

Operation Empower
Serving Manasseh & Salvia Apartments and Liberty Recovery Community
2080/2160 Elm Street & 2216 White Street
Dubuque, IA 52001
563-213-5552, ext. 1001

Application for Residency

Introduction & Instructions:

Operation Empower provides affordable housing to low- to medium-income men and women (in separate buildings), as well as recovery housing with supportive services. This is an application for residency at Manasseh or Salvia Apartments, as well as Liberty Recovery Community. It is not an offer to you of housing and it is not a contract for housing. Nothing in this document or any statements made by management at Operation Empower should be interpreted as an offer, promise or guarantee of housing.

The information you provide in this application is intended to help us determine your eligibility for housing at one of our locations. The information in this application will be kept confidential, *except that it will be used to check with all landlord and personal references*. If you are approved, you will be required to pay a full security deposit (same as rent) and rent at the time of move-in.

Nondiscrimination Policy: Manasseh House/Operation Empower does not discriminate in the services it provides on the basis of race, national origin, color, creed, religion, age, disability, veteran status or sexual orientation. Pursuant to Iowa Code § 216.12, Operation Empower rents only to single men (Manasseh Apartments) and women (Salvia Apartments) in separate buildings. All applicants who are accepted for residence will be required to comply with a tenant handbook that includes a rule that they conduct themselves in accordance with this policy.

Provide true and complete information. False answers are a basis for rejecting your application. Please write legibly. **We will not process applications that are incomplete or that we cannot read. This includes all names, addresses, phone/cell numbers, etc.**

Declaration

1. I understand the Introduction and Instructions on this page.
2. All information provided is true and correct to the best of my knowledge.
3. I am applying to live at:
 - Manasseh Apartments (single men only)
 - Salvia Apartments (single women only)
 - Liberty Recovery Community (supportive recovery housing for men and women)

Applicant Name (Print)

Applicant Signature

Date

Personal Information:

First/MI/Last name: _____

Aliases: _____ Birth Date: _____ Gender: _____

Race: _____ Hispanic: Y/N.

Best number to reach you: _____ Email: _____

Valid Driver License? Y/N State: _____ Drive License #: _____

Own a Vehicle? Y/N Will you have it with you? Y/N Year/Make/Model: _____

License #: _____ Insurance: _____

Rental History:

Do you have a Section 8 or Rapid Rehousing voucher: Y/N If yes, state which and your case worker's name and phone number? _____

Have you ever been evicted from a residence or are you currently facing eviction? Y/N If yes, when and where? _____

Do you owe any landlords back rent or money for damages to rental unit? If so, who and how much?

Have you ever been in transitional housing or an emergency shelter? If so, when, where, and reason for leaving:

If you are approved for residency, when do you plan to move in? _____ Have you given proper notice to your current landlord that you are moving? Y/N

References: List names and phone numbers for 3 personal non-family (no significant/step relationships or landlords) references that you have known for a minimum of 1 year. They do not have to be in Dubuque. Please let your references know that we will be calling.

Accommodations: The following questions are for the purpose of making sure that Manasseh House/Operation Empower is able to provide adequate accommodations to persons who may require them and are optional.

Are you able to live in a shared living environment? Y/N

Do you need accommodation? Y/N If yes, what sort of accommodation(s) do you require:

Do you require a therapy or service animal? If so, state specifically what that animal does for you. A letter from a medical professional will be required if you require a therapy or service animal, as well as proof of neutering/spaying/declawing, vaccines and license with the City of Dubuque. The letter must demonstrate a disability-related need for the animal. You must also state the type of animal you have, as well as the behavioral habits of the animal (barking/jumping/biting/scratching/housebreaking).

Substance Use/Abuse History:

Are you an alcoholic? Y/N Drug Addict? Y/N Date of Last Use: _____

Current and Past Drug(s) of Choice: _____

Currently in treatment? Y/N Name/Address of Facility: _____

Did you complete successfully? Y/N Discharge Date: _____

Counselor's Name & Number: _____

What are you doing *now* to stay clean/sober? _____

Do you attend 12-step meetings? Y/N Which and how often? _____

Do you have a sponsor? Y/N Have you ever lived in sober or recovery housing? Y/N How long? _____

Name/Address: _____

Why did you leave? _____

Do you use tobacco/smoke/vape? Which? _____ Do you drink? _____ Do you require prescription drugs?

