

CHECKLIST FOR THE HOUSING PROGRAM

PROVIDE THESE DOCUMENTS WITH THE APPLICATION:

- _____ Tax Return – Submit a copy of your most recent completed federal income tax return. If self-employed, please submit copies of your federal income tax returns for the last 3 years. Copies will not be returned.
- _____ Insurance – Submit a copy of your homeowner's insurance Declaration Page(s).
- _____ Title – Copy of house title with legal description of the home.
- _____ Application – Fill out this form completely. Sign and date (all applicants).
- _____ Information Release – Completely fill out and sign Information Release Form. One for each family member over 18.
- _____ Social Security Benefits – If you receive social security benefits, please provide a current copy of your benefit letter. You may contact the Social Security Administration at 1-800-772-1213 for an Award Letter if you do not have one.



Office Use Only
Date Received: _____

CITY OF ROWAN HOUSING SUSTAINABILITY PROGRAM APPLICATION

PROGRAM

I am applying for (**Choose only one**): Energy Efficiency Program **OR** Exterior Rehabilitation Program

APPLICANT INFORMATION

Applicant Full Name *(Must be full legal name including middle initial)* _____

Co-Applicant Full Name _____

ADDRESS and PO Box: _____

City, State, ZIP _____

() ()
Home Phone Cell Phone

()
Co-Applicant Cell Phone

Applicant Email Address _____

Co-Applicant Email Address _____

Applicant Social Security # _____

Co-Applicant Social Security # _____

Applicant Veteran? Yes No

Co-Applicant a Veteran? Yes No

Marital Status (check one): Single Married Divorced Separated Widowed Engaged Co-Habiting

Current Residency Status: U.S.Citizen Permanent Resident Alien Other _____

What is your preferred method of contact? Cell Phone Home Phone Email

HOUSEHOLD INFORMATION

Name of Household Members (Including Applicant)	Relationship to Head of Household	Date of Birth	Age	Gender (M-Male, F-Female)	Race* (See below)	Ethnicity* (See below)	Special Needs* (See below)	Full-Time Student (Yes, No)
	Self							

***Special Needs** Classification Information is provided voluntarily and will be kept confidential.
(Select all that apply): E- Elderly (62+), D-Disabled (Physical or Mental)

***Race:** 1- White 2-Black/African American 3- Asian 4- American Indian/Alaskan Native 5- Native Hawaiian/Other Pacifica Islander 6- Other Multi Racial

***Ethnicity:** 1-Hispanic or Latino 2-Non-Hispanic or Latino

Do you have any dependents not residing in the household? Yes No
If yes, please explain: _____

If you are 62 years of age or older, do you have recurring monthly medical expenses that are not covered by insurance:
 Yes No

If YES, Provide the billing agency Name and /Fax# or e-mail: _____

PRIOR ASSISTANCE

Do you have a previous or existing grant/loan with the City? Yes No

Are you working with any other agencies for housing assistance? Yes No

If yes, please explain: _____

INCOME INFORMATION

For all members of the Household

Please answer each of the following questions for each member of the household. For each question answered "Yes" please provide details in the income chart following and attached documentation of income (examples: W-2s, pay stubs, Social Security benefit letter, disability benefit letter, etc.)

	Answer Yes or No to all the following for ALL Household Members	Applicant	Co-Applicant	Additional Household Member	Additional Household Member	Additional Household Member
1.	Work full-time, part-time or seasonally?					
2.	Expect to work for any period during the next 12 months?					
3.	Work for someone who pays cash?					
4.	Now receive or expect to receive unemployment benefits in the next 12 months?					
5.	Now receive or expect to receive workers compensation in the next 12 months?					
6.	Now receive or expect to receive student financial aid of any kind in the next 12 months?					
7.	Now receive or expect to receive veteran's benefits in the next 12 months?					
8.	Now receive or expect to receive military pay in the next 12 months?					
9.	Now receive or expect to receive income from self-employment in the next 12 months?					
10.	Now receive or expect to receive child support in the next 12 months?					
11.	Now receive or expect to receive alimony in the next 12 months?					
12.	Now receive or expect to receive FIP from Department of Human Services (do not include food stamps)?					
13.	Now receive or expect to receive Social Security or disability benefits in the next 12 months?					
14.	Now receive or expect to receive income from a pension or annuity in the next 12 months?					
15.	Now receive or expect to receive regular contributions from anyone not living in the unit in the next 12 months?					
16.	Receive income from assets including interest or dividends on checking, savings accounts, CDs, bonds or stocks?					
17.	Do you own real estate? If yes, provide addresses below					
18.	Do you receive income from rental property? If yes, provided addresses below.					

