

Thank you for your interest in the Home and Community-Based Services (HCBS) Rent Subsidy Program. These instructions are provided to assist you in completing the application for HCBS Rent Subsidy.

In order to determine eligibility, Iowa Finance Authority (IFA) must receive a complete application which includes the following:

- A complete, signed and dated copy of the application for HCBS Rent Subsidy
- Documentation that verifies the applicant's gross monthly income
- A copy of the current lease agreement, signed by both landlord and tenant
- Documentation that the applicant has signed up for Section 8 Housing Choice Voucher (HCV) rental assistance, or that the wait list is currently closed to new applications
- Documentation that verifies participation in Habilitation or Money Follows the Person programming, as applicable (IFA can verify participation in all other HCBS waiver programs)

Section 1: Place an "X" to designate if the application is a new application, annual renewal, or a change of information.

- **New Application:** Submitted if the applicant is not currently receiving HCBS Rent Subsidy or has previously been removed from the program.
- **Annual Renewal:** Submitted for redetermination of eligibility at least once per every 12 months to maintain ongoing eligibility for the HCBS Rent Subsidy.
- **Change of Information:** Submitted for current program participants for any change in the information required by the application (ex. income, living arrangement, contact information). Must be submitted within 10 working days of the change. Must include participant name, any changes to the application information, and first signature block on page 4 to be considered complete.

Section 2: Applicant Information

List information for the applicant.

Section 3: Income Information

List total gross monthly income for applicant. If applicant is married, must include total gross income for applicant and spouse combined. Documentation verifying this amount must be submitted as an attachment (see page 5 of the application).

Section 4: Rental Unit Information

- List date the applicant originally moved into the rental unit.
- List the total monthly rent for the entire rental unit. Do not include fees or utility charges.
- List the total number of bedrooms in the unit, even if not in use.
- List the number of qualified dependents. A dependent relative *may* include a minor child, parent or spouse who is both financially dependent on the applicant, living in the unit with the applicant, and eligible to be claimed as a dependent for tax purposes.

Section 5: HCBS Waiver Information

Mark "yes" or "no" to each of the three questions. Submit documentation verifying participation if marking "yes" to either Habilitation or MFP.

Section 6: Case Manager Contact Information

List full name, organization, email address and phone number for primary case manager.

Section 7: Legal Guardian Contact Information

If applicable, list full name, relationship to applicant, email address and phone number for legal guardian. Legal verification of guardianship and/or Power of Attorney may be required.

Section 8: Additional Contact Information

If applicable, include full name, relationship to applicant, email address and phone number for any other individual that the applicant wishes to receive communications related to the HCBS Rent Subsidy program.

Section 9: Correspondence Directed To

All correspondence will be sent to the applicant and case manager. Mark “x” for communication to be sent to other listed contacts, for example: guardian, payee, or landlord. Please note that the landlord will always receive notification of monthly payments.

Section 10: Landlord Information

List property name, primary contact, email address and phone number for current landlord/property manager. Please note that the landlord may also need to provide documentation for EFT/ACH payment and a W9 for tax purposes prior to a new applicant being added to the HCBS Rent Subsidy program.

Section 11: Rent Subsidy Information

- Respond “yes” or “no” to questions regarding any current or previous rental assistance received and Section 8 HCV current wait list status. If “yes” to either question, provide written explanation as applicable.
- Review Applicant Certifications related to Section 8 HCV. Applicant or responsible care team member must sign below this section to acknowledge understanding.

Section 12: Declarations

Read the declarations carefully, then complete both signature blocks. Printed name, signature, and date must be present for both signature blocks. Indicate relationship to applicant under each signature block.