

THINGS TO CONSIDER BEFORE RENTING A HOUSE

Living in a house, whether you rent or own, is a dream for many people. It can enrich your lifestyle by offering more space and more opportunity for entertaining and other hobbies. However, when people dream about living in a house, they sometimes envision the advantages and not the added responsibilities.

When you live in a multi-family dwelling, and many people prefer to live in an apartment, you usually do not have worry about such things as buying curtains, mowing the lawn, pulling weeds, paying for all utilities and garbage services. However, this is often the case if you live in a home. If you rent a home, you will have to take on added responsibilities for the added benefits.

A landlord of a house is responsible for providing tenants with fewer services than an apartment landlord. In addition, you will probably have to wait longer for repair personnel to arrive than if you live where on-site maintenance is available. As many long-time homeowners and renters will tell you, when you need a plumber or handyman, you must get in line with the rest of the customers.

Before renting a house, think about the following differences in renting an apartment or a house. Weigh the pros and cons carefully. Then decide if living in a house will provide you with what you want and need for yourself and/or your family. Also, ask yourself if you have the commitment and willingness it takes to be a good house renter. Moving into a house then realizing it is more responsibility than you can handle might lead to an unfavorable landlord reference in the future.

The advantages of renting a house can include the following:

- More living space for you and/or your family
- Garage or carport
- More storage space (closets, attic, shed, or garage)
- Yard for children to play while supervised, for planting/gardening, for entertaining, and for BBQS
- Tranquility
- Privacy
- Security
- Open Spaces
- Less Crowded Neighborhood
- Space for doing hobbies

The responsibilities of living in a house can include the following:

- Shoveling snow form sidewalk, walkway, and driveway
- Mowing and raking leaves according to City regulations
- Pulling weeds and trimming bushes
- More space to keep clean-inside and out, which takes more time and cleaning supplies
- Buying your own yard tools, such as mower, rake, shovel, ladder, etc.
- No on-site maintenance crew leads to longer wait for services
- Providing your own curtains or blinds for windows
- Having higher utility bills (gas, electric, water, sewer & garbage)
- You have to replace your own outdoor light bulbs
- No on-site maintenance available
- Cleaning gutters
- Changing screens and storms windows.



Opening the doors of Johnson County

322 E. 2nd St.
Iowa City, IA 52240
Office 319-358-9212
Fax 319-358-0053
www.housingfellowship.com

It is the intent of the Housing Fellowship to provide safe, decent, and affordable rental housing. All households must meet income guidelines. All income and assets will be verified through a third party. The information you provide on the application is confidential. Only information necessary to verify your references will be disclosed. You will be asked to sign a consent form.

Applicants are considered for housing based on current housing situation, housing references, income/asset verification, ability and willingness to maintain property, date of application and date of unit availability. **It is your responsibility to inform our office of any change of address, phone number, Section 8 status, household composition and employment.** The most suitable applicant will be chosen for any particular unit. If the qualifications of every applicant reviewed for a unit are equal, the date of application will be considered.

If you are in a lease and interested in a Housing Fellowship unit, it is your responsibility to talk to your landlord to determine your landlord's willingness to mutually agree to end the rental agreement should a Housing Fellowship unit become available.

If you have any questions about the application or tenant selection process, please feel free to call The Housing Fellowship at 358-9212.

The Housing Fellowship is an equal opportunity housing provider. We do not discriminate according to race, creed, color, gender, national origin, religion, age, sexual orientation or disability. We look forward to serving you and your family members.



The Housing Fellowship
Opening the doors of Johnson County

HOUSING APPLICATION PROCESS



PLEASE READ BEFORE FILLING OUT THE APPLICATION

1. **ALL INFORMATION ON THE APPLICATION MUST BE COMPLETE. INCOMPLETE APPLICATIONS WILL BE DENIED.**
2. Denied Applicants **cannot** reapply for one full year.
3. The Housing Fellowship processes the application (checks all references).
4. If applicant meets the tenant selection criteria, applicant is placed in the applicant pool and a letter of Approval is sent to applicant.
5. If application is **incomplete**, a letter of **Denial** is sent to applicant.
6. If applicant **does not** meet the tenant selection criteria, a letter of **Denial** is sent to applicant.
7. It is the applicant's responsibility to notify The Housing Fellowship of any changes in address, phone number, Section 8 status, and household composition.
8. Anyone 18 years and older on the application will need to sign as a background check will be run on them.

