



RADH Assistance Information for Disabled Households

Affordable Housing Network, Inc. (AHNI) has received funding to provide short term Rent/Deposit Assistance for qualified Disabled Households.(RADH) This funding can be used in Cedar Rapids, Marion, Hiawatha, Dubuque or Davenport, IA.

Am I eligible for the RADH Program? The HEAD, SPOUSE or CO-HEAD of the household has to be verified as **Disabled**. *Has a physical, mental or emotional impairment that is expected to be of long-continued and indefinite duration. Applicants must not be on the sex offender registry to qualify for rent assistance and can not be receiving other HUD rent assistance. The landlords are required to complete their own background checks based on their normal screening criteria. The full RADH admin plan is available upon request.

What are the Income Guidelines for Rent and Security Deposit Assistance? Household income must be below 60% of the Area Medium Income (AMI) for the City. Typically the households MUST be below 30% AMI to qualify for rent assistance. Household's income between 30-60% may only qualify for Security Deposit Assistance.

Cedar Rapids	Household Size							
	1	2	3	4	5	6	7	8
30% AMI	18800	21450	24150	26800	28950	31100	33250	35400
60% AMI	37560	42900	48240	53580	57900	62160	66480	70740

Davenport	Household Size							
	1	2	3	4	5	6	7	8
30% AMI	15200	17400	19550	21700	23450	25200	26950	28650
60% AMI	30420	34740	39060	43380	46860	50340	53820	57300

Dubuque	Household Size							
	1	2	3	4	5	6	7	8
30% AMI	15550	17800	20000	22200	24000	25800	27550	29350
60% AMI	31080	35520	39960	44400	48000	51540	55080	58620

How much Deposit Assistance am I eligible for? Your landlord will be required to fill out the Request for RADH deposit Assistance. By Law, landlords can request up to two months rent for Security Deposit. This assistance does not cover any Pet Deposits.

Do I have to live to in an AHNI property to get Assistance? **No**, this Assistance is available with any landlord willing to take the Housing Choice Voucher, meets the disabled household eligibility and is not in a flood zone.

How do I know if I am going to get Assistance? Funding is limited and will be awarded on a first come first service basis. We will begin to pull names from the waiting list on Monday, April 15th, 2019.

What happens if I change my mind or the owner decides not to rent to me and I find another unit? The initial approval is based on the unit address and availability of funds; you will have put in a new Request at the new address. Your approval at a prior address is not a guarantee that you will get funding for the new address, but you are welcome to request again.

What happens to the Deposit when I move out, do I have to pay this back? No, per Iowa Law the landlord can deduct any unpaid rent and expenses and well as damages beyond normal and wear and tear from your security deposit. Any security deposit refund is returned to you.





Rent Assistance for Disabled Households (RADH) Program 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 and anticipated Date of Birth.*

Current Mailing Address: _____

Current Phone Numbers: _____ **Other** _____

Current Email or other Contact information: _____

1. Combined Gross Monthly Income from all sources: \$ _____
2. Is the Head of Household or spouse disabled? : Yes or No
3. **Verification of Disability required for program eligibility and needs to accompany this form. Waitlist registrations returned without verifications will be considered non-disabled households until all documents returned.**
 - **Must provide a copy of SSI/SSDI Benefit letter for the HEAD or Spouse not less than 60 days old.**
 - 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.**
4. How did you find out about this Program? _____ 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 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 AHNI office at 319-363-1403 to request reasonable accommodations.

Signature of Head of Household: _____ **Date** _____

Other Adult Member: _____ **Date** _____

This form can be dropped off or mailed back to: Affordable Housing Network, Inc. 3000 J Street SW, Cedar Rapids, IA Email: RADH@fouroaks.org Fax: 866-908-0198



VERIFICATION OF DISABILITY

RE: Name : _____
SSN : _____ DOB _____/_____/_____
Address: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

**PLEASE FAX BACK COMPLETED FORM TO 866-908-0198 –
Do not give back to the applicant.**

(Owner/Manager: You must check the reason why this inquiry is necessary.)
This verification is:

is required for determining the applicant's eligibility for a project or units in a project where occupancy is limited to persons who are disabled.

is required for the applicant/tenant to receive allowances available only to households whose head or spouse is elderly or disabled.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE-Applicant/Tenant: I authorize the person identified above who represents the housing owner to verify with the third party listed above whether my disability is covered by the paragraph(s) marked with an "x".

Signature

Date

Re: _____

Health care provider: Please circle either YES or NO next to the definitions that correspond to the box(es) to show whether the definition(s) apply to the individual listed above.

- (1) ___ YES ___ NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- (2) ___ YES ___ NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C.6001(8)), i.e., a person with a severe chronic disability that:
- a. attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;
 - d. Results in substantial functional limitation in three (3) or more of the following areas of major life activity;
 - 1} Self-care,
 - 2} Receptive and expressive language,
 - 3} Learning,
 - 4} Mobility,
 - 5} Self-direction,
 - 6} Capacity of independent living, and
 - 7} Economic self-sufficiency; and
 - e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (3) ___ YES ___ NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- (4) ___ YES ___ NO Is a person whose sole impairment is alcoholism or drug addiction.

NAME AND TITLE OF PERSON SUPPLYING INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

PLEASE FAX BACK BOTH PAGES TO 866-908-0198 – Do not give back to the applicant.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).



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