

WAY HOME Wait List Registration

Current Household Members (PLEASE PRINT)– All information must be filled out completely; incomplete information will not be accepted.
If currently expecting a baby, please indicate with anticipated due date.

First Name	Middle Initial	Last Name	Relationship (HOH first)	Date of Birth	Sex (M/F)	Social Security Number

ADDITIONAL FAMILY MEMBERS LIST ON BACK SIDE

Mailing Address _____
 (Required) Street City State Zip
 Phone Number _____ Other Phone or Email Address _____

1. Combined Gross Monthly Income from all sources: \$ _____
2. Definition of a "Person With Disabilities": A physical or mental impairment which substantially limits one or more of such person's major life activities, a record or history of having such an impairment, a perception of having such an impairment. This term does not include current, illegal use of or addiction to a controlled substance. Do you meet one or more of the above: Yes _____ No _____ Which family member _____
3. Have you ever participated in any Section 8 Program, Public Housing Program, or any other long term rental assistance program? Yes _____ No _____ If yes, where? (City/State) _____ Approximately what year? _____ Under what name? _____
4. Have you ever rented from Affordable Housing Network, Inc. property? (Geneva Tower, Hawthorne Hills, Cedar Valley, Quarton Place, Brown Apartments, Agin Court) Yes _____ No _____ If yes, where? _____ Approximately what year? _____ Under what name? _____
5. The following information is required by the Department of Housing and Urban Development (HUD) for statistical purposes only: Please check what is applicable to Head of Household:
 White _____; African American _____; American Indian or Alaskan Native _____;
 Asian or Pacific Islander _____ Ethnicity: (Choose one) Hispanic _____ Non-Hispanic _____

NOTE: If there is a change in household composition, address or phone number you must notify our office in writing of this change. Failure to report the above changes or respond to required correspondence in the required time frame will result in your name being removed from the waiting list. At this time we are just placing your name on the waiting list, you will be requested to complete a full application with required documentation when your name approaches the top of the waiting list. Eligibility will be determined at that time. Your application will be screened using the current Tenant Selection Plan, available at the Geneva Tower office. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services please contact the Geneva Tower office at 319-366-0454 to request reasonable accommodations.

Signature of Head of Household: _____ Date _____
 Other Adult Member: _____ Date _____

RETURN TO: AFFORDABLE HOUSING, 3000 J ST. SW, CR, IA 52404
 Fax : 866/908-0198 Email: affordablehousingnetwork.org

Affordable Housing does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs or activities.



AUTHORIZATION OF RELEASE OF INFORMATION FORM

DATE: _____
PHONE: _____
FAX: _____

Applicant/Participant Name: _____ Social Security #: _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____
Project Owner/Management Agent

RETURN THIS FORM TO:
Affordable Housing Network
3000 J Street SW
Cedar Rapids, IA 52404
Phone: 319-365-6247
Fax: 866-908-0198

Release of Information signature

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AUTHORIZATION:

I/we hereby authorize release of any information requested by Affordable Housing Network, Inc. (AHNI) regarding my/our credit and criminal information, income, assets, and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above.

Applicant/Resident Signature

Date

Social Security Number(s)

Please print multiple copies if a release is needed for multiple applicants. Thank you!

TERMS AND CONDITIONS:

The above named organization, its subsidiaries or managing agents may obtain information regarding my credit and criminal information, income, assets, expenses, and household status for purposes of determining my eligibility for participation in the following affordable housing programs:

- Low Income Housing Tax Credit Program – Section 42
- HUD Housing Assistance Payments Program – Section 8
- RECD Rental Assistance Program – Section 515

The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States or to any matter within its jurisdiction.