

Geneva Tower 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	Date of Birth	Sex (M/F)	Social Security Number
			Head of Household			

Applicants Information:

Agency or Worker Information:

Phone # _____

Agency/Name: _____

Address: _____

Phone # _____

City, State, Zip: _____

Mailing Address: _____

Email Address (es): _____

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 _____

Geneva Tower is a HUD Rent Assistance program for Elderly and Disabled. The following documents will be required to verify age and disability status, you are encouraged to provide a copy at this time to speed up the application process.

- Social Security Card
- Photo ID
- Verification of Disability - Copy of recent Social Security Benefit letter or Name and contact information or Physician that can verify disability

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: Geneva Tower 310 5th Ave SE, CEDAR RAPIDS, IA 52401
Fax: 855-291-1588 Email: genevatower@fouroaks.org



Geneva Tower 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.

