

OPERATION THRESHOLD

Serving Black Hawk, Buchanan and Grundy Counties

www.operationthreshold.org



CENTRAL OFFICE
P.O. Box 4120
1535 Lafayette Street
Waterloo, Iowa 50704
(319) 291-2065

Community Services
Family Development
Energy Assistance
Housing
Weatherization
Administration
(319) 291-2065

WIC
(319) 233-1851
(800) 643-1629

Fax (319) 235-1518

BUCHANAN
COUNTY OFFICE
1707 First Street E. - 3
Independence, Iowa 50644
(319) 334-6081
Fax (319) 334-9289

GRUNDY
COUNTY OFFICE
1606 G Avenue
P.O. Box 41
Grundy Center, Iowa 50638
(319) 824-3460
Fax (319) 824-5928

Dear Applicant:

Thank you for your interest in Operation Threshold housing.

When you submit your application, **you will also need to submit proof of income for the past 30 days.** The minimum monthly income needed to qualify for a unit is twice the amount of the monthly rent. This requirement is waived if you receive Section 8.

Notice:

We do a criminal history on each adult and *do not rent* to anyone with:

- **A violent criminal history or other history that would threaten the health, safety or right to peaceful enjoyment of the premises by other residents, staff or contractors.**
- **A history of drug related criminal activity.**
- **A requirement of registration under a state sex offender registration program.**

It can take up to 10 business days to process your application but you may call and check your status anytime.

We continue to market vacant units and process applications until an accepted applicant brings in the Security Deposit. We may have several accepted applicants for one unit. We give the unit to the first accepted applicant that brings in the deposit. You must be accepted before we will take payment for the deposit.

If you have any questions you may phone me at (319) 292-1865.

Aida Halilovic
Fiscal/Rental Specialist
Operation Threshold

OPERATION THRESHOLD RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employer(s) for verification of income and employment information, to the financial institution of verification of assets, and as required and permitted by law. You do not have to provide the information, but if you fail to do so, your tenant application may be delayed or rejected.

Applying for an apartment at: ___ Canterbury ___ Kingswood ___ Locust ___ Lafayette
 ___ Ankeny ___ Franklin ___ Lexington Square (Independence)

Applicant's Information

1. Applicant's Name	Social Security Number	Home Phone Number ()
2. Current Street, City, State, Zip	Current Monthly Rent	No. of Yrs. at Current Address
3. Previous Street, City, State, Zip (if current address less than 2 yrs.)	Previous Monthly Rent	No. of Yrs. at Previous Address
4. Names of Other Persons in Household		
5. Current Employer Name, Street, City, State, Zip	Type of Business	Self Employed? _____ Yes _____ No
6. Current Business Phone Number ()	Position/Title	Yrs. on Job _____ Yrs in this Line of Work _____
7. Previous Employer Name, Street, City Zip (if employed at current position less than 2 yrs.)	No. of Yrs. with Previous Employer	Previous Business Phone Number ()

Co-Applicant's Information

1. Co-Applicant's Name	Social Security Number	Home Phone Number ()
2. Current Street, City, State, Zip	Current Monthly Rent	No. of Yrs. at Current Address
3. Previous Street, City, State, Zip (if current address less than 2 yrs.)	Previous Monthly Rent	No. of Yrs. at Previous Address
4. Current Employer Name, Street, City, State, Zip	Type of Business	Self Employed? _____ Yes _____ No
5. Current Business Phone Number ()	Position/Title	Yrs. on Job _____ Yrs. in this Line of Work _____
6. Previous Employer Name, Street, City Zip (if employed at current position less than 2 yrs.)	No. of Yrs. with Previous Employer	Previous Business Phone Number ()

PAST & PRESENT LANDLORDS (2 years history required)

APPLICANT

Current Landlord's Name, Street, City State, Zip	Reason for leaving	Landlord's Phone Number () Is this person a relative? Yes No
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Previous Landlord's Name, Street, City State, Zip	Reason for leaving	Landlord's Phone Number () Is this person a relative? Yes No
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CO-APPLICANT

Current Landlord's Name, Street, City State, Zip	Reason for leaving	Landlord's Phone Number () Is this person a relative? Yes No
--	--------------------	---

Previous Landlord's Name, Street, City State, Zip	Reason for leaving	Landlord's Phone Number () Is this person a relative? Yes No
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PLEASE GIVE THREE REFERENCES

Name & relationship	Street, City, State, Zip	Phone Number ()
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Name & relationship	Street, City, State, Zip	Phone Number ()
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Name & relationship	Street, City, State, Zip	Phone Number ()
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IN CASE OF EMERGENCY

Name	Street, City, State, Zip	Phone Number ()	Relationship
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ANNUAL INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YEARS OR OLDER	TOTAL
Salary (please submit paystubs)	\$	\$	\$	\$
Overtime Pay, Commissions, Fees, Tips, Bonuses	\$	\$	\$	\$
Interest and/or Dividends	\$	\$	\$	\$
Net Income from Business	\$	\$	\$	\$
Net Rental Income	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds Etc., Received Periodically	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation, etc.	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
FIP	\$	\$	\$	\$
Section 8	\$	\$	\$	\$
Other	\$	\$	\$	\$
			TOTAL \$ _____	

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME, STREET, CITY, STATE, ZIP CODE OF FINANCIAL INSTITUTION
Checking Account	\$	\$	
	\$	\$	
Savings	\$	\$	
	\$	\$	
Credit Union	\$	\$	
	\$	\$	
Mutual Funds	\$	\$	
Stocks/Bonds	\$	\$	
Other:	\$	\$	

HOUSEHOLD COMPOSITION

List the head of the household and all members who would live in the apartment. Give the relationship of each family member to the head of the household.

MEMBER	FULL NAME	RELATIONSHIP TO SELF	SEX	BIRTH DATE	SOCIAL SECURITY NO.	PLACE OF EMPLOYMENT
Self		Self	M/F			
2			M/F			
3			M/F			
4			M/F			
5			M/F			
6			M/F			
7			M/F			
8			M/F			

1. Does anyone live with you now who is not listed above? Yes No
2. Does anyone plan to live with you in the future who is not listed above? Yes No
3. Do any of the above listed persons have a criminal history? Yes No
4. Do any of the above listed persons engage in illegal drug use? Yes No
5. Are any of the above listed persons subject to registration requirement under a state sex offender registration program? Yes No
6. Have any of the above listed persons ever been evicted? Yes No

Please explain if you answer "YES" to any of the questions above. _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/We understand that a fraudulent application can result in denial of housing or subsequent lease termination.

APPLICANT

DATE

CO-APPLICANT

DATE

TENANT RELEASE AND CONSENT

I/We _____,

the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for the purpose of verifying information on my/our rental application. I/We authorize release of information without liability to the owner/manager if the apartment community listed below, and/or The Affordable Housing Group, Inc. as the monitoring agency.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups of individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|---|----------------------------------|---|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including
Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Administration | Banks and other Financial
Institutions |
| Credit Reporting Agencies | Medical and Child Care Providers | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/we have the right to review this file and correct any information that I/we can prove is correct.

SIGNATURES

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

Operation Threshold

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.