City of Sioux City
Security Deposit Assistance Program

SECURITY DEPOSIT ASSISTANCE PROGRAM GUIDELINES

PLEASE READ THIS BEFORE you complete the attached application. These are a few of the most frequently asked questions about this program.

- If you (Tenant) are already living in the unit, you are **not** eligible for this program – this is only for people who have **NOT** yet moved in or have possession (have keys) of a rental unit. You cannot move in or have possession of the rental unit until AFTER your application has been reviewed AND approved by the Sioux City Neighborhood Services Division staff.

- Tenant MUST currently have income and have had income for the past 30 days. If you just started a job last week and did not work for three weeks prior to that, your application will be denied.

- Proposed rent plus utility allowance cannot exceed 50% of the household's gross monthly income (before taxes). Tenants must have the ability to maintain monthly housing costs (rent + utilities) to qualify. See examples below.

  a. If the rent is $550 with all utilities included and the household's gross (before taxes) monthly income is $800, you would NOT qualify. $800 x 50% = $400 and **is less than** $550 rent.

  b. If you want to rent a two bedroom house and tenant pays all utilities ($650 rent + $155 utility allowance = $805), the Tenant's gross monthly income would have to be AT LEAST $1,615. $1,615 x 50% = $808 and it is MORE than $805 (rent + utility allowance).

- The Tenant MUST provide a valid picture identification (Iowa driver's license, state ID, or other federal picture ID document) and social security cards for everyone in the house 18 years of age and older.

- Please note that this is not an emergency service. Your application will be processed in the order it is received, and can take up to five business days from the time a completed application has been received for a decision to be made as to whether the application is accepted or denied.

- When your completed application is received, as well as all required information listed on the Application Attachments Checklist on page 9, you will be contacted by the Neighborhood Services staff. The amount of security deposit assistance that we will pay your landlord will be based on the unit selected for rent and the number of people in your household.

- Under no circumstances will assistance be approved if it results in overcrowding the unit. No more than two people to a bedroom plus one.

- Tenants with a Housing Choice Voucher (Section 8), are not eligible for this program, unless you provide documentation that you are ineligible for security deposit from the Section 8 program.

- Our contact with you will be **by telephone** and email. You must provide a phone number to be reached. If you are not available and do not return our call/email within 72 hours, we will determine you are no longer interested in receiving assistance. Applications are accepted from 8:00 am to 4:30 pm Monday through Friday excluding holidays.

- Applicants are only eligible once every two (2) years.

- The Security Deposit Assistance program is provided by funds from the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program.

Income Limits – To be eligible for Security Deposit Assistance, your total household income may not exceed 80% of the median income for Sioux City, Iowa as indicated below.

1 person family $51,550	5 person family $79,500
2 person family $58,900	6 person family $85,400
3 person family $66,250	7 person family $91,300
4 person family $73,600	8 person family $97,200

Effective 6/1/2025

Please fill out the application (all of the pages) and drop it off at **521 Nebraska Street**. You may also mail it to:

City of Sioux City Neighborhood Services Division
PO Box 447
Sioux City, IA 51102

It is very important that you include all required items from the Application Attachments Checklist on page 9 (i.e. bank statements, tax return, etc.). If you do not turn in these items, your application will not be considered. We can make copies of your attachments for you when you drop off the application.

Once your application is submitted, City staff will contact you by phone if additional information is needed.

Thank you for your interest in this program!

CITY OF SIOUX CITY
SECURITY DEPOSIT ASSISTANCE PROGRAM APPLICATION

EQUAL HOUSING OPPORTUNITY

When the Tenant and Owner/Landlord have completed this application, and gathered the required items, the next step is drop it off at the Neighborhood Services Division at 521 Nebraska Street, Sioux City, IA 51101. If you have questions regarding the application, please call Holly at 712-224-5250, or e-mail hbathurst@sioux-city.org.

All information provided is confidential and must be retained by the City of Sioux City Security Deposit Assistance Program. If you or a family member has a disability and think that you might need or want a special accommodation, you may request one at any time.

Address of Rental Unit being considered:_____

TENANT

Name: _____

Current Mailing Address: _____

Phone: _____ Email: _____

Do you speak English? Yes No*

*If no, please provide an English speaking contact (Name and Phone Number): _____
If you do not have an English speaking contact, one can be provided to you at no cost.

☐ Yes ☐ No Do you currently live in the apartment you are seeking Security Deposit Assistance for or storing belongings there? ***You cannot currently be living in the unit or storing belongings or your application will be denied.***

☐ Yes ☐ No Have you applied or do you currently receive Section 8 Housing Choice Voucher rental assistance? If yes, please explain. _____

☐ Yes ☐ No If you have a Section 8 Housing Choice Voucher, did you attach documentation to this application that you don't qualify for a security deposit from that program?

OWNER/LANDLORD

Name: _____

Address: _____

Phone: _____ Email: _____

REQUIRED RENTAL UNIT DATA FOR SECURITY DEPOSIT

For eligible households, the Neighborhood Services Division provides a guarantee to landlords of up to one month's security deposit. Amount which can be approved will be the lowest of A) HUD maximum allowed amount per number of household members, B) HUD maximum allowed amount per number of bedrooms, C) actual rent, or D) security deposit.

