

	Iowa Finance Authority APPLICATION FOR AFTERCARE SERVICES DIRECT RENT SUBSIDY	Date received in IFA:
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Please type or print the following information and place a check mark in the boxes where appropriate.
 This application is: New Application Annual Renewal Change of Information

Youth's Information			
First Name		Last Name	
Social Security #		Date of birth	
Rental Unit Address Line 1		Rental Unit Address Line 2	
City		Zip	
County		Phone #	
Email			

Earned and Unearned Income Information for the Next 12 Months			
Monthly		Annual	

Rental Unit Information			
Date moved in or intended to move in?		Total monthly rent?	
Number of bedrooms in unit?		Number of youth's minor dependents?	
Names of people that are on, or will be on, the lease?			

Participation in Aftercare Services Program	
Date the applicant entered the Aftercare Services program? (Must be a current active participant.)	
Age that the applicant entered the Aftercare Services program? (Must have been at least 18.)	

Participation in Education on Renter Rights/Responsibilities	
Date the youth completed or will complete one of the following:	Lived in a transitional apartment Completed a renter education program Enrolled in a renter education program Participating in a renter education program

Self Sufficiency Advocate Contact Information			
First Name		Last Name	
E-Mail		Organization	
Phone #		Fax #	
Address Line 1		Address Line 2	
City		State	
Zip			

Declaration & Certification
<p>I, the undersigned, declare that the information in this application is true to the best of my knowledge and that the application was not submitted with the intent to gain financial assistance to which the youth is not eligible.</p> <p>Further I, the undersigned, represent and certify that (initial each item):</p> <p style="padding-left: 40px;">The youth participates in the Aftercare Services Program;</p> <p style="padding-left: 40px;">The youth entered the Aftercare Services Program on or after reaching age 18;</p> <p style="padding-left: 40px;">Is financially responsible for paying at least 30% of his/her monthly rent;</p> <p style="padding-left: 40px;">Documentation that the applicant has applied to all other rental assistance programs available in the community and that it has been determined the applicant was not eligible or was placed on a waiting list. If the waiting list is closed, a dated and signed notice must be provided;</p> <p style="padding-left: 40px;">Has participated in or has registered to participate in education on renter rights and responsibilities; and</p> <p style="padding-left: 40px;">Has submitted a budget that demonstrates that with the subsidy, the youth will be able to cover rent and remaining living expenses.</p> <p>I understand the requirement to notify the Iowa Finance Authority within ten (10) working days of the date of any change that may affect eligibility. Failure to notify the Iowa Finance Authority of changes or the making of false statements may result in repayment of the amount that was received by the applicant while ineligible, termination of the assistance, or both.</p> <p>I understand that the Iowa Finance Authority quality assurance measures for this program will include audits of the information provided by the applicants.</p>

Printed Name		Organization Code	
Date			

Email application and budget document to: ifa_rent_subsidy_admin@iowa.gov

Iowa Finance Authority
 Attn: Direct Rent Subsidy
 2015 Grand Avenue
 Des Moines, IA 50312