List **all** prescribed medications: _____

Do you take medication for chronic pain? Y/N If yes, please list: _____

Are you currently or have you ever used drugs illegally? If so, please list them and dates you last used.

List all past and current substance abuse treatments:

Inpatient/Outpatient Program

Where

Length of Time

Are you on probation and/or in Drug Court? Y/N Which?

Probation/Parole Officer/Counselor and number: _____

Do you have night terrors? Y/N

Do you have a mental health diagnosis? Y/N If yes, please provide diagnosis and medications required.

Are you able to do assigned household chores? Y/N

Checklist Reminder: The following items must accompany this application or it will be returned to you:

- Proof of all sources of income:** Copies of paystubs for the last two (2) consecutive months of current job(s). Cash income must be verifiable.
- Bank account/employment verifications:** they must be completed by the appropriate parties, not you. The completed form(s) must accompany this application. **A copy of each bank statement from the last 6 months is also required if you have an account. This includes online spending accounts.** **If you are employed,** you are required to have your employer(s) fill out the employment verification form. There must be an employment verification for every job you currently have, including temp jobs.
- Social Security income:** Include a copy of the most current (current year) letter(s) from Social Security Administration for social security/disability income (if applicable).
- Copy of your current state-issued driver's license or ID.**



APPLICATION FOR HOUSING

Complete one application per adult household member who will occupy the unit at time of move-in.

Property Name:		IFA Project Number:
Address:		

For Office Use Only:	Application Date	Desired Move-in Date:	Pre-Application?	<input type="checkbox"/> Yes
	Date Received:	Time Received:	Received by (agent):	<input type="checkbox"/> No
			Initial App <input type="checkbox"/>	Recert App <input type="checkbox"/>

Bedroom Size Requested: 1 2 3 4

Applicant Name _____ MI _____ Last _____

Current Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

HOUSEHOLD COMPOSITION

Provide your name and relation to the Head of the Household. Please also list any minor dependents under the age of 18 for whom you are individually responsible. Head of Household should list minors where two or more household members are jointly responsible. Please identify if any household members are foster children or adults in the Relationship to Head of Household column.

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Current Student Y / N	Last 4 digits of SSN#
1.					
2.					
3.					
4.					
5.					
6.					

QUESTIONS – Please check **YES** or **NO** to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

- Do you expect any additions to the household within the next 12 months?
Or are there any absent household members who normally would live with you? If yes, explain. Yes No
- My current marital status is: Married Single Divorced Widowed Separated
- Are all children listed above either in full custody of the household or subject to joint custody with an outside parent with the child being present in the unit at least 50% of the time. Yes No
- Have you been a student in the past 12 months? Yes No
- Are you currently a student or do you plan to become a student in the next 12 months? Yes No
If yes, please advise how school will be paid for. _____
- Will you or anyone in your household require a live-in care attendant? Yes No
- Will your household be receiving Section 8 rental assistance at the time of move-in? Yes No
- Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Yes No



 Name of Current Landlord Phone Number

 How long have you resided at your current address? _____ Years _____ Months Amt. of Rent/Payment: \$ _____

PREVIOUS HOUSING STATUS (Provide information on 2 previous addresses where you have resided)

 Previous Address City ST Zip Code
 How long did you reside at this address? _____ Years _____ Months Amt. of Rent/Payment: \$ _____

 Name of Previous Landlord Phone Number

 Previous Address City ST Zip Code
 How long did you reside at this address? _____ Years _____ Months Amt. of Rent/Payment: \$ _____

 Name of Previous Landlord Phone Number

HOUSEHOLD INCOME INFORMATION (NOTE: All information will be verified with documentation. If you have information on items below, please provide it.)

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

DO YOU RECEIVE OR EXPECT TO RECEIVE		Y	N	MONTHLY AMOUNT
1.	Social Security, SSI (excluding PASS) or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Employment pensions or retirement benefits, veteran's benefits, or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions, and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Self-employment income including gig app-based income (Uber, Lyft) and other contract labor	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Alimony or child support (either court ordered or paid directly from the payor)	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Regular payments from disability (other than SSDI), death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Regular payments from rental property (land contracts or other real estate transactions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Any other sources of income not listed:	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, please explain:			
13.	If you have answered no to questions 1-11, Are you claiming that you have ZERO Income?	<input type="checkbox"/>	<input type="checkbox"/>	



The following section **must** be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, <u>AND</u> ADDRESS, PHONE, EMAIL ADDRESS (i.e. employers, public assistance office, social security, pension fund, etc.)				
	Name:				Address:
	Start Date:	Phone:		Email Address:	
	Name:				Address:
	Start Date:	Phone:		Email Address:	
	Name:				Address:
	Start Date:	Phone:		Email Address:	

HOUSEHOLD ASSETS (NOTE: All information will be verified with documentation.)

