

MECCA Services
Transitional Housing
436 Southgate Ave, Iowa City, Iowa 52244
(319) 351-4357 (319) 351-4907 Fax

The goal of Transitional Housing is to provide safe, affordable rental housing for persons in recovery from substance abuse and their families. Transitional housing facilitates the movement of individuals and families to permanent housing within 24 months. This temporary 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 substance abuse recovery and participate in individualized programming, as deemed appropriate by MECCA staff. Families are expected to abstain from the use of alcohol, and/or drugs. Tobacco is prohibited in apartments and the common areas. 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 engaged in programming; and substance abuse 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 a MECCA Transitional Housing, it is your responsibility to talk to your landlord to determine their willingness to mutually agree to end the rental agreement should a MECCA unit become available.

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

MECCA 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.

MECCA Services Transitional Housing

Housing Application Process

Please read before filling out the application.

1. All information on the application must be completed.
2. MECCA staff processes the application (checks all references).
3. If applicant meets the tenant selection criteria, applicant is placed in the applicant pool and a letter of Approval is sent to applicant.
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 MECCA of any changes in address, phone number, Section 8 status, and household composition.

When a unit becomes available.

1. The applicant pool is reviewed.
2. Applicants are notified of the current or upcoming vacancy.
3. Applicants are chosen based on availability and appropriateness for the unit.
4. An offer to rent is made to the applicant.
5. If acceptable to applicant the lease procedure begins.
6. If an 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 Abuse Recovery
- Meets minimum income guidelines and provide written income verification.
- Ability and willingness to maintain apartment and participate in recommended programming. All household members agree to program participation.

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

Name _____ Birth Date _____ Age: _____ Female Male
Current living arrangement: _____

Name _____ Birth Date _____ Age: _____ Female Male
Current living arrangement: _____

Name _____ Birth Date _____ Age: _____ Female Male
Current living arrangement: _____

Name _____ Birth Date _____ Age: _____ Female Male
Current living arrangement: _____

Name _____ Birth Date _____ Age: _____ Female Male
Current living arrangement: _____

Name _____ Birth Date _____ Age: _____ Female Male
Current living arrangement: _____

Do you have a Section 8 voucher? Yes No
Have you applied for Section 8? Yes No Date of Section 8 Application _____
Name of Section 8 caseworker _____
How many bedrooms are you qualified for in the Section 8 program? _____
Are you on the waiting list? Yes No How long? _____ months.
Are you currently in a lease? Yes No If yes, when does it expire? _____

HOUSING HISTORY – PLEASE LIST YOUR CURRENT RESIDENT 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 \$ _____

Please provide an explanation 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 \$ _____

Please provide an explanation if the full deposit was not returned to you: _____

3. _____

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 \$ _____

Please provide an explanation 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 _____

SUBSTANCE ABUSE RECOVERY

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

Substance Use History

	<u>Last Used/When?</u>	<u>Amount/How Much?</u>	<u>Frequency/How Often?</u>
Alcohol	_____	_____	_____
Cannabis	_____	_____	_____
Cocaine	_____	_____	_____
Amphetamine	_____	_____	_____
Prescription Meds	_____	_____	_____
Tobacco	_____	_____	_____
Other	_____	_____	_____

Treatment History (Inpatient (I)/Outpatient (O)/etc.) List Dates, Types, if completed, and Where:

Date _____	Circle One: I O	Where? _____	Completed? _____
Date _____	Circle One: I O	Where? _____	Completed? _____
Date _____	Circle One: I O	Where? _____	Completed? _____
Date _____	Circle One: I O	Where? _____	Completed? _____
Date _____	Circle One: I O	Where? _____	Completed? _____
Date _____	Circle One: I O	Where? _____	Completed? _____

Current Substance Abuse Treatment and Recovery Support

Agency _____ Where? _____
Type 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: _____

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

If yes, please indicate:
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?

Nonpayment Yes No Damages Yes No Noncompliance Yes No

If yes, please indicate:
Date: _____ Reason for eviction: _____

How did you hear about MECCA Transitional Housing Services? _____

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 MECCA Transitional 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

MECCA 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