

**THIS COMPLETED APPLICATION PACKET MUST BE HAND DELIVERED TO THE FORT DODGE HOUSING AGENCY, SO WE MAY PERSONALLY ASSIST YOU. No consideration will be given to applications received via US Postal Service.**

**IF YOU ARE A FULL TIME STUDENT, WE WILL NEED A COPY OF YOUR INCOME TAX RETURNS OR YOUR PARENTS TAX RETURN. WE WILL NOT ACCEPT YOUR APPLICATION UNTIL WE HAVE THESE.**

If you do not complete this packet in full, it will not be accepted.

We cannot accept this application until we have copies of the following items:

- Social Security cards for everyone in the household
- Picture ID for everyone in the household over the age of 18, head of household, and co-head of household
- INS documents (if applicable)

If you are not a US Citizen you may still be eligible for Housing. Please ask for additional forms to complete.

If you have been on housing before or have turned in an application, you will need to provide these documents in again. We no longer keep these documents in closed files.

Once your completed application packet is returned in full, your name will be placed on our Section 8 waiting list. This list is kept in preference and date and time order. You will be notified when your name reaches the top of this list. It is important to notify our office with any phone number and/or address changes.

If you have questions, please inquire at the front desk.

- Effective November 1, 2005, we no longer accept faxed applications.

**PRELIMINARY TENANT APPLICATION  
SECTION 8**

**Fort Dodge Housing Agency**

700 South 17<sup>th</sup> Street

Fort Dodge, IA 50501

Phone: 515-573-7751

Individuals with a disability may receive additional financial consideration for a physical or mental condition. If you wish to be considered for a qualifying condition please indicate. YES NO

Are you interested in the Homeownership Program? YES NO

Name	Social Security #	Age	Sex	Birth-date	Relation

Mailing Address	City	State	Zip	Phone

**Source of Income:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, SSI, Work Comp, retirement benefits, FIP/ADC/Welfare, Veteran's Benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Household member	Source of Income	Gross Amount

**Please indicate if you feel you qualify for one or all of the preferences.**

\_\_\_ Workin Family Preference-consistently worked for 20 hrs. per week for a six month period in the State of Iowa. Below list your work history.

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_ State of Iowa Preference-resides in the State of Iowa

**Racial group identification** (use for statistical purposes, only) Please circle one

Caucasian Hispanic Asian African-American Native-American Other \_\_\_\_\_

**Police Record Check**

I hereby authorize the Fort Dodge Housing agency to complete an investigation regarding my criminal background according to the "One Strike & You're Out" Policy.

Have you ever been charged with any type of sexual offense? YES NO (circle one)

Are you required to register as a sexual offender? YES NO (circle one)

Have you ever participated in a rental assistance program? YES NO (circle one)

If yes, where and when? \_\_\_\_\_

Are you responsible for all the children in your household? YES NO (circle one)

**Notice of Portability-Section 8 Program only**

If you want to use your Voucher to rent housing in any location other than within the Fort Dodge Housing Agency jurisdiction, you must reside in Fort Dodge for the past 12 months to request the portability.

**Reasonable Accommodations Forms**

The Fort Dodge Housing Agency provides reasonable accommodations to our residents with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception made to the usual rules or policies **made necessary because of a disability** for the resident to use and enjoy an apartment community. When such accommodations are granted they do not confer special treatment or advantage for the person with disability; rather, they make the program fully accessible to them in a way that would otherwise not be possible due to their disability.

Do you require an accommodation for any physical or mental condition? YES NO

Present housing situation? (Circle one) Friend Shelter Car Streets Parents/Relatives

Boyfriend/Girlfriend Under bridge Other (specify below)

**Comments**

Please use this space to make any comments that pertain to your for housing situation:

\_\_\_\_\_

**How did you hear about us? (circle one)**

Newspaper Radio Friend Service Provider Other\_\_\_\_\_

**Warning:**

18 U.S.C 1001 Provides, amount other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000.00 or imprisoned for not more than five (5) years, or both.

Applicant Signature:\_\_\_\_\_

Date:\_\_\_\_\_

Co-Applicant Signature:\_\_\_\_\_

Date:\_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

Fort Dodge Housing Agency  
700 S 17th St.  
Fort Dodge, IA 50501

IHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.



**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice. Authority:** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

# Release of Information

I/We do hereby authorize the following entities to release and/or exchange information contained within my file:

Fort Dodge Housing Agency, Department of Human Services (DHS), Mid-Iowa Regional Housing Authority (MIRHA), Promise Jobs, JTPA (Job Training Partnership Act), Workforce Development, General Relief Office, Other:

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I understand that I have the right to inspect the disclosed information at anytime. I understand that I have the right to refuse the release of information. I understand that I have the right to revoke my consent by written notification.

I understand that information to be released may include data and material that is protected by Federal and/or State law applicable to Substance Abuse, Chemical Dependency, Mental Health, AIDS-related information, and/or Domestic Abuse/Sexual Assault information. I SPECIFICALLY AUTHORIZE THE RELEASE OF CONFIDENTIAL INFORMATION RELATING TO SUBSTANCE ABUSE, MENTAL HEALTH, AIDS-RELATED, DOMESTIC ABUSE/SEXUAL ASSAULT.