When a unit becomes available

1. The applicant pool is reviewed.
2. Applicants are notified of the current or upcoming vacancy.
3. Applicants are chosen based on availability and appropriateness for the unit.
4. An offer to rent-up is made to the applicant.
5. If acceptable to applicant the lease-up procedure begins.
6. If an applicant declines the unit, an offer to rent is made to the next available applicant.
7. **Units will not be held for approved applicants.**

Criteria for Tenant Selection

1. Applicant must meet income guidelines. All income and assets will be verified through a third party.
2. Applicant must have a favorable history as a tenant (most recent 3 yrs), as verified through references.
3. Ability and willingness to maintain property - i.e. yard maintenance, snow removal.
4. Tenant must pass a criminal background check and a check for past evictions.
5. **All information must be complete and accurate or applicant will be denied.**

APPLICATION for RENTAL HOUSING

Applicant(s) Name: _____ No. of Bedrooms _____
 Phone: (home) _____ (cell) _____
 Current Address: _____

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate.****

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	**Marital Status** (single, divorce, separated, widowed)	Social Security #	Student? Yes or No
1.				HEAD			
2.							
3.							
4.							
5.							
6.							

** If Divorced or Separated please list the date(s): _____

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former name used	Current name used
Former name used	Current name used

1. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If Yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II - HOUSEHOLD INCOME - To be completed by applicant

For questions (4) through (26), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Do you or any one in your household have:

Income	Applicant Yes or No		Other Applicant Yes or No		Amount:
(4) Wages or Salaries (gross income)					\$
(5) Child Support (court ordered amount)					\$
(6) Alimony					\$
(7) Social Security (gross amount)					\$
(8) Railroad Pension					\$
(9) Supplemental Security Income (SSI)					\$
(10) Public Assistance – AFDC, TANF, General Assistance					\$
(11) Veterans Administration Benefits					\$
(12) Pensions, IRA, and/or 401 (k) (Keogh Accounts)(regular periodic payments)					\$
(13) Annuities (regular periodic payments)					\$
(14) Unemployment Compensation					\$
(15) Disability, Death Benefits and/or Life Insurance Dividends					\$
(16) Worker’s Compensation					\$
(17) Severance Pay					\$
(18) Net Income from a Business (Self-Employment, including rental property, land contracts, or other forms of real estate)					\$
(19) Income from Assets					\$
(20) Regular Contributions and/or Gifts					\$
(21) Lottery Winnings or Inheritances					\$
(22) All regular pay paid to members of the Armed Forces					\$
(23) Education, Grants, Scholarships or other Student Benefits					\$
(24) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
(25) Other Income					\$
(26) Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc.)					\$
Total					\$
Total Gross Annual Income from previous Year (separate out if unrelated adults)					\$

PART III - ASSET INCOME - To be completed by applicant

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

Asset	Applicant		Other Applicant		Cash Value Amount	Name of Bank or Institution:
	Yes	No	Yes	No		
(27) Savings Account					\$	
(28) Checking Account Debit Card/Demand Deposit Account					\$	
(29) Certificate of Deposit					\$	
(30) Safe Deposit Box					\$	
(31) Trust Account					\$	
(32) Any Stocks or Securities					\$	
(33) Any Treasury Bills					\$	
(34) Retirement Fund / Annuities (Include IRA's or Keogh Accounts)					\$	
(35) Mutual Funds					\$	
(36) Saving Bonds					\$	
(37) Money Market Account					\$	
(38) Cash on Hand (excluding checking accts)					\$	
(39) Prepaid Debit Card (Direct Express, NetSpend, CitiBank, reloadable Wal-Mart cards, red or green dot cards, Etc.)					\$	

Do you or anyone in your household have:

40. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? If so who is this listed with: _____ Cash Value \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? Cash Value _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value _____ Where are Funds Held? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this included your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)? a. If yes, type of property: _____ b. Location of Property: _____ c. Appraised Market Value: _____ d. Mortgage or Outstanding loan balance due: _____ e. Amount of Annual Insurance Premium: _____ f. Amount of most recent tax bill: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART III - ASSET INCOME (continue) - To be completed by applicant

<p>44. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.) If yes, type of asset: _____ Market Value when sold or disposed: _____ Amount sold or disposed for: _____ Date of Transaction: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>45. Do you have any other assets not listed above (excluding personal property)? If yes, please list: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PART IV – STUDENT QUESTIONS - To be completed by applicant

<p>46. Are all occupants' full-time students? If Yes please answer the following listed below:</p> <p>a) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, <u>and</u> all household members are full time students, attach a copy of the Signed Federal Income Tax Return).</p> <p>b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.)</p> <p>e) Is any student(s) part of the foster care program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>47. Does any adult member of the household <u>anticipate</u> enrolling in the next twelve (12) months as a student? If yes who: _____ Name of School (s) _____ Where located: _____ When do you plan to attend? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PART V – RENTAL HISTORY - To be completed by applicant

48. Residence History: Current & Previous Landlords:

(Past 3 years residence including any owned by applicants. Must have FAVORABLE references to be considered for approval.)

Head Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

49. Residence History: Current & Previous Landlords for Co-Head or Applicant:

(Past 3 years residence including any owned by applicants. Only complete this section if Co-Head's residence history is different from above.)

Co-Head or Other Applicant's Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

PART VI - EMPLOYMENT HISTORY - To be completed by applicant

50. Head's Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		

51. Head's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		

52. Spouse Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		

53. Spouse's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		

54. Other Applicant's Current Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		

55. Other Applicant's Previous Employer:					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
City	State	Zip	Phone Number		

PART VIII - OTHER - To be completed by applicant

56. Do you have full custody of your child (ren)? Explain the custody arrangements: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
57. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you ever been evicted? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Have you ever been convicted of a felony? If yes, explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
60. Will your household be receiving Section 8 rental assistance at the time of move-in? If yes, what is your voucher size and amount? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have you <u>ever</u> received rental assistance If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Will this be your only place of residence? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. What is the condition of your current housing? Standard _____ Unsafe or Unhealthy _____ No Indoor Plumbing/Kitchen _____ Currently without Housing _____ Living with Family or Friends _____	

PART IX – RESIDENT’S STATEMENT - To be completed by applicant

66. Do you have a legal right to be in the United States: (check one that applies)

_____ Yes, because I am a United States Citizen

_____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service)

_____ No

If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.

PART X – SPECIAL NEEDS - To be completed by applicant

67. Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Special living accommodations required? If yes please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART XI – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

PART XII - RESIDENT'S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

To be considered for housing by The Housing Fellowship, you should be aware of the following facts:

1. Tenants must maintain their own yards. This includes watering, lawn mowing, leaf raking, weed pulling, bush trimmings, and rubbish material.
2. Tenants must sign all necessary documents, pay the damage deposit, and the first month's rent before moving into the unit. We will not issue keys until all these things are done.
3. Tenants will be responsible for paying all of the required utilities, and utilities must be placed in the tenant's name within 7 days of the move in date.
4. Tenants who damage unit due to negligence, misuse, or abuse must pay for repairs.
5. Tenants must follow City snow removal regulations.
6. Tenants must change furnace filters regularly.
7. Tenants must keep gutters and down spouts free of debris.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head)

Date

Applicant Signature (Co-Head)

Date

Other Applicant Signature

Date

Other Applicant Signature

Date

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so.

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

- 1 – White 2 – Black/African American 3 – American Indian/Alaska Native
 4 – Asian 5 – Native Hawaiian/Other Pacific Islander

Ethnicity*2

- 1 – Hispanic or Latino 2 – Not Hispanic or Latino

Disabled*3

- Yes No

Military Service

- Pre-Vietnam Era Vietnam Veteran
 Post-Vietnam Era Disabled Veteran

How did you hear about this housing opportunity?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!