



Hawthorne Hills Waitlist Registration

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

- If expecting please include unborn child and indicate an anticipated Date of Birth.

Current Mailing Address: _____
 Street Address City State Zip

Current Phone Numbers: _____ **Other** _____

Current Email or other Contact information: _____

1. Combined Gross Monthly Income from all sources: \$ _____
2. Does your household meet any of the following owner preference(s)? Yes _____ No _____
 _____ Disabled Household _____ Homeless Household

See back of page for definition & requirements of each preference

3. 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? _____
4. How did you find out about this Hawthorne Hills? _____ Social Service Referral _____ Resident Referral
 _____ Newspaper _____ Website _____ Other: (Please specify) _____
5. 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? _____
6. 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 Hawthorne Hills 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 Hawthorne Hills office at 319-365-1497 to request reasonable accommodations.

Form completed by: _____ **Date:** _____

If not completed by Applicant print your name and organization or relationship and contact information.

Hawthorne Hills Owner Preferences

Applicants with admission preferences are selected from the waiting list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible.

Hawthorne Hills has adopted the following owner preferences: Disabled Family; Homeless Family Applicants with admission preferences are selected from the waiting list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible.

Definition of Disabled Family:

- A disabled family is a family whose head, spouse, or sole member is a person with disabilities. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

Verification of Disability can be provided by a recent copy of Social Security Disability or SSI payment benefit letter or Verification of Disability Form completed by physician, psychiatrist, or other medical practitioner or health care provider for the head or spouse of the household.

Definition of Homeless Family:

- An individual who lacks a fixed, regular, and adequate nighttime residence;
- An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;

Verification of Homeless preference requires referral from a homeless shelter or homeless consortia or institution that can verify the homeless status at the time their name is placed on the waiting list. *Re-verification of homeless status will be required if verification is more than 6 months old.* If a family is no longer homeless at time of unit availability they can elect to remain on the waiting list based on the date and time of the wait list application without the homeless preference.

If you feel that you may qualify for any of these owner preference and need assistance on providing documentation please contact the Hawthorne Hills office and we will assist you with this documentation

