

Rental Assistance Program Application Form

	Office Use Only
File #:	
Effective Date:	

This application is designed to collect specific information from applicants applying for the Rental Assistance Program in accordance with the Freedom of Information Act, 5 U.S.C. § 552.

If you have questions about the collection or use of your information, please call 651-424-9993 and ask to speak to NEEMA's Officer.

		to NEE	MA's Officer.			
A. Applicant	Information			(PLEASE PR	RINT CLEARLY)	
Last Name	First Name		Social Security Number Social Security Number		Mr. Mrs.	Miss Mis.
Last name	First Name				Mr. Mrs.	Miss Mis.
Mailing Address						
Apt #	Street Address	Street Name				
	1	<u> </u>	State:	Postal C	Code	
Residential Addre	ess (Complete only if differe	ent than maili	ng address)			
Apt #	Street Address	Street Name				
	1	l	State:	Postal C	Code	
Contact Informat	tion					
Home Phone	Cell Phone	Wo	ork Phone			
()	()					
Email Address		Alt	ernate Contact Pers	on for Messages		
		Na	me: Phone: ()			

B. Landlord Information

Property address:

How long has the tenant lived in that address:

Financial needs:

For detailed information on eligibility please refer to the Rental Assistance Program brochure. The brochure and additional information on eligibility and the application process are available at www.neemas.orgc.

C. Household l	I nformation (List yours	self on line 1; then list all other	persons who are living w	vith you).
Last Name	First Name	Birthdate (dd/mm/yyyy)	0	Sex Relationship to Applicant
-	nal names on a separate sh			
Note: Proof of ident details.	ity is required for al	ll family members 18 ye	ears and older. See a	attached checklist for
Please select the option	ons that best describe	es you:		
☐ Hispanic☐ African	American□ White	□Native American□ Bi	racial □ Asian □ Ot	her
D. Residency	Information			
How long has your how Please list your address				_
Current Address	From Date	To Date	Name of Landlord	l Landlord Phone #
	(dd/mm/yyyy)	(dd/mm/yyyy)		
_	1	l	1	
E. Rent Inforn	nation			
Your current month	lly rent: \$	(Do not include	e hydro, cable or park	ring.)
Is your monthly ren	at subsidized? □ Yes	□ No Does your rent in	clude heat? □ Yes □	No
Do you live in a tra	iler or mobile home?	☐ Yes ☐ No If yes, do ye	ou: 🗆 Own 🗆 Rent:	Amount \$
Do you pay pad ren	tal? 🗆 Ves 🗆 No Pai	d Rent Amount \$		
	ital: 1 tos 140 f al	id Kent Amount \$		

F. Asset Information

Please list all assets held by you and/or your spouse (if applicable).

Type of Asset		Name of Person Who	Bank or financial	Values (\$)
		Owns the Asset	Institution	
All Bank Accounts (Includi	ng negative			
balance)				
Terms Deposits				
Trust Funds				
Other Asset Including Cash	l			
Do you or your spouse (if	applicable) own 1	property? (e.g. house, o	cottage, townhouse, conde	ominium, land, etc).
J. J. J. L.		(· · · · · · · · · · · · · · · · · · ·		. ,, , , .
☐ Yes ☐ No If yes, please	provide the follow	ing information:		
, , , , , , , , , , , , , , , , , , ,				
Type of Property	Location (addre	ess) Year Purchased	Value (\$)	Equity (\$)
N. A. D. C. C. A.	.1 1 24	1 '4 1' 6	4 1 1 1 11 4 C 1 4 C	
Note : Proof of assets	must be submitted	with application. See a	ttached checklist for detail	S.
G General Inc	come Informatio	nn .		
G. General Inc	ome morman	<i>)</i> 11		
	.1		CARNON	
Are you or your spouse cur				
Have you or your spouse re	ceived income ass	sistance during the last 12	$2 \text{ months}? \square \text{ Yes} \square \text{ No}$	
If was when was the last no	rumant magairead for	am inaama assistanaa? I	Dotos	
If yes, when was the last pa	yment received in	om meome assistance? I	Jaie:	
Note : If income assist	tance was received	d during the last 12 mont	hs proof is required that yo	our income assistance
		_	rces is required. See attacl	
details.	, F			
dotains.				
H. Current Inco	ome Information			
A (41 1 1	0		
Are you (or your spouse) cu	irrentiy empioyed	! ⊥ Yes ⊥ No		
IC 1 (□ V □ N-
If no, have you (or your spo		ne from employment inco	ome in the last 12 months?	□ Yes □ No
If yes, what was the last day	y workeu?			
		Applicant	Spouse	
List all current sources		Gross Monthly Income	Gross Month	ly Income
		STOSS WIGHT THEORIE	Gross Wilding	ly income
_				
If more space is required,	nlease attach a senarat	e nage		

Note: Proof of income must be provided. See attached checklist for details.

