



JOHNSON COUNTY HOUSING REHABILITATION AND EMERGENCY HOME REPAIR PROGRAM APPLICATION

APPLICANT INFORMATION

Applicant Name:	Co-Applicant:
Number of Years Living in Property:	Number of Years Living in Property:
Street Address City, State, Zip	Street Address City, State, Zip
E-MAIL:	E-MAIL:
Telephone #:	Telephone #:

HOUSEHOLD INFORMATION

Names of Household Members (incl. Applicant)	Age	Disabled (Y or N)	Racial/Ethnic (see below)	Gender (M or F)	Name of: Employer or School

1 – White (non-Hispanic) 2 – Black (non-Hispanic) 3 – Native American 4 – Asian/Pacific Islander 5 – Hispanic (all races)

MORTGAGE INFORMATION

Check method of home purchase: <input type="checkbox"/> Bank <input type="checkbox"/> Purchased on Contract <input type="checkbox"/> Other Home is paid in full: <input type="checkbox"/> Yes <input type="checkbox"/> No Home is in foreclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No Property taxes are current: <input type="checkbox"/> Yes <input type="checkbox"/> No
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MOBILE HOMEOWNERS

Please provide a copy of mobile home title with completed application.

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

	Applicant	Co-App.
Employment: Gross income, overtime, tips, bonus		
Net income from property:		
Interest income: (dividends, CDs, savings accounts)		
Social Security Income:		
Retirement Income:(VA, IPERS, Civil Serv., IRA, etc.)		
Welfare Assistance: (designated for shelter or utilities)		
Child Support & Alimony:		
Regular contributions and gifts (given to you):		
Net income from a business:		
Unemployment, severance pay, worker’s comp:		
TOTAL HOUSEHOLD MONTHLY INCOME:		

If unable to submit a copy of most recent Income Tax Returns, please submit copies of 3 most recent paystubs, SSI Benefit Letter, Child Support Award Letter, or other applicable income documentation.

INCOME QUALIFICATIONS: 2025 Income guidelines for eligible program participants.

60% AMI Johnson County Annual Income	1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household
	\$49,650	\$56,760	\$63,840	\$70,920	\$76,620

Effective April 1, 2025

REPAIRS: Please describe needed home repairs to be completed:

RETURN APPLICATION TO:

ECICOG
 700 16th Street NE, Suite 301
 Cedar Rapids, IA 52402
deanna.robinson@ecicog.org

Questions about the program? Please call 319-289-0060 or email deanna.robinson@ecicog.org

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

SIGNATURE PAGE

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 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.

Date

Signature of Applicant

Date

Signature of Co-Applicant

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."

RELEASE OF INFORMATION

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. This authorization also includes the release of information regarding program eligibility or coordination of services with Iowa Valley Habitat for Humanity, Hawkeye Area Community Action Program, and Johnson County Social Services.

Date

Signature of Applicant

Date

Signature of Co-Applicant