Furthermore, I specifically authorize disclosure and re-disclosure of this confidential information to all of the persons referred to above.

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Head of Household

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Other Adult over 18

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Date

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Date

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Other Adult over 18

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Other Adult over 18

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Date

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Date

## DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ( ) I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ( ) I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - [ ] Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
  - [ ] Permanent residence under 249 of INA 4/; or
  - [ ] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
  - [ ] Parole status under 212(d)(5) of the INA /6; or
  - [ ] Threat to life or freedom under 243(h) of the INA /7; or
  - [ ] Amnesty under 245A of the INA 8/.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

## VERIFICATION OF EARNED INCOME

WORKFORCE DEVELOPMENT \_\_\_\_\_

225 Ave M \_\_\_\_\_

FORT DODGE IA 50501 \_\_\_\_\_

- |   |
|---|
| <input type="checkbox"/> Section 8<br><input type="checkbox"/> Public Housing<br><input type="checkbox"/> FSS |
|---|

In accordance with federal law and Department of Housing and Urban Development, Public Housing Authorities are required to verify the sources and amounts of gross income of each family making application for, or receiving rent subsidy assistance. All information received remains confidential, as provided for by the Privacy Act of 1977, and will be used by this Housing Agency solely for the purpose of determining eligibility for housing assistance and in establishing lawful rents.

To comply with the above provision of law, you are requested to provide the Housing Agency the following information. See below for authorization to release information.

I give permission to release information pertaining to my employment history for the years indicated.

\_\_\_\_\_  
Name of Applicant/Tenant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

\*This form expires 15 months from the date it is signed.

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### To be completed by Iowa Workforce Development

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

Presently Employed? Yes \_\_\_\_ Date Employed: \_\_\_\_\_  
No \_\_\_\_ Date Terminated: \_\_\_\_\_

Please verify all earned income for years 2004 & 2005. You may attach written verification.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

Social Security Administration  
Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
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I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
Fort Dodge Housing Agency	700 S 17th St

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount *for 2007*
- Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
(specify) \_\_\_\_\_
- Medical records
- Record(s) from my file (specify) \_\_\_\_\_
- Other (specify) Part D and any other prescription deductions taken out or any

current garnishment or overpayment recovery.  
I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: \_\_\_\_\_

(Show signatures, names, and addresses of two people if signed by mark.)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Notice of Right to Reasonable Accommodation

If you have a disability and as a result of your disability you need:

- A change in the rules or policies to give you an equal opportunity to use the facilities of or take part in the Section Program, or
- A change in the way we communicate with you or give you information,

you may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability and if your request is reasonable (does not pose “an undue financial or administrative burden”), we will try to grant your request.

We will give you an answer within 10 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reason, and you can give us more information if you think that will help.

If you need help filling out a Request for a Reasonable Accommodation form or if you want to give us your request in some other way, we can help you.

You can get a Request for a Reasonable Accommodation form at the front desk of the housing agency.

**Note: All information you provide will be kept confidential and will be used only to help you have an equal opportunity to participate in the Section 8 program.**

**FORT DODGE HOUSING AGENCY  
APPLICATION FOR TENANT ELIGIBILITY AND RECERTIFICATION**

<b>Name:</b>	<b>Current Address:</b>
<b>PO Box:</b>	<b>City State Zip:</b>
<b>Phone:</b>	<b>Message Phone:</b>

**I. LIST ALL PERSONS WHO WILL LIVE IN THE UNIT:**

	Name of Person: (Last) (First) (MI)	Relation to Head	Age	Birth Date	Place of Birth	Sex	Social Security Number
1.							
2.							
3.							
4.							
5.							
6.							
7.							

**II. ASSETS (CIRCLE YES OR NO FOR EACH ITEM)**

Do you have any of the following:		Approx. Amount	If yes, name & address of bank
Checking Account	YES NO	_____	_____
Savings Account	YES NO	_____	_____
Cash on hand	YES NO	_____	_____

List all assets earned or received by everyone living in your household. This includes Money Market Funds, Trusts, Keogh (401K), Bonds, Equity in rental property, Mutual Funds, IRA, Stocks, Certificates of Deposit, Real Estate, Lottery winnings, or others. Also, list any inheritance or insurance settlements, which you may have received in the last 2 years.

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**III. TOTAL FAMILY INCOME (BEFORE DEDUCTIONS):** List all money earned or received by everyone living in your household. This includes money from a job, self-employment, child support, contributions, Social Security, SSI, Work Comp., retirements benefits, FIP, Veteran's Benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources.

Housing Agency use only

Family Member	Source of Income (Employer Name)	Amount		
			Verification Sent	Verified
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		

Is your employment seasonal? YES NO If yes, indicate dates employed: \_\_\_\_\_

Do you plan to collect unemployment benefits? YES NO

**Why are you completing this sheet?**

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**IV. STUDENT STATUS**

Are you or anyone in the household 18 years or older currently a student? YES NO

Name of student \_\_\_\_\_ School \_\_\_\_\_ Full time Part time

Do you receive financial support from your parents or guardians? YES NO

You MUST provide a copy of your last year's IRS tax return as well as your parent or guardian's IRS tax return from last year. You will not receive assistance until this is provided.

