



HEART OF IOWA REGIONAL HOUSING TRUST FUND, INC.
HOME REPAIR PROGRAM
HOMEOWNER APPLICATION

Please gather all required information first and then submit your application to HIRHTF. You will have 60 days from the date you submit your application to provide all the information, or your application will be denied.

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1. Property Owner(s): _____
(first name, middle initial, last name)
 2. Complete Address of Owner(s): _____
(Street Address, PO Box, City, State, Zip, County)
 3. Telephone Number(s): _____
 4. E-mail Address: _____
 5. Marital Status: Single Married Other _____
 6. Is The Property Being Purchased with: Bank Loan Paid in Full
If bank loan, list name of bank and address:

 7. Are your home loan purchase payments delinquent? Yes No No Home Loan
 8. Do you have any liens or unpaid encumbrances on your property (Example: property taxes, mechanic liens, etc.)? No Yes If yes, describe _____
 9. What type of repair or handicapped accommodation are you requesting?

 10. Do you own AND live in the home to be repaired? Yes No
 11. Do you have homeowner's insurance? Yes No
 12. Is someone in your household over 62 years of age? Yes No
 13. Does someone in your household have a permanent disability? Yes No
 14. Have you previously received assistance from the Housing Repair Program? Yes No
 15. Are you a United States Veteran? Yes No



Heart of Iowa Regional
Housing Trust Fund
819 1st Avenue South
Fort Dodge, IA 50501
Phone: 515-576-4551 ext. 1253
E-mail: aduran@fortdodgeiowa.org

Income Information

Please list **all** persons who occupy the home. Include all property owners listed on the deed/title even if they do not live in the home.

List all in Household (adults/children)	Relationship to Head of Household	Date of Birth	Social Security Number	Employed/Student/Retired/Disabled
	Head of Household			

INCOME SOURCES*: When completing the income table below, include the total amount of all gross income estimated from each source. Be sure to include all people living in the home and/or listed on the deed/title. Include the following types of income:

- ❖ **Wages** and salaries, overtime pay, commissions, fees, tips, and bonuses (calculated before any deductions)
- ❖ **Self-Employment** (net income)
- ❖ **Social Security** Benefits
- ❖ **Disability** income
- ❖ **Unemployment** income
- ❖ **Wages paid in cash**
- ❖ **Annuities and Pensions, IRA Distributions, Periodic payments from insurance policies**, etc.
- ❖ **Survivor benefits, severance pay, and worker's compensation**
- ❖ Periodic payments to your household from a **trust**.
- ❖ Net income for **renting** property to someone.
- ❖ **Alimony and child support** payments
- ❖ **Department of Human Services assistance** (FIP, Medicaid Assistance, Title 19, etc.)

Income Sources: Complete Name & Address of income source	Income Earner	Amount Per Year
Company: Address: Contact #:		\$_____/yr.
Company: Address: Contact #:		\$_____/yr.
Company: Address: Contact #:		\$_____/yr.
Company: Address: Contact #:		\$_____/yr.



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Cash Asset Information

Please list liquid cash assets such as cash, checking account, savings account, CD's, and money market account(s).

Liquid CASH Assets	Balance/ Amount	Financial Institution	Address
Cash	\$		
Checking	\$		
Savings	\$		
Other:	\$		
Other:	\$		

Please answer the above questions as completely and accurately as you can. The information requested will only be used by the Heart of Iowa Regional Housing Trust Fund (HIRHTF) to determine your eligibility for the Program and will not be released without your written consent. When the application is completed, please mail or deliver it, along with the required documentation to: Heart of Iowa Regional Housing Trust Fund, Attn: Paige Wheeler, 819 1st Avenue South, Fort Dodge, IA 50501. If you need assistance in filling out the application or if you have questions, please contact the Heart of Iowa Regional Housing Trust Fund at (515) 576-4551.

How did you learn of the Home Repair Program? (Flyer, Facebook, web browsing, Elderbridge, Upper Des Moines Opportunity, friend, etc.)?



