



Housing & Community Development Dept.
Healthy Homes Program
 350 W. 6th Street, Suite 312
 Dubuque, IA 52001
 Office (563) 589-1724



Healthy Homes Program Guidelines – Tenant

Thank you for expressing interest in the City of Dubuque’s Healthy Homes Program. We are kicking off a new round of work to make 100 homes safer over the next three years with funding from the U.S. Department of Housing and Urban Development (HUD).

To qualify for this program, households must be 80% or less of the Area Median Income (AMI) by household size established by HUD Guidelines (see below) and be within Dubuque city limits to qualify.

1-person household	2-person household	3-person household	4-person household	5-person household	6-person household	7-person household	8-person household
\$49,000	56,000	63,000	70,000	75,600	81,200	86,800	92,400

If project bids come in over \$9,900, the property owner will need to contribute the difference to have the project move forward.

The primary purpose of the program is to identify and remediate housing-related health and safety hazards, including Radon and Lead. This is not a full rehabilitation program. The unit will need continual maintenance to remain safe following the work.

It is our expectation that the property be generally code compliant as determined by the inspector. If there are significant health and safety deficiencies, repairs will have to be made prior to project approval.

To begin the process, please complete the enclosed application and return it to our office. After we receive your application, we will verify your income and determine eligibility. Work will proceed on a first-come, first-qualified basis.

Keep this sheet for your records and information. The checklist on the back is also for you to keep.

Please contact us with any questions at (563) 589-1724. We look forward to working with you.



Tenant Application Checklist of Required Documents:

Please Note: Applications submitted without all required documentation will be considered incomplete. Processing of the application can NOT begin until all required documentation is provided.

- Proof of Identification:** Identification for everyone in the household. Examples: Driver's license, State ID, Social Security Card, Birth reference
 - For children under 6,** documentation showing their *name* and *date of birth* is required. This could include a birth certificate, medical/insurance card, baptismal record, or school enrollment form.

Income and Assets

- Last six weeks of all employer **check stubs** for everyone in the household over the age of 18.

If anyone in the household receives any **other types of income**, please provide documentation:

- Social Security benefits:** Please provide a copy of your Award Letter as verification of benefit. You may contact the Social Security Administration office at 1-800-772-1213 to receive a copy of the letter.
- Child support:** Please submit documentation such as a divorce decree, Child Support Recovery Unit statement, or other proof of support.
- Unemployment benefits:** A statement from the Iowa Workforce Development office is required.
- Any other type of income (Pension, FIP, Rental Income, etc.):** Submit appropriate documentation.
- Tax returns** for those self-employed – most recent two years of tax returns are required.
- Two months of bank statements** from all banks and/or lenders that you are affiliated with for everyone in the household over the age of 18 including all retirement accounts (computer printouts are only acceptable if they are an actual copy of the statement).

Submit application by one of these methods:

- By mail or in person to the address above
- Fax to (563) 589-4244
- Scan and email to nlytle@cityofdubuque.org

Remove and keep this sheet for your records. The information on the other side is also for you to keep.

Tenant Household Information

Please answer all the questions on this application completely. If a question does not apply write NA (Not Applicable) in the space provided.

Office use only	
Date received	
Time received	
Date verified	

Date _____

Head of Household

Legal First Name Middle Initial Last Name Gender

Date of Birth Age Race* (see list below) Ethnicity: Are you Hispanic/Latino? (Yes or No)

Street Address City State Zip Code

Email Address Phone Number

List All Other Persons Residing in the Household

Name	Date of Birth	Age	Race* (see list below)	Ethnicity: Are you Hispanic/Latino? (Yes or No)

***Race** – Use one or more letter codes for the applicable race(s)

- American Indian or Alaska Native (AI/AN) Native Hawaiian or Other Pacific Islander (NH/OPI)
- Asian (AS) White (W)
- Black or African American (B/AA) Other (O) _____

Please circle your responses (Yes or No) to the following questions.

