

## Affordable Housing Wait List Registration

Please check all units you are interested in.

Cedar Valley \_\_\_ Brown Apts. \_\_\_ Agin Ct. \_\_\_ QP \_\_\_ Mead \_\_\_ Single Family \_\_\_ 6 plex \_\_\_ Duplex/Triplex/4-plex \_\_\_  
Bedroom Size Preferred \_\_\_ 2<sup>nd</sup> choice \_\_\_ When are you looking to move? \_\_\_\_\_

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 Apt. # City State Zip  
 Phone Number \_\_\_\_\_ Other Phone or Email Address \_\_\_\_\_

1. Combined Annual Income from all sources: \$ \_\_\_\_\_ approx. gross income per month
2. 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? \_\_\_\_\_
3. Have you ever rented from Affordable Housing Network, Inc. property? (Geneva Tower, Hawthorne Hills, Cedar Valley, Quarton Place, Brown Apartments, Agin Court, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_  
 Approximately what year? \_\_\_\_\_ Under what name? \_\_\_\_\_
4. 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 Cedar Valley 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 Cedar Valley office at 319-363-1403 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: cvafax@fouroaks.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.

