



Family Recovery Housing Application

436 Southgate Ave, Iowa City, Iowa 52244

Phone: (319) 351-4357 | Fax: (319) 351-4907

The goal of Family Recovery Housing is to provide safe, affordable rental housing for persons in recovery from substance use and their families. Family Recovery Housing requires families to commit to at least a one year lease, with tenancy re-evaluated on a yearly basis thereafter. . Housing is combined with supportive services to enable individuals and families to live as independently as possible. Supportive services help promote residential stability, increased skill level and/or income, and greater self-determination. All households must meet income guidelines and provide annual income verification. Persons must be in recovery from a substance use disorder and participate in individualized programming, as deemed appropriate by CFR staff. Families are expected to abstain from the use of alcohol, and/or drugs. Tobacco use or nicotine vaping is prohibited in apartments and the common areas, as well as all CFR grounds. The information you provide on the application is confidential. Only information necessary to verify your references will be disclosed. You will be asked to sign a consent form.

Applicants are considered for housing based on their: current housing situation; housing references; ability and willingness to maintain the property; income verification; date of application; date of unit availability; willingness to engage in programming; and substance use recovery. It is your responsibility to inform our office of any change of address, phone number, Section 8 status, and household composition. The most suitable applicant will be chosen for any particular unit. If the qualifications of every applicant reviewed for a unit are equal, the date of application will be considered.

If you are in a lease and interested in Community and Family Resources (CFR) Family Recovery Housing, it is your responsibility to talk to your landlord to determine their willingness to mutually agree to end the rental agreement should a unit become available.

If you have any questions about the application or tenant selection process, please feel free to call CFR at 319-351-4357.

CFR is an equal opportunity housing provider. We do not discriminate according to race, creed, color, gender, national origin, religion, age, sexual orientation or disability. We look forward to serving you and your family members.

Housing Application Process

Please read before filling out the application.

1. All information on the application must be completed.
2. CFR staff will process the application (including references).
3. If applicant meets the tenant selection criteria, applicant is placed on the waiting list and applicant is notified they are on the waiting list.
4. If applicant does not meet the tenant selection criteria, a letter of denial is sent to applicant.
5. It is the applicant's responsibility to notify CFR of any changes in address, phone number, Section 8 status, and household composition.

When a unit becomes available.

1. The applicant waiting list is reviewed, and an applicant is chosen.
2. The chosen applicant is notified of the current or upcoming vacancy.
3. The applicant is chosen based on availability and appropriateness for the unit.
4. An offer to rent is made to the applicant.
5. If the applicant accepts to rent the unit, the lease procedure begins.
6. If the applicant declines the unit, an offer to rent is made to the next appropriate applicant.
7. Units will not be held for applicants.

Minimum Criteria for Tenant Selection

- Head of Household participates in substance use treatment with CFR.
- Meets minimum income guidelines and provides written income verification.
- Ability and willingness to maintain apartment in accordance with CFR expectations and participate in recommended CFR programming.
- Head of household must be sober for 3-5 months.
- Head of Household must have (or be working toward) at least 50% custody of at least 1 child.

Application

Please fill in every item on the application. The following information needs to be completed for all persons in your family who are 18 years or older.

Number of Bedrooms you are requesting: 2-bedroom 3-bedroom

Would you be willing to accept a 2-bedroom unit if it becomes available: Yes No

Head of Household:

Name: _____ Date of Application: _____

Social Security # _____ Driver's License # _____

Birth date: _____ Age: _____

Make, color, plate #, of all vehicles: _____

Telephone # _____ Work telephone # _____

Do we have your consent to contact you at work: Yes No

Monthly gross income? (income before taxes) _____

Source of Income: Employment Assistance to Families (i.e. FIP) SSI SSDI

Child Support Other- Please list: _____

Are you a student? Yes No

How did you hear about CFR Family Recovery Housing Services? _____

Your current living arrangement: _____

Are you currently in a lease? Yes No

If yes, when does it expire? _____

Do you have a Section 8 voucher? Yes No

Name of Section 8 caseworker _____

How many bedrooms are you qualified for in the Section 8 program? _____

Have you applied for Section 8? Yes No

Date of Section 8 Application? _____

Are you on the waiting list? Yes No

Other Adult Household Member (18 years or older):

Name: _____

Current Address: _____
Street City State Zip

Social Security # _____ Driver's License # _____

Birth date: _____ Age: _____

Make, color, plate #, of all vehicles: _____

Telephone # _____ Work telephone # _____

Do we have your consent to contact you at work: Yes No

Monthly gross income? (income before taxes) _____

Source of Income: Employment Assistance to Families (i.e. FIP) SSI SSDI

Child Support Other- Please list: _____

Are you a student? Yes No

Children - List all persons under the age of 18 that will live in your household:

Name _____ Birth Date _____ Age: _____ Female Male

Current residence: _____

Custody status: _____

Name _____ Birth Date _____ Age: _____ Female Male

Current residence: _____

Custody status: _____

Name _____ Birth Date _____ Age: _____ Female Male

Current residence: _____

Custody status: _____

Name _____ Birth Date _____ Age: _____ Female Male

Current residence: _____

Custody status: _____

Department of Human Services (DHS)

Have you ever been involved with DHS? Yes No

Dates of Past DHS Cases: _____

Are you currently involved with DHS? Yes No

County of DHS case: _____ DHS Caseworker: _____

Housing History –List your current residence first:

1. _____
Your address City State Zip Date Rented (m/yr.)

