



Hershey Manor

Hershey Manor is a well-maintained complex of 50 one bedroom apartments, specially designed for seniors 62 years of age or older. Hershey Manor is conveniently located in a lovely neighborhood on the bus line.

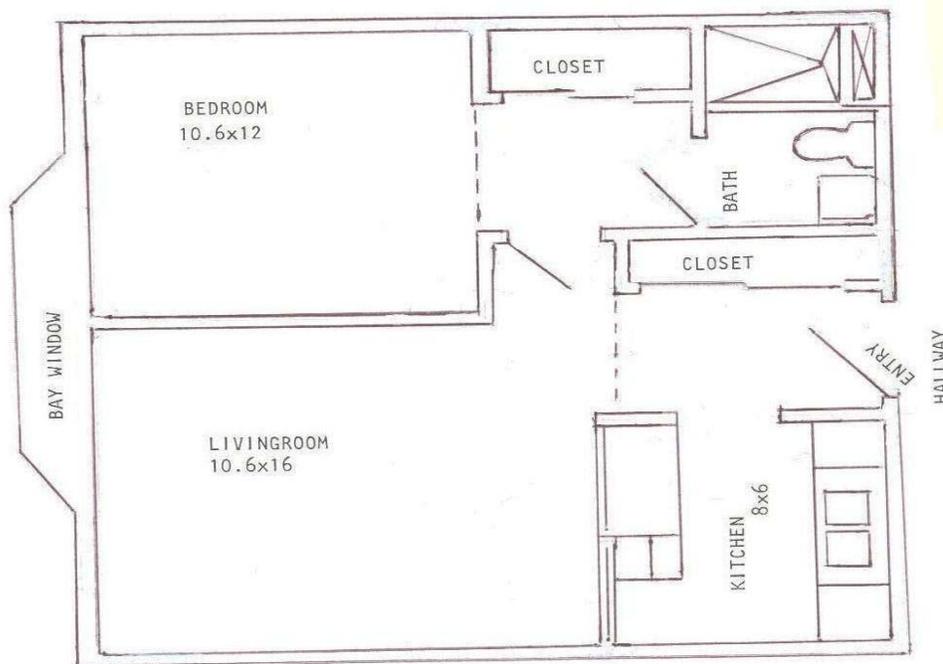
Amenities include:

- On-site housing manager
- Dinner is served 5 days a week. (\$3.00 suggested donation)
- Laundry
- Convenient mailroom access
- Senior Circle is located in an adjacent building to provide services to qualified applicants.
- On the bus line
- Secure entry system at all building entrances

Tenants pay no more than 30% of income for rent and utilities after medical and disability deductions.

Maximum income guidelines: Single persons - \$22,900 / Two persons - \$26,150

To get an application or more information, stop by or call the Hershey Manor office – 9 AM to 2 PM. You may also pick up an application in the Housing Department at City Hall.



Approximate square footage = 525 +/- Floor plans may vary slightly

Hershey Manor

Susan George Housing Specialist, PHM
1810 Mulberry Avenue - Muscatine, IA 52761

Muscatine Municipal Housing Agency

City Hall - 215 Sycamore Street - Muscatine, IA 52761
563-264-1554 563-263-8304





V. MISCELLANEOUS INFORMATION: Please note incorrect statements can cause your application and/or housing assistance to be declined and/or terminated. Check appropriate circles and write full explanations as needed.

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES.

1. Do you and/or any household member own or have interest in:
 - boat real estate mobile home _____ none
 If yes, explain: _____

2. Have you sold any real estate in the last two (2) years? yes no

If yes, explain: _____

3. Do you own a vehicle? yes no How many vehicles: 1 2 3

Model / Year _____ License Plate #: _____

Model / Year _____ License Plate #: _____

Model / Year _____ License Plate #: _____

4. Does anyone outside of your household pay for any of your bills, or give you money?
 - yes no If yes, explain: _____

5. Have you or any other adult household member ever used any other name(s), maiden name?
 - yes no
 - Current Name _____ Former name _____
 - Current Name _____ Former name _____
 - If yes, explain: _____

6. Have you or any other adult household member ever used any Social Security(s) #'s other than the one you are currently using? yes no

If yes, explain: _____

7. Have you or any other adult household member previously lived in any public housing or in any unit where help with rent was given through a rental assistance program?
 - yes no
 - If yes, explain: _____
 - Complete Address, including apt. number: _____ Apt. _____
 - City/State/Zip Code _____