DO YOU HAVE MONEY HELD IN:		Y	N	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Trust accounts (current balance if under control of the household)	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Non-necessary personal property (non-account assets such as RV's ATV's boats, campers)	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Whole or universal life insurance policies current cash value (do not include term life policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Debit cards not linked to an account that is listed (Store Value/Direct Express Card/Reliacard)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Internet based assets (Venmo, Paypal, Cash App, ApplePay, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Cryptocurrency (Bitcoin, Ethereum, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Amount of your most recent federal tax refund.			\$

The following section **must** be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/EMAIL ADDRESS (i.e. employers, public assistance office, social security, pension fund, etc.)				
	Institution:				Address:
	Account No.:	Interest Rate:	Phone:	Email Address:	
	Institution:				Address:
	Account No.:	Interest Rate:	Phone:	Email Address:	
	Institution:				Address:
	Account No.:	Interest Rate:	Phone:	Email Address:	
	Institution:				Address:
	Account No.:	Interest Rate:	Phone:	Email Address:	



I certify that I have or have not sold or disposed of any asset for more than \$1000 less than Fair Market Value during the two-year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate documentation. It will be your responsibility to provide management with all the necessary information/documents to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and email addresses, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information and documentation management receives, you may be provided with a separate verification form for each source that may need further verification that you will need to sign and date.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature

Date

Voluntary Information:

The information is being requested in accordance with federal regulations. The information is for reporting purposes only. This information will **not** be used in evaluation of your application or to discriminate against you in any way. You are not required to complete this information.

Name (first and last)	Relationship to head	Race	Ethnicity	Disabled

See Key Below

Relationship to HOH: H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; FA-Foster Adult; L-Live-in caretaker; or N-None of the above

Race: 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6-Other; or 8-Chose not to respond

Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 -Chose not to respond

Disabled: 1-Yes; 2-No; NR -chose not to respond – See Fair Housing Act for definition of handicap (disability).

Manasseh /Salvia/Liberty Place Apartments
Release of Information

I, _____, authorize the release and exchange of relevant information among Manasseh House/Operation Empower staff and the below listed agencies or their representatives, personal references and previous landlords. This authorization extends to information regarding housing qualifications and participation in or referral to services, including all correspondence between persons and agencies.

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> City of Dubuque Housing | <input checked="" type="checkbox"/> Opening Doors Maria House/Teresa Shelter,
Dubuque Rescue Mission/Almost Home |
| <input checked="" type="checkbox"/> Dubuque Police Department | <input type="checkbox"/> Other shelter(s) _____ |
| <input checked="" type="checkbox"/> Police departments of other cities lived in | <input checked="" type="checkbox"/> Landlord(s) _____ |
| <input checked="" type="checkbox"/> Elm Street Facility/Dubuque County Jail | <input checked="" type="checkbox"/> Personal References |
| <input checked="" type="checkbox"/> Department of Corrections | <input type="checkbox"/> Pharmacy: _____ |
| <input type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Hospital: _____ |
| <input type="checkbox"/> Dubuque County/Veteran's Affairs | <input type="checkbox"/> Primary Care Physician: _____ |
| <input type="checkbox"/> Hillcrest Family Services | <input type="checkbox"/> Payee/Guardian: _____ |
| <input type="checkbox"/> Iowa Legal Aid | _____ |
| <input type="checkbox"/> People in Need/Society for Special Needs | |
| <input type="checkbox"/> Resources Unite | |
| <input type="checkbox"/> ECIA | |

This information has been disclosed to you from records whose confidentiality may be protected by federal/state law. If the records are so protected, Federal Regulation (42 CDF-Part 2) and Chapter 228 Code of Iowa prohibits you from making further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

I understand that the agency(ies) that receives this information, in accordance with state/federal regulations, will not redisclose this information without further written consent. I am fully aware that I have the right to release this information, to determine to whom the information will be released and to know why the release is being requested. Permission to release information may be withdrawn and any time by sending written notice to the agency holding the original. This release will remain in effect during my tenancy.

Signature: _____ Date: _____