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AGREEMENT, RELEASE & CERTIFICATION

Agreement

As an applicant to the HIRHTF, I (we) understand and agree to the following:

1. I(We) understand that projects are subject to the availability of funds.
2. I(We) hereby state that the home is my (our) primary residence.
3. I(We) acknowledge that the assistance is provided in the form of a receding, forgivable loan. A lien will be placed on the property for a five-year period. Payments are not generally required on the loan; however, if I (we) sell the property within five years, the balance of the loan must be repaid to the program.
4. I (We) acknowledge that applicants must meet income eligibility criteria; the limits change periodically, and that information provided will be verified with the income source (for example, an employer). **PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 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."**
5. I(We) acknowledge that applicants are not guaranteed to receive assistance.
6. I(We) certify that all information in this application and all information furnished in support of this application for the purpose of obtaining assistance, is true and complete to the best of my (our) knowledge and belief.
7. I(We) am/are the current owner(s) of the property described in this application.
8. Applicants will obtain at least one quote from qualified contractors for proposed work and will select the lower of the quotes received (HIRHTF reserves the right to require an additional bid). If an applicant chooses to not take lowest quote, the applicant will be responsible to pay the difference in cost.
9. In the event that I am unsatisfied with the construction work, I agree to hold harmless HIRHTF, Inc., its agents, and its Board of Directors. Any dispute between the applicant and contractor will be settled between only these parties.
10. I hereby state that any loan on the property to be repaired/rehabilitated is current with payments, City provided utilities, and property taxes.



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Release Of Information

I(We) authorize Heart of Iowa Regional Housing Trust Fund, Inc. (HIRHTF), to obtain and share all documentation necessary to determine my (our) eligibility and application ranking for this program. I(We) release to said entities all information regarding my (our) financial status from government entities, asset holding institutions, employers, and with other agencies as needed to complete the project.

Release Of Pictures (Optional)

By initialing here _____, I(We) grant HIRHTF permission to use pictures taken of my(our) home before and after work is completed to be used in posting, presentation, printed material, and other formats.

Certification

I(We), the undersigned, certify that I(we) have read and understand the entire Applicant Agreement, Certification & Release forms and that the information in this application and all information furnished is true and correct and complete to the best of the Applicant's knowledge and belief. The applicant(s) understand that any intentional misrepresentation may disqualify him/her from obtaining assistance from HIRHTF. I (We) further certify that I (we) have disclosed or will disclose all current and anticipated income sources of all household members and all current and anticipated assets held by all household members, as required in this application.

The applicant(s) further certifies that he/she is the owner or mortgage holder of the property described in this application, and that the deferred/forgivable loan proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards, as applicable, which are prescribed for the property described in this application.

Applicant(s):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Applicant Signature

Date

Date

Other Adult Household Member(s) (if any):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Applicant Signature

Date

Date



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Attachments

Attach the following documents to your application cover page for all household members.

1. **FEDERAL INCOME TAX RETURN:** A copy of your two (2) most recent year's federal income tax return include the entire return (attachments, W-2's, 1099's, etc.). The state return is not needed. **If you did not file an income tax return, please explain why.**

2. **INCOME DOCUMENTATION:** Documentation of all applicable sources and amounts of income such as:
 - Current copies of **2 months** of paycheck stubs showing gross pay, deductions, and year-to-date information
 - Social Security amount determination letter (if receiving social security income). If you do not have the letter on hand, you can obtain documentation by calling 1-800-772-1213 (7 a.m. – 7 p.m.) or on-line at www.socialsecurity.gov/myaccount
 - Statement showing pension receipts/disbursement amount(s)
 - Monthly child support documentation/alimony (such as a court order)
 - Stocks/Bonds/Annuity/IRA/CD's/Investment statements (showing current balance and any periodic payments to you)
 - Bank statement(s) (most recent, all accounts, all pages, **2 months** of statements for each account)
3. **MORTGAGE STATUS:** If a loan exists on the house to be repaired, please include documentation *from your banker/mortgage company* that shows whether you are current on your loan payments. If you have no home loan, please initial here _____.
4. **DEED OR TITLE:** Deed or section from your abstract that shows a complete legal description of your property and verifies your ownership of the property.
5. **LEGAL PHOTO IDENTIFICATION** of each deed holder.
6. **VERIFICATION** that property taxes are current.
7. **VERIFICATION** that city provided utilities are current.
8. **DISABILITY** (if applicable): If you are not receiving social security and you are not older than 62, you will receive priority status as a disabled person only if you provide proof of your disability from a medical doctor.



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