

Operation Empower
Serving Manasseh & Salvia Apartments and Liberty Recovery Community
2080/2160 Elm Street & 2216 White Street
Dubuque, IA 52001
563-213-5552, ext. 1001

Application for Residency

Introduction & Instructions:

Operation Empower provides affordable housing to low- to medium-income men and women (in separate buildings), as well as recovery housing with supportive services. This is an application for residency at Manasseh or Salvia Apartments, as well as Liberty Recovery Community. It is not an offer to you of housing and it is not a contract for housing. Nothing in this document or any statements made by management at Operation Empower should be interpreted as an offer, promise or guarantee of housing.

The information you provide in this application is intended to help us determine your eligibility for housing at one of our locations. The information in this application will be kept confidential, *except that it will be used to check with all landlord and personal references*. If you are approved, you will be required to pay a full security deposit (same as rent) and rent at the time of move-in.

Nondiscrimination Policy: Manasseh House/Operation Empower does not discriminate in the services it provides on the basis of race, national origin, color, creed, religion, age, disability, veteran status or sexual orientation. Pursuant to Iowa Code § 216.12, Operation Empower rents only to single men (Manasseh Apartments) and women (Salvia Apartments) in separate buildings. All applicants who are accepted for residence will be required to comply with a tenant handbook that includes a rule that they conduct themselves in accordance with this policy.

Provide true and complete information. False answers are a basis for rejecting your application. Please write legibly. **We will not process applications that are incomplete or that we cannot read. This includes all names, addresses, phone/cell numbers, etc.**

Declaration

1. I understand the Introduction and Instructions on this page.
2. All information provided is true and correct to the best of my knowledge.
3. I am applying to live at:
 - Manasseh Apartments (single men only)
 - Salvia Apartments (single women only)
 - Liberty Recovery Community (supportive recovery housing for men and women)

Applicant Name (Print)

Applicant Signature

Date

Personal Information:

First/MI/Last name: _____

Aliases: _____ Birth Date: _____ Gender: _____

Race: _____ Hispanic: Y/N.

Best number to reach you: _____ Email: _____

Valid Driver License? Y/N State: _____ Drive License #: _____

Own a Vehicle? Y/N Will you have it with you? Y/N Year/Make/Model: _____

License #: _____ Insurance: _____

Rental History: List your current and last 3 consecutive landlords, their current phone number and the address where you rented from them.

1. Current: _____

2. Most Recent: _____

3. Past: _____

4. Past: _____

Do you have a Section 8 or Rapid Rehousing voucher: Y/N If yes, state which and your case worker's name and phone number? _____

Have you ever been evicted from a residence or are you currently facing eviction? Y/N If yes, when and where? _____

Do you owe any landlords back rent or money for damages to rental unit? If so, who and how much? _____

Have you ever been in transitional housing or an emergency shelter? If so, when, where, and reason for leaving: _____

If you are approved for residency, when do you plan to move in? _____ Have you given proper notice to your current landlord that you are moving? Y/N

References: List names and phone numbers for 3 personal non-family (no significant/step relationships or landlords) references that you have known for a minimum of 1 year. They do not have to be in Dubuque. Please let your references know that we will be calling.

Accommodations: The following questions are for the purpose of making sure that Manasseh House/Operation Empower is able to provide adequate accommodations to persons who may require them and are optional.

Are you able to live in a shared living environment? Y/N

Do you need accommodation? Y/N If yes, what sort of accommodation(s) do you require:

Do you require a therapy or service animal? If so, state specifically what that animal does for you. A letter from a medical professional will be required if you require a therapy or service animal, as well as proof of neutering/spaying/declawing, vaccines and license with the City of Dubuque. The letter must demonstrate a disability-related need for the animal. You must also state the type of animal you have, as well as the behavioral habits of the animal (barking/jumping/biting/scratching/housebreaking).