Landlord Name Landlord Address City State Zip

Landlord Telephone # _____

Number of bedrooms _____

Amount of monthly rent paid by family \$ _____ Total monthly rent \$ _____

Amount of Security Deposit \$ _____ Amount of Security Deposit Returned to You \$ _____

Explain if the full deposit was not returned to you: _____

2. _____
Your address City State Zip Date Rented (m/yr.)

Landlord Name Landlord Address City State Zip

Landlord Telephone # _____

Number of bedrooms _____

Amount of monthly rent paid by family \$ _____ Total monthly rent \$ _____

Amount of Security Deposit \$ _____ Amount of Security Deposit Returned to You \$ _____

Explain if the full deposit was not returned to you: _____

Present Employer

Company _____ How long? _____

Address _____

Phone _____ Supervisor _____

Position _____ Salary/Wages _____

Previous Employment (If Applicable)

Company _____ How long? _____

Address _____

Phone _____ Supervisor _____

Position _____ Salary/Wages _____

Have you ever been terminated from a job? Yes No

If yes, please explain _____

Substance Use Recovery:

Are you or any member of your family currently attending substance use treatment: Yes No

Head of Household

Substance Use History

	Last Used?	How Much?	How Often?
Alcohol	_____	_____	_____
Cannabis	_____	_____	_____
Cocaine	_____	_____	_____
Amphetamine	_____	_____	_____
Prescription Meds	_____	_____	_____
Tobacco	_____	_____	_____
Opioid	_____	_____	_____
Other	_____	_____	_____

Treatment History

<i>Type of Treatment</i> (circle one)	<i>Dates</i>	<i>Location</i>	<i>Completed? (Y/N)</i>
Inpatient / Outpatient			
Inpatient / Outpatient			
Inpatient / Outpatient			
Inpatient / Outpatient			
Inpatient / Outpatient			
Inpatient / Outpatient			

Current Substance Use Services

Agency _____ Where? _____

Type of Treatment? _____ Date Began? _____

Other (i.e. AA/NA, church, etc.): _____

Other Adult Household Member (18 years or older)

Substance Use History

	Last Used?	How Much?	How Often?
Alcohol	_____	_____	_____
Cannabis	_____	_____	_____
Cocaine	_____	_____	_____
Amphetamine	_____	_____	_____
Prescription Meds	_____	_____	_____
Tobacco	_____	_____	_____
Opioid	_____	_____	_____
Other	_____	_____	_____

Treatment History

<i>Type of Treatment</i> (circle one)	<i>Dates</i>	<i>Location</i>	<i>Completed? (Y/N)</i>
Inpatient / Outpatient			
Inpatient / Outpatient			
Inpatient / Outpatient			
Inpatient / Outpatient			
Inpatient / Outpatient			
Inpatient / Outpatient			

Current Substance Use Services

Agency _____ Where? _____

Type of Treatment? _____ Date Began? _____

Other (i.e. AA/NA, church, etc.): _____

Legal History

Have you or any member of your household ever been convicted of a felony or aggravated misdemeanor? Yes No

If yes, please indicate:

Charge: _____ County: _____

Sentence: _____ Date of Sentence: _____

Outcome? (Resolved, pending, etc.) _____

Charge: _____ County: _____

Sentence: _____ Date of Sentence: _____

Outcome? (Resolved, pending, etc.) _____

Charge: _____ County: _____

Sentence: _____ Date of Sentence: _____

Outcome? (Resolved, pending, etc.) _____

Do you have a parole officer?

If yes, please indicate:

Name: _____ Location: _____

Have you or any members of your household ever been evicted? Yes No

If yes, please indicate:

Date: _____ Reason for eviction: _____

Date: _____ Reason for eviction: _____

Have you or any members of your household ever been sued for nonpayment of rent, damages, or noncompliance with a Rental Agreement? Check the appropriate box below:

Nonpayment: Yes No Damages: Yes No Noncompliance: Yes No

If yes, please indicate:

Date: _____ Reason for nonpayment, damages, or noncompliance: _____

Date: _____ Reason for nonpayment, damages, or noncompliance: _____

I declare the above information to be true and correct and authorize this information to be checked for verification. I understand that if any of the above information is found to be incorrect, I will not be considered for CFR Family Recovery Housing Services.

_____ **Date** _____
Signature of Applicant

_____ **Date** _____
Signature of Other Adult Household Member

Applicant's signature on the Application authorizes management to check the applicant's references including:

- Credit Report
- Income Verification
- Employment and or Student Verification
- Previous Landlords or Program Participation
- County Courthouse Records for Small Claims filed
- County Courthouse Records of Money Judgments
- Law Enforcement with jurisdiction over previous addresses
- Department of Public Safety Criminal Records
- Others as deemed pertinent for Application

Household Race/Ethnicity Information

CFR is an equal opportunity housing provider. Applicants are considered without regard to race, creed, color, gender, national origin, religion, age, sexual orientation or disability. Information regarding race and ethnicity may be requested by our funding sources and is obtained for reporting purposes only.

Head of Household

Race: Am. Indian/Alaskan Native Am. Indian/Alaskan Native & White
 Latino Asian & White
 Black/African Am. & White White
 Other/Multi-Racial Asian
 Black/African American Native Hawaiian/Other Pacific Islander

Other Adult Household Member (18 years or older)

Race: Am. Indian/Alaskan Native Am. Indian/Alaskan Native & White
 Latino Asian & White
 Black/African Am. & White White
 Other/Multi-Racial Asian
 Black/African American Native Hawaiian/Other Pacific Islander