1. Is the head of household using the Housing Choice Voucher (Section 8) rental assistance program? Yes or No
2. Is this a daycare facility? Yes or No
3. Is anyone in the household pregnant? Yes or No

4. Is anyone in the household disabled or does anyone have special needs? Yes or No. If yes, please explain:

5. Is anyone in the household a veteran? Yes or No. If yes, please list them:

6. Do you have any dependents not residing in this household? Yes or No. If yes, please explain:

7. Do you have any pets? Yes or No. *All pets are the responsibility of the occupant and cannot be left on-site if there is relocation.*

8. How did you hear about our program?

Income Information

Provide total income from all persons living in the household who are 18 and older. Include employment income, rental income, welfare, VA benefits, child support, FIP, Social Security benefits, pension, retirement funds and any other source of income.

Household Member	Gross Monthly Income (total income before taxes, not including benefits)	Name of Employer or Source of Income and complete mailing address

Asset Information

List all bank accounts and assets held by those 18 and older including checking, savings, certificates of deposit, stocks, bonds, annuities, trusts, other real estate, IRAs, 401Ks, pension plans etc.

Household Member(s)	Amount	Interest Rate	Name of Bank or Source of Assets and complete mailing address

Tenant Certification:

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining Healthy Homes funding is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information may deem unit application ineligible.

Printed Name

Signature

Date

Printed Name

Signature

Date



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AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorize the source listed on the Healthy Homes Program (LHH) form to release information without liability, information regarding employment, income, and/or assets to HUD/City of Dubuque, for the purposes of verifying information provided as part of determining eligibility for assistance under the LHH. I/We understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I/We understand that previous or current information may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We have the right to review this file and correct any information found to be incorrect.

Signatures required from all household members 18 or older. This consent form expires 18 months after signed.

Applicant Name	Address	City	State	Zip
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Applicant Signature	Applicant Social Security Number	Date
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Applicant Name	Address (if different)	City	State	Zip
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Applicant Signature	Applicant Social Security Number	Date
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Applicant Name (other household members 18 or older)	Address (if different)	City	State	Zip
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Applicant Signature	Applicant Social Security Number	Date
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Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD)/City of Dubuque is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member. Purpose: Your income and other information are being collected by HUD/ City of Dubuque to determine your eligibility. Other Uses: HUD/ City of Dubuque uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD/ City of Dubuque, except as permitted or required by law. Penalty: You must provide all of the information requested by the City of Dubuque, including all Social Security Numbers you, and all other household members have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.



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Consent and Release Form Non-Public Personal Information

Instructions: You must fill out this form in order to allow the City of Dubuque to share household member and non-public personal information with agencies and companies in order to process your application.

You may end this agreement at any time; however, if you end the agreement, the City of Dubuque will not be able to process your application.

I, [_____], do hereby consent to and authorize the City of Dubuque (including its partners, affiliates, agents, contractors, and the respective assigns), as part of my application for the Healthy Homes Program (the "Program") to request, access, review, disclose, release and share any and all Non-public Personal Information (NPI) received with respect to my application for the Program, whether provided by me in my application or otherwise provided by me, or by additional outside third parties with whom I may or may not have a relationship, and only as necessary or desirable, in the sole discretion of the City of Dubuque, for final determination of my eligibility for and the amount of assistance under the Program. I, as Primary Applicant/Occupant, authorize the release of all household member's(s') and owner information in order to comply with the Program eligibility and benefit determination requirements. I understand and acknowledge that any party disclosing information on behalf of or to the City of Dubuque on my behalf is not responsible for any negligent misrepresentation or omission, and I agree to hold the City of Dubuque and such disclosing parties harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to their disclosure.

As part of this Consent, I further authorize the City of Dubuque and any other financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or any other third party to obtain, use and disclose any of my NPI in their possession, as necessary or desirable, in the sole discretion of the City of Dubuque, to enable the City of Dubuque to administer the Program and process my application.

I understand and acknowledge that the City of Dubuque may obtain, use and disclose any NPI received in its investigation of my application with third parties, including those referenced above, as necessary or desirable, in the sole discretion of the City of Dubuque, for final determination of my eligibility for and the amount of assistance under the Program. All NPI will be retained by the City of Dubuque in accordance with Program requirements.

My consent may be revoked or ended at any time by giving written notice to the City of Dubuque. I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the Program. Unless revoked by me, this Consent shall remain in full force and effect until all obligations to the City of Dubuque are satisfied in full.

By completing and signing this form, I acknowledge and agree to the above and agree that this Consent may be furnished on my behalf to any financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or other third party.

 Applicant/Owner/Occupant Name (Printed)

 Applicant/Owner/Occupant Signature

 Date