Substance Use/Abuse History:

Are you an alcoholic? Y/N Drug Addict? Y/N Date of Last Use: _____

Current and Past Drug(s) of Choice: _____

Currently in treatment? Y/N Name/Address of Facility: _____

Did you complete successfully? Y/N Discharge Date: _____

Counselor's Name & Number: _____

What are you doing *now* to stay clean/sober? _____

Do you attend 12-step meetings? Y/N Which and how often? _____

Do you have a sponsor? Y/N Have you ever lived in sober or recovery housing? Y/N How long? _____

Name/Address: _____

Why did you leave? _____

Do you use tobacco? _____ Do you drink? _____ Do you require prescription drugs? _____ If yes,

please list **all** medications: _____

Do you take medication for chronic pain? Y/N If yes, please list: _____

Are you currently or have you ever used drugs illegally? If so, please list them and dates you last used.

List all past and current substance abuse treatments:

Inpatient/Outpatient Program

Where

Length of Time

Are you on probation and/or in Drug Court? Y/N Which?

If you are in jail/prison/residential facility, you must provide your probation officer/counselor/case manager's name and phone number.

Do you have night terrors? Y/N

Do you have a mental health diagnosis? Y/N If yes, please provide diagnosis and medications required.

Are you able to do assigned household chores? Y/N

Checklist Reminder: The following items must accompany this application or it will be returned to you:

- Proof of all sources of income:** Copies of paystubs for the last two (2) consecutive months of current job(s). Cash income must be verifiable.
- Bank account/employment verifications:** they must be completed by the appropriate parties, not you. The completed form(s) must accompany this application. **A copy of each bank statement from the last 6 months is also required if you have an account. This includes online spending accounts.** **If you are employed,** you are required to have your employer(s) fill out the employment verification form. There must be an employment verification for every job you currently have, including temp jobs.
- Social Security income:** Include a copy of the most current (current year) letter(s) from Social Security Administration for social security/disability income (if applicable).
- Copy of your current state-issued driver's license or ID.**

IFA Compliance Questionnaire



Complete one form per adult household member who will occupy the unit at time of move-in.

Property Name: Liberty Recovery Community	IFA Project #:
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Applicant's Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status	Birth Date <i>Month, Date, year</i>

Current Address:				
	<i>Street Address (including Unit #, if applicable)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Daytime Tel #:	Evening Tel #:
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Email Address:	
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Check either **YES** or **NO** to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below the question. You may be required to supply additional documentation to verify your response.

HOUSEHOLD INFORMATION:

<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	1.	Do you expect any additions to the household within the next twelve months?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	2.	Is there anyone living with you now who won't be living with you at this property?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	3.	Do you have any minor children?

INCOME INFORMATION *Do you receive or expect to receive income in the next 12 months from any of the following sources:*

<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	4.	Social Security, SSI or other payments from the Social Security Administration?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	5.	Employment pensions or retirement benefits, veteran's benefits or annuities?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	6.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	7.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	8.	Unemployment benefits or workman's compensation?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	9.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	10.	Court ordered alimony or child support?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	11.	Alimony or child support paid directly from the payor that is not court-ordered?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	12.	Regular payments from a severance package from a previous employer?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	13.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	14.	Regular payments as a member of the Armed Forces?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	15.	Regular payments from disability, death benefits, trusts or life insurance dividends?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	16.	Regular gifts or payments from anyone outside of the household (including cash or goods)?

IFA Compliance Questionnaire



<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	17.	Regular payments from lottery winnings or inheritance?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	18.	Regular payments from rental property (land contracts or other real estate transactions)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	19.	Educational grants, scholarships or other student benefits?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	20.	Any other sources of income not listed?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	21.	Do you expect any changes to your income in the next twelve months?

ASSET INFORMATION: *An asset is defined as any lump sum amount that you hold and can currently access even though a financial penalty may be imposed.*

<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	22.	Checking accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	23.	Savings accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	24.	Certificates of deposit (CDs), money market accounts or treasury bills?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	25.	Stocks, bonds, mutual funds or securities?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	26.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	27.	Trust Funds?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	28.	IRA, KEOGH or other retirement accounts?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	29.	Cash on hand over \$500 (other than money previously reported in checking or savings)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	30.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	31.	Have you sold, disposed or given away any property in the last two years? (such as large charitable contributions over \$500 or real estate)
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	32.	Personal property held as an investment (such as paintings, coins, art work or antiques)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	33.	Whole or universal life insurance policies (not including term policies)?
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	34.	Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)
<input type="checkbox"/>	(YES)	<input type="checkbox"/>	(NO)	35.	A safe deposit box with a monetary content of \$500 or more?

