\*Citizenship\*\* Declaration Form. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

# FAMILY SUMMARY SHEET

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## CITIZENSHIP DECLARATION

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship To Head Of Household \_\_\_\_\_ Sex \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

Admission Number \_\_\_\_\_ If Applicable (This Is An 11-Digit Number Found On DHS Form I-94,  
Departure Record)

Nationality \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal  
allegiance. This is normally but not always the country of birth.)

Save Verification No. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

### DECLARATION

I, \_\_\_\_\_ hereby declare, under  
penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

#### 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

#### 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).



AND

b. One of the following documents:

- (1) Form I-551, *Permanent Resident Card*
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) ~~On acceptable evidence. If other documents are obtained by the DHS, no further acceptable evidence of eligible immigration status. They will be announced by DHS publication in the Federal Register.~~

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

**3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

Owner's Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 48%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.