I. Declaration

The information you give will be kept confidential.

The Freedom of Information and Protection of Privacy Act covers the collection, use and disclosure of personal information in NEEMA Corporation's files. This application is designed to collect specific information from applicants seeking assistance through the Rental Assistance Program.

Sign A		the declaration above; unsigned ap	plications will be returned for signature.
	Other Important Information		I
Signat	ure of Spouse (If Applicable)	Social Security Number	Date
Signat	ure of Applicant	Social Security Number	Date
	be required to repay. ☐ If I/we wish to withdraw this Co	onsent, I/we may do so at any timent will result in my/we being inelig	e in writing to NEEMACorporation, gible for assistance through the Rental
	rent, income, marital status, family can be adjusted accordingly. ☐ Failure to report changes in my/suspension of benefits and may also	v size, or the people sharing my/ou our address or household compos so result in an overpayment, which	ar accommodation so that my/our subsidy ition may result in an interruption or
	adjusted if the audit reveals errors ☐ The Rental Assistance Program will cease if this or any other prog	or omissions in any information. provides assistance to low-incom ram eligibility requirement is no l	e working families through the program
	☐ This consent is in effect for two consecutive year that I/we continu	taxation years prior to and include to receive subsidy from the Ren	ing the year of signature, and each tal Assistance Program. applications and subsidies may be
4.	O	return with IRS will result in my	we becoming ineligible for ongoing
J.	☐ To release to an authorized repr Returns, and if applicable, other re third parties. The information will	esentative of NEEMA Corporation equired taxpayer information whice be relevant to and used solely for	n, information from my/our Income Tax h may include information provided by
3.	I/We hereby request and author	·	e (IRS):
2.	I/We permit: ☐ NEEMA Corporation to verify a access my/our eligibility for the Re		provided in this application in order to
	☐ This is my/our application and a knowledge.	all the information in it is true and	complete to the best of my/our
ap	plicants seeking assistance through t I/We declare:		to concer specific information from

Sign Application: Sign the declaration above; unsigned applications will be returned for signature. Attach Supporting Documents: Proof of ID, rent, assets, income, and Landlord Information.

Submit Application To: Rental Assistance Program, NEEMA Corporation1570 42nd Street NE, Cedar Rapid, IA 52402

Checklist

Before submitting your application for the Rental Assistance Program, please review the following to make sure that all required information is included with the application.

- Applications are effective the month in which they are received by the Rental Assistance Program. Incomplete applications will be held for up to 90 days to allow applicants time to gather missing documentation.
- After 90 days, incomplete applications will be cancelled and the applicant will be required to submit a new application with supporting documents. The effective date will be adjusted to the month in which the new application is received.

Please do not submit original documents.
1. Property Management/Landlord Information
□Complete the Landlord/Property Management information
2. Proof of ID(proof is required for all family members)
□Copy of Social Security Number for all family members, AND
□For Legal Resident, provide copies of a Green Card papers or other immigration documents.
Acceptable proof includes: Copy of Permanent Resident Card (both sides), Proof of Refugees or
Asylees, proof of Withholding grantees, proof of Victims of trafficking, or relatives of such a
victim.
3. Students
□ Children age 19-24 in full-time attendance at a school, university or vocational institution must
provide proof of enrolment
4. Proof of Rent
□Rent Receipt, or recent rent increase notice, showing address, rent amount, date and landlord name and
signature; OR
☐ Copy of lease or tenancy agreement signed within the past 12 months which shows current rent amount.
5. Proof of Assets (include all that apply)
□Copies of current bank statement for all bank accounts showing a 30-day period; AND copies of property
taxassessments for value of property owned and proof of outstanding mortgage(s); AND other statements
showingtotal value of all other asset(s).
6. Basic Income Tax Information
☐ Provide copy of your Tax Return; OR
☐ Attach proof of other income received from friends or faith-based organization.
7. Self-Employment Income Information
☐ If either you or your spouse was self-employed in the past 24 months, attach the Statement of Income and
Expenses from last year's Income Tax Return.
8. Other Income Information
If neither you (nor your spouse) had income from employment in the previous taxation year, but are now
working; OR
If any income has been received from Income Assistance in the last 24 months, attach: Proof of all current
gross monthly income, from all sources (copies of cheques, cheque stubs, letter from employer, employment
insurance or other income statement).

For assistance call 651-424-9993