DETAILED INCOME INFORMATION

(Complete for all questions answered yes above)

Household Member Name	Name of Employer/Income Source	Employer/Income Source Address	Human Resource or Benefit Provider Contact Name	Phone number and/or Email address	# Years on Job

*If self employed attached last three years tax returns including profit/loss of business.

ASSET INFORMATION
For all members of the Household

Please answer each of the following questions for each member of the household. For each question answered "Yes" please provide details in the attached chart and attached documentation of assets (examples: bank statements, IRA statements, investment statements, etc.)

	Answer Yes or No to all the following for ALL Household Members	Applicant	Co-Applicant	Additional Household Member	Additional Household Member	Additional Household Member
1.	Cash in a checking account?					
2.	Cash in a savings account?					
3.	Cash value in a revocable trust?					
4.	Cash value in stock, bonds, treasury bills?					
5.	Cash value in Certificates of Deposits and/or Money Market Account?					
6.	Equity in rental property, farm land or other capital investment?					
7.	Value in an Individual Retirement Plan or Keogh Account?					
8.	Retirement and/or Pension Fund?					
9.	Now receive or expect to receive child support?					
10.	Insurance Settlement?					
11.	Mortgages or deeds of trust held?					

DETAILED ASSET INFORMATION
(Complete for all questions answered yes above)

Name on Account	Name of Financial Institution	Address	Contact Name	Phone number and/or Email address	Account Type (Checking, Savings, IRA, etc.)

HOUSING INFORMATION

Age of Home: _____ Date of Purchase: _____

Number of Bedrooms in home: _____

Do you have a mortgage on the home? YES NO

If yes, provide:

A: Name(s) mortgage lender(s)? _____

B: **Email or Fax #** of mortgage lender(s)? _____

Do you have a land sales contract on the home? YES NO

**Homes being purchased under contract sale do not qualify for assistance.*

Is your home a manufactured home? YES NO

Do you own any other real property other than your home? YES NO

If yes provide:

A. Address of property(s): _____

B. Is this property rental property? YES NO

If "No" what is the property used for? _____

**If yes you must provide a copy of your latest Income Tax documents showing rental income.*

C. If not rental what is the property used for? _____

Do you have property insurance on your home: YES NO

If yes, provide:

A: Name(s) of insurance agent(s)? _____

B: **Fax # or e-mail** of insurance agent(s)? _____

C. Amount of structural coverage: _____

Is your home hooked up to public water: YES NO

If yes, provide:

A: Name(s) of water provider(s)? _____

B: **Fax # or e-mail** of water provider(s)? _____

**To qualify for assistance your property must be hooked up to municipal water.*

Is your home hooked up to public sanitary sewer: YES NO

If yes, provide:

A: Name(s) of sanitary sewer provider(s)? _____

B: **Fax # or e-mail** of sanitary sewer provider(s)? _____

**To qualify for assistance your property must be hooked up to municipal sanitary sewer.*

Is your home hooked up to electric utility: YES NO

If yes, provide:

A: Name(s) of electric provider(s)? _____

B: **Fax # or e-mail** of electric provider(s)? _____

Is your home hooked up to natural gas/LP utility: YES NO

If yes, provide:

