



HOMEOWNER APPLICATION HOME REPAIRS PROGRAM 2017



APPLICANT INFORMATION

Applicant Name:	Co-Applicant Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone #:	Telephone #:
Email:	Email:
Social Security #:	Social Security #:
Marital Status: Circle One Single Married Divorced Separated Widowed	Marital Status: Circle One Single Married Divorced Separated Widowed

HOUSEHOLD INFORMATION

Name of Household Members (Including Applicant)	D.O.B.	Age	Disabled (Y or N)	Racial/Ethnic (see below)	Gender (M or F)	Special Needs (see below)

***Special Needs Classifications Information is provided voluntarily and will be kept in strict confidence.**

(This information is collected for compliance reporting purposes only; your name will not be released in conjunction with the reporting)
(select all that apply) **E** - Elderly **D** - Disabled (mental or physical) **A** - Recovering from Abuse (physical, alcohol, drug) **H** - HIV or AIDS

Racial Origin **1** - White (non-Hispanic) **2** - Black (non-Hispanic) **3** - Native American **4** - Asian/Pacific Islander **5** - Hispanic **6** - Other

Is there anyone currently living with you that is not on this application? Yes ___ No ___
 If yes, explain:

Will your household structure change within the next 12 months? (marriage, divorce, birth of child, etc.)
 Yes ___ No ___ If yes, explain:

MORTGAGE & INSURANCE INFORMATION

What date did you purchase your house? (month/year) _____

Check method of home purchase: Bank ___ Purchased on Contract ___ Other ___

Home is paid in full: Yes ___ No ___

If No, payment made to: _____

Address & Phone #: _____

Are your property taxes current? Yes ___ No ___

Homeowners insurance is required. Please provide a copy to SEIRPC.

Name, address & phone # of insurance agent: _____



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ELIGIBLE REHAB ITEMS

Listed below are the allowable repair items. Please check the items that need to be done to your home.

- | | | |
|--|---|--|
| <input type="checkbox"/> Roof Tear Off | <input type="checkbox"/> Furnace/Boiler | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Insulation | <input type="checkbox"/> Windows/Doors |
| <input type="checkbox"/> Electrical Compliance | | |

Have you received any other grants or assistance to rehab your house? Yes No

INCOME TAX INFORMATION

Did you file a Federal Income Tax Return last year? Yes No, explain _____
If Yes, please submit a copy of most recent income tax return.

TOTAL HOUSEHOLD MONTHLY INCOME

Do you receive or expect to receive	Applicant Monthly Amount	Co-Applicant Monthly Amount	Household Member over age 18 Monthly Amount
Wages, Salaries (includes Overtime, Tips, Bonuses, Commissions, Self-Employment)?	\$	\$	\$
Does any member work for someone who pays him/her cash?	\$	\$	\$
Regular pay for a member of the Armed Forces?	\$	\$	\$
Welfare or Disability Benefits (AFDC, TANF, FIP, SSDI or SSI)?	\$	\$	\$
Worker's Compensation, Unemployment Benefits or Severance Pay?	\$	\$	\$
Child Support and/or Alimony? Child Support Case Number _____ Pin Number _____	\$	\$	\$
Education Grants, Scholarships or VA Student Benefits?	\$	\$	\$
Social Security Payments (include copy of benefit letter, award letter, a SSA-1099, cost of living adjustment notice, or actual benefit check)?	\$	\$	\$
Pensions (IPERS, PERA, Railroad, etc.)	\$	\$	\$
Death Benefits?	\$	\$	\$
Retirement Benefits?	\$	\$	\$
Annuities or Life Insurance Dividends?	\$	\$	\$
Lump Sum Payments (includes inheritance, insurance settlements, lottery winnings, etc.)?	\$	\$	\$
Net income from rental property?	\$	\$	\$
Regular cash contributions or gifts from individuals not living in the household?	\$	\$	\$
Other (list)?	\$	\$	\$

TOTAL HOUSEHOLD YEARLY INCOME: \$ _____

INCOME VERIFICATION

List contact name and addresses for verification as applicable.