8. Have you or anyone in your household ever been involved in, arrested for or convicted of drug activity? yes no

If yes, explain: Where? _____ Year? _____

9. Have you or any member of your household abused alcohol or drugs to the extent such abuse caused behavior that interfered with the health, safety or right of peaceful enjoyment of the premises of others? yes no

If yes, explain: _____

10. Have you or anyone in your household ever been involved in, arrested for or convicted of any crime other than traffic violation? yes no

If yes, explain ALL: _____



11. Have you committed fraud in any federally assisted housing program or been requested to repay money knowingly misrepresenting information for such housing?

- yes no

If yes, explain: _____

PLEASE NOTE: MUSCATINE MUNICIPAL HOUSING AGENCY DOES A CRIMINAL BACKGROUND CHECK. INACCURATE AND/OR INCOMPLETE ANSWERS CAN CAUSE YOUR APPLICATION AND/OR HOUSING ASSISTANCE TO BE DECLINED AND/OR TERMINATED.

12. Do you currently owe money to the City of Muscatine or any other Assisted Housing Agency in United States?

- yes no

If yes, explain: _____

13. Will any person(s) other than those listed on your current housing application be living or staying in your household while you receive housing assistance? yes no

If yes, explain: _____

14. Will any person in your household benefit from a handicap accessible unit? yes no

15. Are you or anyone in your family currently a full or part-time student? yes no

Names of institution: _____

16. Is any member in your household subject to the lifetime sex offender registry? yes no

Names: _____

I, hereby swear and attest that all information above about myself and other household members is true and correct.

I understand a criminal background check may be done to verify the information I have given and that untrue statements may be cause for my application and/or housing assistance to be declined and/or terminated.

I understand changes in income of any member of the household, household size and/or composition, address changes, etc. must be reported to Muscatine Municipal Housing Agency IN WRITING IMMEDIATELY.

APPLICANTS REQUIRING SPECIAL ASSISTANCE

Applicants with disabilities who require special accommodation in the application process should notify Muscatine Municipal Housing Agency at (563) 264-1554 or for the hearing impaired, the TDD at (563) 264-1550.

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, or dwelling unit that will allow a qualified person with a disability to participate fully in a program; take advantage of a service, or live in a dwelling. Applicants with disabilities who require a reasonable accommodation in order to participate in the application process or make effective use of the housing program may request such an accommodation. Muscatine Municipal Housing Agency will accommodate a specific request unless doing so would result in an undue financial and administrative burden, please call our administrative office at 563-264-1554 for more information.

SIGNATURE OF HEAD OF HOUSEHOLD DATE SIGNATURE OF SPOUSE DATE

Table with 2 columns: INFORMATION and SIGNATURE/DATE. Includes question: Was this application filled out by someone not list as Head of Household? and Provide the following information:

MARKETING SURVEY - How did you hear about the housing program?

- Newspaper Advertisement Agency Referral Other: Resident Referral Drove By and Noticed Sign and Building

Initials Date

CREDIT REFERENCES



!!!! PLEASE NOTE !!!! Credit references are required before your application can be considered. Please be as thorough as possible with this information.

LANDLORD REFERENCES

OFFICE USE

L ANDLORD NAME & ADDRESS LANDLORD PHONE:	ADDRESS WHERE YOU LIVED (INCLUDE APT. NUMBER) WHAT NAME WAS THE UNIT IN? MOVE IN DATE: MOVE OUT DATE:	SENT REC'D NOTES:
L ANDLORD NAME & ADDRESS LANDLORD PHONE:	ADDRESS WHERE YOU LIVED (INCLUDE APT. NUMBER) WHAT NAME WAS THE UNIT IN? MOVE IN DATE: MOVE OUT DATE:	SENT REC'D NOTES:
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CREDIT REFERENCES (THESE ARE REQUIRED!! INCLUDE UTILITY COMPANIES, CABLE, LOANS, ETC.)

OFFICE USE

COMPANY NAME & ADDRESS CONTACT PERSON IF KNOWN: PHONE:	TYPE OF REFERENCE (IE UTILITY, AUTO, ETC.) ACCOUNT NUMBER: WHAT NAME IS/WAS THE ACCOUNT IN?	SENT REC'D NOTES:
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Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.