Number of Bedrooms: _____ Year Constructed: _____ Proposed Rent: _____

Security Deposit Amount Requested: _____ Date Unit Available for Move In: _____

Type of House/Apartment (please CHECK ONE)

☐ Single Family or Duplex ☐ Multi-Unit (3 or more units)

Utilities and Allowances
The owner/landlord shall provide or pay for the utilities and appliances indicated below by an "**O**". The tenant shall provide or pay for the utilities and appliances indicated below by a "**T**". Unless otherwise specified below, the owner/landlord shall pay for all utilities and appliances provided by the owner/landlord.

Item	Specify Fuel Type	Paid by T or O
Heating	☐ Natural Gas ☐ Bottle Gas ☐ Oil Electric ☐ Coal or Other	
Cooking	☐ Natural Gas ☐ Bottle Gas ☐ Oil Electric ☐ Coal or Other	
Water Heating	☐ Natural Gas ☐ Bottle Gas ☐ Oil Electric ☐ Coal or Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		

HOUSEHOLD MEMBERS Circle the number of people currently living in your home (including yourself).

1 2 3 4 5 6 7 8 More than 8

Please list yourself and all that live with you below.

NAME (As it appears on Social Security Card)	Relationship to Head of Household	Date of Birth	Sex	Race (Pick Number Below)*	Hispanic Yes or No	Social Security Number	Disabled Yes or No	Filed Tax Return Yes or No	Have Bank Account Yes or No
	Head of Household								

***For statistics only:**
1) White
2) Black/African American
3) American Indian/Alaska Native
4) Asian
5) Native Hawaiian/Pacific Islander
6) Black / African American & White
7) American Indian / Alaska Native & White
8) American Indian / Alaska Native & Black / African American
9) Other Multi-Racial

ADDITIONAL HOUSEHOLD MEMBER QUESTIONS

☐ Yes ☐ No Are all household members listed above legal residents of the United States? If no, please explain: _____

☐ Yes ☐ No Have you or anyone in your household committed fraud in connection with any federal programs? If yes, please explain: _____

☐ Yes ☐ No Have you or any adult member of your household ever used any name and / or social security number other than the one used now? If yes, please explain: _____

HOUSEHOLD INCOME List all sources of money you and any member of your family who is 18 years of age and older receive such as wages, welfare payments, alimony, social security, pension, etc.; any money you receive on behalf of your children such as child support, social security of children, etc.; part-time or full-time earnings from a second job or part-time job; an anticipated income such as a bonus or pay raise you expect to receive. Income will be verified utilizing the HUD 1040 Income Method. *Please note child support is not countable income under this program and will not be included in the minimum income calculation, but it will be used to determine gross income for rent + utility allowance.*

NAME	Type of Income (wages, social security, etc.)	Amount Received	How Often Received (Weekly, Biweekly, etc.)	Name and Address of Employer (If Applicable)

ADDITIONAL HOUSEHOLD INCOME QUESTIONS FOR ALL HOUSEHOLD MEMBERS For each yes, please provide a written explanation on the lines provided below (including which family member). Does anyone in your household (yourself included):

☐ Yes ☐ No Work for someone who pays cash? _____

☐ Yes ☐ No Expect a leave of absence from work due to a lay-off, medical, maternity, or military leave? _____

☐ Yes ☐ No Now receive or expect to receive unemployment benefits? _____

☐ Yes ☐ No Now receive or expect to receive child support? _____

☐ Yes ☐ No Have an entitlement to receive child support that is not currently being received? _____

☐ Yes ☐ No Receive income from a "side job" (i.e. the selling of Scentsy, Tupperware, etc.)? _____

☐ Yes ☐ No Now receive or expect to receive alimony? _____

☐ Yes ☐ No Have an entitlement to receive alimony that is not currently being received? _____

☐ Yes ☐ No Now receive or expect to receive social security benefits? _____

☐ Yes ☐ No Now receive or expect to receive public assistance (welfare)? _____

☐ Yes ☐ No Now receive or expect to receive income from a pension or annuity? _____

☐ Yes ☐ No Receive income from assets including interest on checking or savings accounts, interest or dividends from certificates of deposit, stocks or bonds, or income from rental property? _____

☐ Yes ☐ No Now receive or expect to receive money on a regular basis from organizations or from people not living in the home?

_____

☐ Yes ☐ No Own real estate? _____

☐ Yes ☐ No Receive or expect to receive any income from the proceeds of a Tribal or Indian gambling establishment? _____

☐ Yes ☐ No Have you received any money in the last 12 months not listed under Household Income? _____

☐ Yes ☐ No Did every adult 18 years of age and older file a tax return? **If no, please provide information** as to why a return was Not filed. _____

☐ Yes ☐ No Do all adults 18 years of age and older in the household have a bank account? **If no, please provide an explanation** regarding how bills, etc. are paid and any pay is received._____

TENANT CONSENTS

- I understand I need to be certain that this is the unit I want to rent. **I understand that I may only apply once in a six month period.**

- If I have received Security Deposit Assistance under this program previously, I understand I am ineligible to apply for two years from the date of approval.