Applicant's employer: _____ Years on Job _____

Address: _____ City/State/Zip _____

Human Resources Contact: _____ Phone Number: _____



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Co-Applicant's employer: _____ **Years on Job** _____

Address: _____ **City/State/Zip** _____

Human Resources Contact: _____ **Phone Number:** _____

INCOME VERIFICATION (continued)

Other source of income: _____

Address: _____ **City/State/Zip** _____

Contact: _____ **Phone Number:** _____

Other source of income: _____

Address: _____ **City/State/Zip** _____

Contact: _____ **Phone Number:** _____

HOUSEHOLD ASSETS

Do you have money held in	Applicant Amount	Co-Applicant Amount	Household Member over age 18 Amount
Checking Accounts?	\$	\$	\$
Savings Accounts?	\$	\$	\$
Do you currently own Real Estate? If yes, please list location(s), number of acres owned, any expenses (taxes, insurance, etc.) and any income received: _____	\$	\$	\$
Capital Investments?	\$	\$	\$
Bonds?	\$	\$	\$
Trusts?	\$	\$	\$
Securities?	\$	\$	\$
IRA/KEOUGH Accounts?	\$	\$	\$
Certificates of Deposit?	\$	\$	\$
Pension/Retirement Funds?	\$	\$	\$
Mutual Funds?	\$	\$	\$
Stocks?	\$	\$	\$
Insurance Settlement?	\$	\$	\$
Coin Collections, Antique Cars, Gems/Jewelry, Stamps or any other items held for investment purposes?	\$	\$	\$
Do you currently hold a Contract for Deed?	\$	\$	\$
Safety Deposit Box?	\$	\$	\$
Other (list)?	\$	\$	\$



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In submitting this application, I agree to and acknowledge the following:

1. I allow inspections of my home to determine eligibility and probable cost. If the Program Administrator or Inspector determines my property not to be clean and sanitary, he will give me a two week notice to clean my property. If after those two weeks, I have not cleaned my property, I will be determined ineligible for assistance.
2. If I am determined eligible, Great River Housing Trust Fund (GRHTF) will provide me the approved scope of work for my property. I will be responsible for getting a minimum of three bids from approved local contractors. Contractors must be insured and registered in the State of Iowa.
3. There will be no rehabilitation work done until all paperwork is completed.
4. Any rehabilitation work done on my home shall be guaranteed for one year by the contractor.
5. Any rehabilitation work done that is not authorized by the GRHTF Board will be done at my expense and the GRHTF Board will not be responsible for the workmanship of any unauthorized rehabilitation work.
6. If at anytime during the application process or the construction period, there is a change in my household income, or family or household composition, I agree to report this change to the Program Administrator. The penalty for false or fraudulent statements: USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined not more that \$10,000, or imprisoned not more than five years, or both."
7. I reserve the right to withdraw from this program at any time prior to Construction Agreement signing. I allow access to my home to representatives of the GRHTF Board, the Iowa Finance Authority, the Federal Home Loan Bank and the Program Administrator. I also give permission of these mentioned agencies to use before/after pictures of my home in promotions.
8. I understand that there will be a lien place on my property for five years and that the Program Administrator/GRHTF will be listed as a loss payee on my homeowner's insurance.
9. I acknowledge that the Program Administrator does not guarantee applicants will receive assistance.
10. **A homeowner may have a loan closing fee up to \$500. This amount will be determined based off of homeowner's income. The loan closing fee will be due prior to construction starting. An addition to the loan closing fee homeowners will be responsible for recording fees at the start and end of the project. (\$27-\$37 for recording and \$7 for the release)**
11. I acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by the GRHTF Board and its administrative personnel. I release the aforementioned institutions to obtain information regarding my financial standings from government entities, asset holding institutions, and employers with whom I currently participate. I also give permission for SEIRPC to perform a credit check.

I (we), the undersigned, certify that I (we) have read and understand the entire Homeowner Application and that the information in this application is true and correct.

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Date

Applicant Signature

Date



RETURN THESE DOCUMENTS:

- Completed, Signed & Dated Homeowner Application
- Copy of most recent Income Tax Return (need last 3 years if self-employed)
- Copy of two months of recent paystubs
- Copy of Homeowner's Insurance
- Copy of Deed
- Copy of Mortgage

RETURN TO:

SEIRPC
 Attn: Sara Hecox
 211 North Gear Avenue, Suite 100
 West Burlington, IA 52655
 319-753-4311