

HOW THE PROCESS WORKS

1. **Tenant submits application** and if eligible, is placed on the waiting list.
2. **Tenant attends briefing** meeting to learn about the program.
3. **Tenant eligibility determined.** Eligible tenants receive a Voucher
4. **Tenant finds housing** to rent. If their current unit qualifies, they can remain there. If it doesn't qualify or if the tenant wants to move, they must find a new unit.
5. **Request for Tenancy Approval** form is completed and signed by the landlord and tenant and submitted to the Housing Department.
6. **Housing Inspection** is scheduled by the Housing Dept. within 15 days after the Request for Tenancy Approval form is submitted.
7. **Inspection results** determine what happens next. If the unit does not pass inspection, the problems must be corrected before the tenant can receive assistance for that unit.
8. **Unit passes inspection.**
9. **Paperwork is completed** and the landlord and tenant will be contacted by phone to sign the lease at the Housing Department office.
10. **Tenant moves** into the unit.



HOUSING INFORMATION

- Privately owned houses, duplexes, apartments and mobile homes that meet HUD Housing Quality Standards (HQS) and pass inspection are eligible for participation with the program. HUD regulations specify that a program participant may NOT rent from a relative.
- The cost of the housing must be reasonable, as defined by HUD.
- The housing cannot be too expensive for the tenant. Too expensive is defined as the tenant paying more than 40% of their adjusted gross income as their share of the rent.
- The tenant is solely responsible for paying the security deposit.

MARSHALLTOWN

IOWA

HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT

HUD SECTION 8 RENT ASSISTANCE PROGRAM



A Rent Subsidy Program for Existing Housing Units in Marshalltown, Marshall, Hardin and Tama Counties

MARSHALLTOWN

IOWA

HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT

Carnegie Building
24 North Center Street
Marshalltown, Iowa 50158

Phone 641.754.5756
Fax 641.754.5742
www.marshalltown-ia.gov

Office Hours: Monday - Friday
8:30 A.M. – 4:30 P.M.



Equal Housing Opportunity

Discrimination

Federal law forbids discrimination based on age, gender, disability, color, national origin, race, or religion. Those who have been the object of such action should notify the Housing Department or the Iowa Civil Rights Commission.

WHAT IS RENT ASSISTANCE?

The Rent Assistance program is a federal program funded through the Department of Housing and Urban Development (HUD) that helps eligible tenants pay their rent.

Tenants pay between 30% to 40% of their adjusted monthly income toward their rent. The City of Marshalltown pays the difference (between the total rent and the tenant rent payment) directly to the landlord.

PURPOSE OF PROGRAM

The purpose of the program is to provide decent, safe and sanitary housing for applicants who have qualifying incomes.

ELIGIBLE APPLICANTS

Applicant must:

- Be income eligible
- Have at least one adult (age 18)
- Have at least one person with eligible immigration
- Not owe a housing authority money
- Not be listed on the sex offender registry
- Not have a history of violent criminal or drug activity

LOCAL PREFERENCES

The City has the following preferences:

- Households living in Marshall, Tama or Hardin County jurisdiction
- Households having a member who is elderly (62 years), disabled or has dependants living in the household.

INCOME GUIDELINES

All income guidelines and program rules are established by HUD and are subject to change. Preference may be given to families at or below 30% of Area Median Income (AMI).

MARSHALL COUNTY

Household Size 30% of AMI 50% of AMI

1	\$19,110	\$31,850
2	\$21,840	\$36,400
3	\$24,570	\$40,950
4	\$27,300	\$45,500
5	\$29,490	\$49,150
6	\$31,680	\$52,800
7	\$33,870	\$56,450
8	\$36,060	\$60,100

HARDIN COUNTY

Household Size 30% of AMI 50% of AMI

1	\$18,210	\$30,350
2	\$20,820	\$34,700
3	\$23,430	\$39,050
4	\$26,010	\$43,350
5	\$28,110	\$46,850
6	\$30,180	\$50,300
7	\$32,280	\$53,800
8	\$34,350	\$57,250

TAMA COUNTY

Household Size 30% of AMI 50% of AMI

1	\$18,210	\$30,350
2	\$20,820	\$34,700
3	\$23,430	\$39,050
4	\$26,010	\$43,350
5	\$28,110	\$46,850
6	\$30,180	\$50,300
7	\$32,280	\$53,800
8	\$34,350	\$57,250

Tenant Responsibilities

To continue receiving assistance, tenants must:

1. Pay their share of rent on the first day of each month. The Housing Department is not obligated for tenant share of rent.
2. Immediately provide the Housing Department with information when changes occur in income, household composition, phone number, and other necessary information.
3. Allow inspection of the unit at reasonable times with advance notice.
4. Give 30-day written notice to both the landlord and Housing Department when moving from the unit.
5. Comply with the terms of the lease or the tenants will no longer be eligible for assistance.