OTHER INFORMATION:		
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	36.	Are you claiming ZERO Income?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	37.	Have you been a student during the current calendar year?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	38.	Are you currently a student or do you plan to be a student during the current calendar year?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	39.	Will you or anyone in your household require a live-in care attendant?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	40.	Will your household be receiving Section 8 rental assistance at the time of move-in?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	41.	Will your household apply for Section 8 rental assistance in the next 12 months?
<input type="checkbox"/> (YES) <input type="checkbox"/> (NO)	42.	Does your household have any needs that might be better served by an apartment that is accessible to persons with mobility or other impairments?

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide management will all the necessary information to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information management receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify under penalty of perjury that all information and answers provided are true and complete to the best of my knowledge. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I authorize my consent to have management verify the information contained in this application questionnaire and to perform a credit check and criminal background check for purposes of proving my eligibility for occupancy. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature

Date

Employment Verification

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is this employee eligible for unemployment during the layoff period? NO YES

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer [Company] Name and Address

Phone #

Fax #

E-mail

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 as to any matter within its jurisdiction.

IRA, KEOGH, Pensions

Type of Account	Current Cash Value*	Does individual have access to funds?	Is individual taking payments from account?	If Yes, list Amount & Frequency	Interest Rate/ Projected Earnings
	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	% \$
	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	% \$
	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	% \$
	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	% \$

* Current Cash value is the amount the holder would receive if converted to cash (minus penalties)

Are there any other accounts held by this person or their minor dependents? Yes No

If yes, please list:

Account Number	Type of Account	Current Balance	Avg. 6 Month Balance	Interest Rate (if applicable)
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%
		\$	\$	%

Preparer's Signature

Date

Print Name/Title

Phone Number

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 as to any matter within its jurisdiction.

Manasseh /Salvia/Liberty Place Apartments
Release of Information

I, _____, authorize the release and exchange of relevant information among Manasseh House/Operation Empower staff and the below listed agencies or their representatives, personal references and previous landlords. This authorization extends to information regarding housing qualifications and participation in or referral to services, including all correspondence between persons and agencies.

Date of Birth: _____

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> City of Dubuque Housing | <input type="checkbox"/> Opening Doors Maria House/Teresa Shelter, Dubuque Rescue Mission/Almost Home |
| <input checked="" type="checkbox"/> Dubuque Police Department | <input type="checkbox"/> Other shelter(s) _____ |
| <input checked="" type="checkbox"/> Police departments of other cities lived in | <input type="checkbox"/> Julien Care Facility |
| <input type="checkbox"/> Elm Street Facility/Dubuque County Jail | <input type="checkbox"/> Scenic Valley for Aging |
| <input type="checkbox"/> Probation Officer _____ | <input checked="" type="checkbox"/> Iowa Finance Authority |
| <input type="checkbox"/> Domestic Violence Program | <input checked="" type="checkbox"/> Landlord(s) |
| <input type="checkbox"/> General Assistance/Veteran's Affairs | <input checked="" type="checkbox"/> Personal References |
| <input type="checkbox"/> Hillcrest Family Services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Iowa Legal Aid | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> People in Need/Society for Special Needs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Operation New View/Resources Unite | <input type="checkbox"/> Other _____ |

This information has been disclosed to you from records whose confidentiality may be protected by federal/state law. If the records are so protected, Federal Regulation (42 CDF-Part 2) and Chapter 228 Code of Iowa prohibits you from making further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

I understand that the agency(ies) that receives this information, in accordance with state/federal regulations, will not redisclose this information without further written consent. I am fully aware that I have the right to release this information, to determine to whom the information will be released and to know why the release is being requested. Permission to release information may be withdrawn and any time by sending written notice to the agency holding the original. This release will remain in effect during my tenancy.

Signature: _____ Date: _____