A: Name(s) of natural gas/LP provider(s)? _____

B: **Fax # or e-mail** of natural gas/LP provider(s)? _____

APPLICATION AGREEMENT/ACKNOWLEDGEMENT

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

- I/We acknowledge that the City will process applications in the order in which they are received and the process will not start until a complete application is received with required documents.
- I/We understand that projects are subject to the availability of funds.
- I/We understand that if the City or the Program Administrator determines my/our household income is above the 80% of the median household income, I/we am ineligible to receive assistance under the housing program.
- I/We hereby state that the home is listed as my/our primary residence and I/we live there.
- I/We understand that there will be a lien and/or mortgage placed on my/our property for a period of 5 years and that the City will be listed as a loss payee on my homeowner's insurance.
- I/We acknowledge that if the balance of the forgivable loan assistance will be called due if I/we decide to sell the property or otherwise vacate the property within the forgivable loan period.
- Applicants who live in a mobile home need to own the land the home is on and be permanently affixed to a foundation, taxed as real estate, and be constructed after 1976 in order to receive assistance.
- I/We acknowledge inspections of my/our home to determine the probable cost. If the Program Administrator/Housing inspector determines my/our property not to be clean and sanitary, I/we will be given a two-week notice to clean my/our property. If after two weeks, I/we have not cleaned up the property, I/we will be determined ineligible for assistance.
- Any rehabilitation work done on my home will be guaranteed for a minimum of one year by the contractor.
- Any rehabilitation work done that is not authorized by the City will be done at my/our expense and the City will not be responsible for the workmanship of any unauthorized rehabilitation work.
- If in the event that I/we are unsatisfied with the work, I/we agree to hold the City and MIDAS Council of Governments harmless.
- I/We allow access to my/our home to representatives of the City, MIDAS Council of Governments, the State of Iowa, the Department of Iowa Economic Development Authority, and the U.S. Department of Housing and Urban Development.
- I/We reserve the right to withdraw from this program at any time prior to contract signing.
- I/We acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by the City and its administrative personnel.
- I/We release the aforementioned institutions to obtain information regarding my/our financial standing from government entities, asset holding institutions, and employers with whom I currently participate. I/We also give permissions to the City and MIDAS Council of Governments to perform a credit check.
- If I am determined eligible, a contractor to complete the work will be procured on a competitive basis by the Community. I will allow the Program Administrator/Rehabilitation Inspector to make all arrangements for the rehabilitation work.
- If at any time 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 Community. 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 statements or representation, or makes or uses 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."
- I understand that the presence of lead paint in homes built prior to 1978 could cause health hazards during the rehabilitation process when disturbed, and all household members will be subject to temporary relocation during portions, or all of the rehabilitation process. I understand that all those residing in the home will not have access to it during this time. I also understand that relocation expenses may or may not be reimbursed.

I certify by signing below that the information provided in this document is complete, true and correct. I certify that information for each household member is provided, including all income and asset information.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Should the City discover you have falsified any part of your application or verifications the application may be deemed ineligible and assistance terminated. The application may be required to refund 100% of the funds awarded.

RELEASE OF INFORMATION

To determine eligibility for assistance through the City of Rowan's housing program, the City, through MIDAS Council of Governments, will need to verify various income and utility information.

I authorize the Mid Iowa Development Association Council of Governments (MIDAS) to obtain information about me and my household that is pertinent to eligibility for participation in the City of Rowan Housing Rehabilitation Program.

I/We acknowledge that any photocopy of this form is as valid as the original and that the release form is effective for 3 years from the date it was signed.

I/We am aware that all adult household members that are or will be living in my home must sign the release form and cooperate with the verification process. Failure by any adult household member may result in the disqualification of my application (an adult household member includes anyone age 18 or older).

***Only complete the form below once for every person 18 and over!**

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED

Name: _____ Social Security Number: _____

Signature Date

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED

Name: _____ Social Security Number: _____

Signature Date

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED

Name: _____ Social Security Number: _____

Signature Date

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED

Name: _____ Social Security Number: _____

Signature Date