EQUAL HOUSING OPPORTUNITY

East Central Iowa Council of Governments
700 16th St NE Suite 301
Cedar Rapids, IA 52402

CRITICAL HOUSING REPAIR PROGRAM APPLICATION

APPLICANT INFORMATION

Applicant Name:		Co-App. Name:	
Physical Address:		Physical Address:	
Mailing (PO Box):		Mailing (PO Box):	
City, State, Zip Code:		City, State, Zip Code:	
Email address:		Email Address:	
Telephone #:		Telephone #:	
Birthdate:		Birthdate:	

HOUSEHOLD INFORMATION

Names of all Household Members (include applicant)	Date of Birth	*Special Needs (see below)	Veteran Status?	Racial/Ethnic **(see below)**	Gender (M or F)	Name of: Employer or School

***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 or referred to any other agency
(select all that apply) **E** – Elderly **D** – Disabled (mental or physical) **A** – Recovering from Abuse (**physical, alcohol, drug**)
H – HIV or AIDS
Race/Ethnicity **1** – White (non-Hispanic) **2** – Black **3** – Native American **4** – Asian/Pacific Islander **5** – Hispanic

MORTGAGE & HOUSING STATUS

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

Home is paid in full: _____ Yes _____ No Home is principal residence: ____Yes _____ No

How did you learn about our program? _____

HOUSEHOLD INCOME INFORMATION

List your current and anticipated income. Include all full time, part time or seasonal employment.

	Please indicate the MONTHLY amount you receive or expect to receive from:	**Applicant:**	**Co-App:**
1.	Employment wages or salaries (Gross, including overtime, bonuses, tips, commissions, and cash)		
2.	Self-employment salaries (including overtime, bonuses, tips, commissions, and cash)		
3.	Social Security or SSI		
4.	Employment pensions or retirement benefits, veterans' benefits or annuities		
5.	Unemployment benefits or workman's compensation		
6.	Public assistance (TANF or General Assistance)		
7.	Alimony or child support		
8.	Regular gifts from friends or family		
9.	Regular payments from a severance package, insurance settlement, death benefit or life insurance, military service, lottery winnings, or inheritance.		
10.	Regular payments from rental property (land contracts or other real estate)		
11.	Any other sources of income not listed		
	TOTAL HOUSEHOLD MONTHLY INCOME:		

INCOME TAX INFORMATION

Did you file a Federal Income Tax Return last year? ___ Yes, ___ No, explain: _____

_____

_____

_____

HOUSEHOLD QUESTION

Do you anticipate any changes to your household composition within the next 12 months (including additions, departures, or the return of temporarily absent household members)? ___ Yes, ___ No, explain:

_____

_____

REQUIRED INCOME DOCUMENTATION

	Source:	**Required Documentation**
1.	Federal Income Tax Return	Most recent year filed (all pages)
2.	Employment wages or salaries (Gross, including overtime, bonuses, tips, commissions, and cash)	Two months of consecutive pay stubs
3.	Self-employment salaries (including overtime, bonuses, tips, commissions, and cash)	Last two years of federal tax return and a current year-to-date Profit & Loss statement
4.	Social Security or SSI	Current award letter
5.	Employment pensions or retirement benefits, veterans' benefits or annuities	Current award letter
6.	Unemployment benefits or workman's compensation	Current award letter
7.	Public assistance (TANF or General Assistance)	Current award letter
8.	Alimony or child support	Copy of legal award, or if no court order, signed statement from person paying stating how much is paid and how often. Child support case number for each child and print out 12 months of payment history.
9.	Regular gifts from friends or family	Signed statement from person paying stating how much is paid and how often
10.	Regular payments from rental property (land contracts or other real estate)	Copy of lease showing current rent amount
11.	Any other sources of income not listed	

List contact name and addresses for income verification as applicable:

Name of Applicant's employer:	
Employers Address:	
Phone #:	Start Date of Employment:
Name of Co-Applicant's employer:	
Employers Address:	
Phone #:	Start Date of Employment:
Name of Other Source of Income:	
Address:	
Phone #:	Start Date of Employment:

Asset Self-Certification

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is ***current*** **market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:		Unit#:	

1. ☐ I/we do not have any assets at this time. If checked, skip to question 2 then signature and date.

PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)

2. ☐ Yes ☐ No — Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).

Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	

PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

Have you received a federal tax return or refundable federal tax credit in the last 12 months?	☐ Yes ☐ No
Amount of return/credit:	$

PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	$	N/A	Money Market/ CD	$	$
Pre-paid Debit Card (including Govt. Benefits)	$	N/A	Annuities	$	$
Checking (current balance)	$	$	Mutual Funds	$	$
Savings	$	$	Stocks/Bonds	$	$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	$	$	Trust Account:	$	$
Whole Life Insurance	$	$	Other:	$	$
Cryptocurrency	$	$	Other:	$	$

Non-Account Based

Possessions not generally held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business

Description	(A) Cash Value *
	$
	$
	$
	$

PART IV. REAL PROPERTY

Description of Property	(C) Cash Value*	(D) Income
	$	$
	$	$

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____ Date _____ Signature of Applicant/Tenant _____ Date _____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

HOUSEHOLD ASSET VERIFICATION

If total assets (excluding retirement accounts) exceed $50,000 please provide 2 months of statements for each asset listed on the Asset Self-Certification Form

If statements are not available, the following section must be completed for each asset listed on the **Asset Self-Certification Form**. If you have more than one source of asset from the same category, use a separate line for each source. Failure to complete this area in entirety will delay the process of the applicant's approval for assistance. Please add an additional page if more room is needed.

	Name of Institution:	
	Address:	Account #:
		Interest Rate:
	Phone #:	Balance:
	Name of Institution:	
	Address:	Account #:
		Interest Rate:
	Phone #:	Balance:
	Name of Institution:	
	Address:	Account #:
		Interest Rate:
	Phone #:	Balance:
	Name of Institution:	
	Address:	Account #:
		Interest Rate:
	Phone #:	Balance:

I AM APPLYING FOR ASSISTANCE WITH: (please check all that apply)

___ Roofing ___ Siding ___Insulation ___Gutters/Downspouts

___ Plumbing ___ Electrical ___ Foundation ___Furnace/Central Air

___ Doors ___ Floors ___ Water Heater

___ Other (specify)_____

_____

_____

_____

SIGNATURE PAGE

East Central Iowa Council of Governments
700 16th Street NE, Suite 301
Cedar Rapids, IA 52402

Applicant: _____ City: _____

The Applicant certifies that all information in this application, and all information furnished in support of this application, for the purpose of obtaining assistance under the Community Redevelopment Act of 1981, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that he/she is the owner of the property and is the primary residence described in this application, and that the rehabilitation fund proceeds will be used only for the work and materials necessary to meet rehabilitation or code standards, as applicable. If ECICOG determines that the rehabilitation fund proceeds will not or cannot be used for the purpose described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the ECICOG, for deposit into the Revolving Loan Fund, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.

The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed, sex or national origin in the use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private.

Verification of any of the information contained in this application may be obtained from any source named herein. *Information provided in the application is confidential and will be used solely for the purpose of determining eligibility for the program.* ***PLEASE NOTE: Every household member listed on this application 18 years of age or older is required to sign and date this page.***

_____ _____
Date Signature of Applicant

_____ _____
Date Signature of Co-Applicant

_____ _____
Date Signature of Co-Applicant

PENALTY FOR FALSE OF 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."

RELEASE OF INFORMATION

East Central Iowa Council of Governments
700 16th Street NE, Suite 301
Cedar Rapids, IA 52402

Applicant: _____ City: _____

To determine eligibility for a Housing Rehabilitation program, the East Central Iowa Council of Governments needs to verify income, assets, and expenses of its applicants. Please provide information to ECICOG's address as shown above.

l/We authorize the persons or offices listed on the Household Income sheet and Household Asset sheet to release the information required by ECICOG, The Federal Home Loan Bank, and Iowa Finance Authority, and agree that photocopies of those forms may be used for the purposes stated above. This authorization also includes the release of information regarding utility and mortgage (house) payments. *This form will be signed, dated, and SS# provided for each household member 18 or over that is listed on the application.*

Last four of SS#: _____ Last four of SS#: _____
(Applicant) (Co-Applicant)

_____ _____
(Applicant's Signature) (Co-Applicant's Signature)

_____ _____
(Date) (Date)

Last four of SS#: _____ Last four of SS#: _____
(Co-Applicant) (Co-Applicant)

_____ _____
(Co-Applicant's Signature) (Co-Applicant's Signature)

_____ _____
(Date) (Date)

Return Application and All Documentation To:

ECICOG
700 16th St. NE, Suite 301
Cedar Rapids, IA 52402
ATTN: Nicole Beuc
or
nicole.beuc@ecicog.org

WHAT TO RETURN:
Application Packet
Copy of most recent Income Tax Return (2 years if self-employed)
Two months of recent pay stubs
Statements from all sources of income
Two months of bank and asset statements (if applicable)
Title to your mobile home (if applicable)
Additional income and asset documentation may be requested after review