**V. CHILD CARE EXPENSE (Employed or student, only):**

Do you pay for childcare? YES NO (Do not circle YES if DHS pays all of your daycare.)

Name of care giver: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**VI. MEDICAL EXPENSES (Elderly, handicapped or disabled, only):**

TITLE XIX: Yes ( ) No ( ) Care Facility (Nursing Home)? \_\_\_\_\_

Doctor(s): \_\_\_\_\_ Spend down? \_\_\_\_\_

\_\_\_\_\_ Hospital? \_\_\_\_\_

Medical Ins. (AARP, Etc.) \_\_\_\_\_ Medicare: YES ( ) NO ( )

Pharmacies: \_\_\_\_\_ **Only indicate doctors/pharmacies to which you**

**pay any out of pocket expenses. If your insurance covers these items, leave blank.**

Does anyone pay any bills for you? YES NO If so, explain: \_\_\_\_\_

Do you have a representative payee? YES NO If yes, please list address & phone number:

**VII. QUESTIONS:**

In the last 2 years have you disposed of any assets for less than fair market value? (Ex. given assets away)

YES NO \_\_\_\_\_

Are any assets held jointly with another person? YES NO If yes, with whom? \_\_\_\_\_

What is your marital status? \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow(er)

Are any household members temporarily absent? YES NO If yes, whom? \_\_\_\_\_

**VIII. PERSONAL INFORMATION**

Have you, or any other adult members, ever used any name(s) or Social Security number(s) other than the one you are currently using? YES NO If yes, please explain: \_\_\_\_\_

Have you, or any member, lived in assisted housing other than through our office? YES NO

If yes, where and when? \_\_\_\_\_

Have you, or anyone in your household, ever been arrested or charged with any crime other than traffic violations? YES NO If yes, please explain: \_\_\_\_\_

Have you ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? YES NO

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

**ARE YOU A PARTICIPANT IN THE FSS PROGRAM: Yes ( ) No ( ) Interested? ( )**

**ARE YOU A PARTICIPANT IN THE HOME OWNERSHIP PROGRAM: Yes ( ) No ( ) Interested? ( )**

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPT. OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTIONS.

APPLICANT STATEMENT: I do hereby swear and attest that all of the information above is true and correct. I also understand that all changes in the household, must be reported to the Housing Agency in writing IMMEDIATELY.

**Fort Dodge Housing Agency**

Release Statement

I/We hereby authorize **Fort Dodge Housing Agency** to conduct a personal and criminal investigation. I/We understand and acknowledge that if the application information provided is incorrect, you may be ineligible for Fort Dodge Housing Agency housing programs. If you have been convicted of a violent criminal activity, alcohol-related criminal activity, or a drug-related criminal activity you will be ineligible for Fort Dodge Housing Agency housing programs.

Dated this \_\_\_\_\_ day of the \_\_\_\_\_ month, \_\_\_\_\_.  
(# Date) (# Month) (# Year)

Applicant #1: \_\_\_\_\_  
(Print Full Name)

Applicant #1: \_\_\_\_\_  
(Signature)

Applicant #1 SSN: \_\_\_\_\_  
(Social Security Number)

Applicant #2: \_\_\_\_\_  
(Print Full Name)

Applicant #2: \_\_\_\_\_  
(Signature)

Applicant #1 SSN: \_\_\_\_\_  
(Social Security Number)

Dear Applicant:

If you marked any or all of the preferences listed on the front of the application, you must complete the following forms.

To receive the preference you must be able to verify them.

Please sign and date the following forms and return with the verification/proof. If you are unable to provide the proof you will not be given the preference.

If you have any question, please contact the Housing Agency at 573-7751.

# FORT DODGE HOUSING AGENCY

## CERTIFICATION OF RESIDENCY PREFERENCE

**APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

I, \_\_\_\_\_, have been told by the Fort Dodge Housing Agency of the availability of a Preference. I have completed an application for assisted housing and am applying for the residency preference for the following reason:

- **I reside in the state of Iowa.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### **IMPORTANT:**

**In order for the Fort Dodge Housing Agency to verify the residency preference, you must attach one of the following:**

- A rental or mortgage receipt.
- A water or electricity bill.
- A bill or document that shows your current address.

# FORT DODGE HOUSING AGENCY

## CERTIFICATION OF WORKING PREFERENCE

**APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

I, \_\_\_\_\_, have been told by the Fort Dodge Housing Agency of the availability of a Preference. I have completed an application for assisted housing and am applying for the working preference for the following reason:

- I am an adult family member who works in the state of Iowa, currently working 20 hours or more per week, and I have consistently worked 20 or more hours per week for a six month period.

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### **IMPORTANT**

In order for the Fort Dodge Housing Agency to verify the working preference, you must fully complete the bottom of the form.

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Employer

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Address

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Telephone Number