OWNER RESPONSIBILITIES

The owner must:

1. Conduct all unit management and maintenance.
2. Assure that appropriate utilities are available to the unit at all times.
3. Collect tenant share of rent.
4. Allow inspection of the unit at reasonable times with advance notice.
5. Comply with contract requirements and equal opportunity housing standards.

Call the Housing & Community Development Department with questions @ 641.754.5756

Rent Assistance Application

Housing & Community Development Department
36 North Center Street, Marshalltown, Iowa 50158
Phone: 641.754.5756

Office Use Only
M T H
30% 50%

The Housing Department cannot accept applications that are not complete. Faxed applications may be returned. You will not be placed on the waiting list until a complete application is submitted.

A COMPLETE APPLICATION INCLUDES: Staff must see original documents prior to receiving assistance.

- **Social security cards for ALL household members.**
- **Photo ID's for all adult members.**
- **State Certified Birth Certificate or Passport for ALL household members.**
- **Signatures and income information for all persons in the household age 18 and over.**

If you submit your application by mail, a copy, front and back, of social security cards, photo ID's & State Certified birth certificates must accompany the application. Please call the Housing & Community Development Department at 641-754-5756 if you have any questions about this application.

List the names of all persons who will occupy the residence:

Name (Last, First, MI)	Age	Sex	Relationship	Social Security Number	Date of Birth
1.			SELF		
2.					
3.					
4.					
5.					
6.					

Current Street Address	City, State Zip
Mailing Address	City, State Zip
Phone	E-Mail Address

Emergency Notification:

Name	Address
Phone	Relationship

Please check the County you want to live in with Rent Assistance:

Marshall (Marshalltown) Hardin Tama

Race of Head of Household: (Optional: For statistical purposes only)	Ethnicity:
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

For office Use only:	Criminal History: <input type="checkbox"/> All Adults Checked Date Checked _____	Pass Fail
	National Criminal History: <input type="checkbox"/> All Adults Checked Date Checked _____	Pass Fail
	Sex Offender Registry: <input type="checkbox"/> All Adults Checked Date Checked _____	Pass Fail

YES	NO	PLEASE CHECK ANSWER FOR ALL QUESTIONS
		Is anyone listed in the household age 18 or over and a full-time student? Name(s): _____
		Are any household members temporarily absent? Name & Age: _____ Date they are expected to return to the household? _____
		Have you or any member of your family ever-received rent assistance before? Where & When: _____
		Have you or any member of your family ever been evicted from any HUD or other Federally assisted housing? Please explain: _____
		Is any member of your household considered disabled? Name: _____
		Do you or any family member require reasonable accommodation due to a handicap/disability? Please explain: _____
		Do you or any member of your family have a history of drug or alcohol abuse? _____
		Have you or any member of your household been involved in violent criminal activity within the past 3 years? (This includes but is not limited too, domestic violence charges) _____
		Have you or any member of your household been involved in drug-related criminal activity during the past three years? (This includes but is not limited too, possession charges) _____
		Are you or any member of your household listed on the sex offender's registry? _____
		Are you or any member of your household fleeing to avoid prosecution, custody, or confinement after conviction of a felony? _____
		Are you or is any member of your household in violation of a condition of probation or parole imposed under Federal or State law? _____

YES	NO	Family Member Name	Income Type	Monthly Gross Income
			Social Security	_____
			SSI	_____
			Other Disability	_____
			Pension	_____
			Gifts	_____
			FIP	_____
			Child Support	_____
			Alimony	_____
			Wages/Salary	_____
			Name of Employer:	_____
			Name of Employer:	_____
			Name of Employer:	_____
			Unemployment	_____
			Military Pay	_____
			Net Business/Farm Income	_____
			Real Estate Contract Payments	_____
			Rental Income	_____
			Retirement Plans	_____
			Other	_____

I/We certify that the information given to the Rent Assistance Program is accurate and complete to the best of my/our knowledge and belief. I/We understand that submittal of false statements or information is punishable under Federal law and reason for denial or termination of assistance.

Applicant Signature _____

Date _____

Applicant Signature _____

Date _____