- I understand that I am not eligible for this program if I have a Section 8 Housing Choice Voucher, unless I provide documentation that I don't qualify for a security deposit from the Section 8 program.

- I understand this is not an emergency service. Applications are processed in the order received, and can take up to five business days from the time a completed application has been received for a decision to be made as to whether the application is accepted or denied. I understand qualification does not imply approval.

- I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the City of Sioux City Neighborhood Services Division any information or materials needed to complete and verify my application for participation in the Sioux City Security Deposit Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) and any other funding source administrators use in administering and enforcing program rules and policies.

- I understand that previous or current information regarding me or my household may be needed. Verifications that may be requested include, but are not limited to: identity and marital status, household size, medical or childcare allowances, residences and rental activity, employment, income, assets, credit activity, and utility information and notes. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility of participation in the Sioux City Security Deposit Assistance Program.

- The groups or individuals that may be asked to release information related to me or my household include, but are not limited to: Courts and post offices, schools and colleges, law enforcement agencies, support and alimony providers, Veteran's Administration, retirements systems, utility companies, banks and other financial institutions, previous landlords, past and present employers, welfare agencies, state unemployment agencies, Social Security Administration, medical and childcare providers, credit providers and credit bureaus.

- I have been given the opportunity to ask questions about any of the information provided in this application.

- I agree that a photocopy of this authorization may be used for the purposes stated above and will stay in effect for a period of five years from the date signed.

OWNER/LANDLORD CONSENTS

- I understand if the tenant has possession of the rental unit, this application will be denied.
- I understand the City of Sioux City Neighborhood Services Division has not screened the family's behavior or suitability for tenancy. Such screening is the owner/landlord's responsibility.
- I understand the Neighborhood Services Division will NOT be conducting a rental inspection under the Security Deposit Assistance program.
- I understand this is NOT the Section 8 Housing Choice Voucher Program and NO rental assistance will be provided.
- I understand that qualification does not imply that the tenant is approved for Security Deposit Assistance.
- I understand all units must be a ***registered rental*** with the City of Sioux City.
- I understand the Neighborhood Services Division provides a guarantee to owners/landlords of up to one month's security deposit. Amount which can be approved will be the **lowest** of A, B, C, or D (shown on page two).
- I understand once the application has been approved, I need to have a current vendor number with the City of Sioux City in order to receive payment. To obtain a vendor number, I must complete a W-9 and submit with a copy of a photo ID for processing.
- The City of Sioux City will mail payment directly to the owner/landlord upon approval. Payment requests are processed every Monday, with check issued on Fridays. All payments are mailed directly to owners/landlords. Owners/landlords should expect to see payment within 14-21 days of approval, depending on holidays.
- I am certifying this tenant has been approved for occupancy and plans to lease up.
- I understand the tenant is only approved when the City of Sioux City Neighborhood Services Division staff person and tenant have signed the "ONE TIME APPLICATION FOR SECURITY DEPOSIT ASSISTANCE GRANT form**" Neighborhood Services Division staff will email a copy of this form to the approved owner/landlord to guarantee payment.** Approved Tenants will also be given a copy of this approval.
- I understand I am responsible to notify Neighborhood Services Division if tenant fails to lease up and return Security Deposit Assistance within seven days of issue.

Tenant and Owner/Landlord Final Acknowledgement

I certify under penalty of law that the information contained in this declaration and in any attached supporting documentation is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I understand that any false information provided on or attached to this application will cause me to be disqualified for the City of Sioux City Security Deposit Assistance Program.

Signature of **Head of Household**	Print Name	Date
Signature of Adult Household Member	Print Name	Date
Signature of Adult Household Member	Print Name	Date
Signature of Adult Household Member	Print Name	Date
Signature of **Owner/Landlord**	Print Name	Date

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 OR AGENCY OF THE UNITED STATES.

APPLICATION ATTACHMENTS - CHECKLIST

You **MUST** turn in the following items along with your application to be considered for the program.

____ Application completed in full and signed by Tenant, all adult household members, and owner/landlord.

____ Copies of valid picture identification (Iowa Driver's License, state ID, or other federal picture ID document) and Social Security Cards for everyone in the house 18 years of age and older.

____ Most recent Federal and State Income Tax Return for each person 18 years of age and older in your house. The full return must be provided (not just the front page). **W-2s should be provided as well** (these should be attached to your tax return).

____ Most recent 2 months of pay stubs for everyone in the house 18 years of age and older who is employed.

____ Verification of Social Security, Disability, or other Pension income, if applicable.

____ Bank Statements – Two months of bank statements for all checking and savings accounts for each person 18 years of age and older in your house. **Please write notes on the statements explaining any deposits that are not from employment or assistance.**

____ Other: _____

____ Other: _____

____ Other: _____

____ Other: _____