Matthew 25
Growing Strong Neighborhoods

Matthew 25
201 Third Ave. SW
Cedar Rapids, IA 52404
www.matthew-25.org
info@matthew-25.org
319-362-2214

Application for Housing

Thank you for applying with Matthew 25!

The following information is needed at the time your application is submitted:

- **Matthew 25 Rental Application completed by all applicants with signatures on every page**
- **Copy of a valid Driver's License and Social Security Card.**
- **Six consecutive months of Bank statements (When approved)**
- **Two Consecutive months of Check Stubs (When approved)**
- **$40 Application Fee per applicant (After viewing unit)**
    - **Payable to Matthew 25**
    - **Cash payments must be in exact change**

Your application will be processed when all of the above items are provided. Any missing information will delay the process.

To qualify, prospective tenants must make three times the monthly rent.

EQUAL HOUSING OPPORTUNITY

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Fair Housing Policy

Matthew 25 will not discriminate on the basis of race, color, creed, religion, natural or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local state or federal law in any aspect of tenant selection.

Matthew 25 runs a credit check on all prospective tenants 18 years of age and over. Any outstanding balances with current or previous landlords, utility companies, liens, or judgments must be paid in full before we can approve the application.

Iowa Code Chapter 216, Iowa's anti-discrimination law, does not affect "tenancy of an individual that would constitute a direct threat to the health and safety of other individuals or tenancy that would result in substantial physical damage to the property of others" (216.20).

Consent and Acknowledgment

I hereby certify that I am at least 18 years of age. Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts including but not limited to current and previous landlords, employers and personal references. Applicant hereby authorizes owner agent to obtain any and all unlawful detainer, credit reports, telechecks, and any criminal background reports. Applicant agrees to furnish additional credit and or personal references upon request. Applicant understands that incomplete and correct information provided in this application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

_____

Applicant 1

_____

Applicant 2

Residential Rental Application

Non-refundable Application Fee: $40.00

Property Address: _____
Rent Amount: $_____/Month

***Matthew 25 has a No Pet Policy_ Accommodations may be given to service animals**

Smoker? ⬜ Yes ⬜ No

Tenancy
Type/Length:_____ Start Date:_____

Applicant #1 Details
Full Name: _____ DOB:_____
SSN:_____
Driver's License No:_____ Phone:_____
E-mail: _____

Vehicles? ⬜ Yes ⬜ No If yes, provide details below.
Make/Model/Year:_____
Ever been convicted of a felony or plead guilty to a serious misdemeanor?
⬜ Yes ⬜ No If yes, describe:_____
Ever filed for bankruptcy? ⬜ Yes ⬜ No
If yes, describe:_____
Ever been evicted? ⬜ Yes ⬜ No
If yes, describe:_____
Have you ever gone by another name? Please list all names, nicknames, or aliases.
_____

Current Employment: Must be employed for a minimum of 6 months for application to be considered.
Company:_____
Occupation/Title:_____
How Long?_____ Gross Income: $_____

(From prior year tax filing)
Is your monthly income 3 x the rent rate? ⬜ Yes ⬜ No
Address:_____
City:_____ State:_____
Supervisor Name: _____Supervisor Ph#:_____

Current Residence
Bedrooms:_____ Rent Amount: $_____/Month
Address:_____
City:_____ State:_____ Zip:_____
How long at this address?_____
Current Lease Expiration Date:_____
Reason for moving?_____

Current Landlord
Name:_____
Address:_____
Phone:_____ E-mail:_____
Start Date:_____ End Date:_____

References
List three business or professional references (non related).

	Name	Phone #	Relationship	Years Known
1.				
2.				
3.				

