



Iowa Finance Authority
APPLICATION FOR HCBS RENT SUBSIDY



What it is

The rent subsidy program provides a monthly rental assistance payment to eligible adults and children receiving services under a federal Medicaid waiver program called home- and community-based services (HCBS). The program is administered by the Iowa Finance Authority on behalf of the Department of Human Services.

Program goal

The program goal is to assist persons who are at risk of entering a nursing facility to remain in the community.

How it works

After using 30% of their own income to pay a portion of their rental expense, eligible persons will receive monthly financial assistance from this program to be used to pay the balance of the housing's monthly rental cost up to 110% of the United States Department of Housing and Urban Development (HUD) Fair Market Rent. Approved payments are based on the prevailing HUD Fair Market Rent guidelines of the applicable low-rent housing program in the area where the person's residence is located.

In order to be considered for assistance, applicants must meet all of the following minimum criteria:

- ◆ The applicant shall be a recipient of the HCBS waiver program. Persons approved for future receipt of services should not apply until they are actively receiving services of the HCBS program.
- ◆ The applicant shall have been determined ineligible or be on the waiting list for rent subsidy programs under the U.S. Department of Housing and Urban Development or any other available rent subsidy programs.
- ◆ The applicant shall be financially responsible for rent or housing costs.
- ◆ The applicant is at risk of nursing facility placement.

Persons who meet these minimum eligibility criteria should complete the information on the attached application and return it to:

Iowa Finance Authority
Rent Subsidy Program
100 E. Grand, Suite 250
Des Moines, Iowa 50309

Iowa Finance Authority will send a **notice of acceptance or denial** to each applicant or the applicant's legal guardian within 15 working days of the date the complete application is received by the Authority.

A notice of acceptance will identify the date payments will begin and the dollar value of the monthly payments.

A notice of denial will explain the reasons for denial and whether or not the applicant is placed on a waiting list for future consideration. A waiting list will be established and maintained for this program if funds are insufficient to assist all eligible applicants.

Iowa Finance Authority will not consider applications that are incomplete. A complete application contains all of the information requested in the application form and the following attachments:

- ◆ **Documentation that the applicant has applied to other rental assistance programs and that it has been determined the applicant was not eligible or was placed on a waiting list.**
- ◆ **Documents to verify the applicant's income (such as copies of checks or paycheck stubs, letters regarding disability determination and amount of assistance, etc.).**
- ◆ **Documentation to verify applicant is at risk of nursing facility placement.**

Please call (515)242-4990 or (800)432-7230 with any questions.



Iowa Finance Authority
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Date received
in IFA:

Please type or print the following information and place a check mark in the boxes where appropriate.

This application is: New Annual renewal

Applicant's name	Social Security No.	Date of birth
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I participate in the following HCBS waiver program:

- | | | |
|--|---|--|
| <input type="checkbox"/> Ill and Handicapped | <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Brain Injury |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Physical Disability |

Name of HCBS waiver provider

This application is:

- Because I am at risk of going to a nursing facility.
If checked attach a narrative documenting insufficient funds to pay housing costs and why insufficient funds will cause applicant to enter a nursing facility. Also describe how participation in an HCBS waiver will prevent entering a nursing facility and how access to this subsidy is required to live in community housing permitted under a waiver.

Household address where rent subsidy will be used	Date moved in	County
		Telephone number and area code

How many bedrooms in this household?		What is this household's TOTAL monthly rent cost?	\$
How many persons live in this household not including the applicant?		How much of this TOTAL monthly rent cost is the applicant responsible for paying?	\$
How many of them also receive HCBS services?		What is the applicant's income for the last calendar year	\$
How many of them have applied for or will apply for this rent subsidy?		What is the applicant's projected <u>monthly</u> income for the <u>next</u> 12 months?	\$
Date applicant entered HCBS program		List income sources for current year	%

Please complete the back also.

List the rental assistance programs to which the applicant has applied and identify the dates the applicant was determined ineligible. (Attach documentation such as copies of denial notices.)	
Legal guardian's name	Telephone number and area code
Guardian's current address	
Name to whom check should be mailed – Check can only be mailed to the client or payee	Relationship to applicant
Mailing address	Telephone number and area code

DECLARATION: 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 applicant is not eligible. I have attached all of the following:

- ◆ Information to verify the applicant's income.
- ◆ 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.
- ◆ Documentation that the applicant is at risk of going to a nursing facility.

I understand the requirement to notify the Iowa Finance Authority within ten working days 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.

Signature of applicant	Date
Signature of authorized person on behalf of applicant	Date
<u>Type or print</u> name and telephone number of authorized person and describe relationship to applicant	

Please **mail** or otherwise deliver the complete application including all attachments to: **Iowa Finance Authority, Rent Subsidy Program, 100 E. Grand Ave., Suite 250, Des Moines, Iowa 50309**. A notice of approval or denial will be sent within 15 working days.