Dependents: *Additional Space if needed on the back

Name & DOB_____ _____

_____ _____

Applicant #2 Details

Full Name: _____ DOB:_____
SSN:_____
Driver's License No:_____ Phone:_____
E-mail: _____

Vehicles? ⬜ Yes ⬜ No If yes, provide details below.
Make/Model/Year:_____
Ever been convicted of a felony or plead guilty to a serious misdemeanor?
⬜ Yes ⬜ No If yes, describe:_____
Ever filed for bankruptcy? ⬜ Yes ⬜ No
If yes, describe:_____
Ever been evicted? ⬜ Yes ⬜ No
If yes, describe:_____

Current Employment: Must be employed for a minimum of 6 months for application to be considered.
Company:_____
Occupation/Title:_____
How Long?_____ Gross Income: $_____
(From prior year tax filing)
Is your monthly income 3 x the rent rate? ⬜ Yes ⬜ No
Address:_____
City:_____ State:_____
Supervisor Name: _____Supervisor Ph#:_____

References
List three business or professional references (not relatives).

	Name	Phone #	Relationship	Years Known
1.				
2.				
3.				

Dependents: *Additional space if needed on the back

Name & DOB_____ _____

_____ _____

By my signature below, I represent that all of the information that I have disclosed in this Rental Application is true, accurate, and complete. I acknowledge that all of the information I have disclosed is material and Matthew 25 is relying on the information to decide whether to grant or deny this Application. **I authorize Matthew 25 to order and review my credit and criminal history and investigate the accuracy of all information contained in this Iowa Rental Application. I further authorize all banks, employers, and creditors to provide Matthew 25 any and all information concerning my character & credit.**

_____ _____

Applicant Date Applicant Date

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Employment Verification

AUTHORIZATION: Federal regulations require us to verify employment income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information is appreciated.

Employed since:_____ Occupation:_____

Salary:_____ Effective date of last increase:_____

Base pay rate: $_____/hour or $_____/week or $_____/month

Average hours/week at base pay rate:_____ Number of weeks_____/year

Overtime pay rate: $_____/hour

Expected weekly average number of hours overtime to be worked during next 12 months_____

Any other Compensation not included above (Specify commissions, bonuses, tip, etc.) for:_____ $_____/hour/week/year

Do you receive paid time off? Yes / No If Yes, number of days/year_____

Total base pay for past 12 months: _____ Total overtime for past 12 months:_____

Probability and expected date of pay increase:_____

Is there access to a retirement account? Yes / No If Yes, what amount can be access: $_____

RELEASE: I hereby authorize the release of the requested information.

Signature of Applicant:_____Date:_____

Signature of _____or Authorized Representative:_____

Title:_____ Date:_____ Telephone:_____

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INCOME ELIGIBILITY

HUD has defined eight specific types of income that apply to the section 8 part five definition of income. Applicants shall mark all that apply

1. Employment
2. Self-employment
3. Income from assets
4. Social Security benefits
5. Payments in Lieu of earnings
6. Welfare assistance
7. Periodic allowances (Child support, Gifts, etc.)
8. Military pay

United States code title 18 section 1001 provides: “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both.”

By signing this for, I acknowledge and agree to the above, and that this application is true, correct, and complete.

_____ _____

Applicant 1 **Date**

_____ _____

Applicant 2 **Date**

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RENTAL VERIFICATION

APARTMENT ADDRESS: _____

LANDLORD: _____ **PHONE #:** _____

Please verify rental information for _____.
(As per the signature authorization as soon as possible and email: rentals@hub25.org

_ _

SECTION BELOW TO BE FILLED OUT BY PROPERTY MANAGERS ONLY:

1. Move in Date: _____
2. Lease Expiration Date: _____
3. Did they give 30 day notice: _____
4. Amount of monthly rent: _____
5. Number of late payments: _____
6. Have you had to serve a 3 Day Notice to Quit? _____ If so, how many? _____
7. Number of NSF Checks: _____
8. Legal notices or actions: _____
9. Noise complaints _____
10. Condition of apartment: _____
11. Would you rent to them if they reapplied and qualified: _____
12. Has tenant ever had an issue with bed bugs: _____
13. Comments: _____

THANK YOU FOR YOUR HELP. IT IS APPRECIATED!

Reference given by: _____

Title: _____

_ _

****I hereby give permission for Landlords to release rental information concerning me to Matthew 25.**

Resident's Signature: _____ **Date:** _____

(Updated March 2022)