



APPLICATION FOR MARION REHABILITATION PROGRAM

CHECKLIST OF REQUIRED INFORMATION FOR APPLICATION

Please read the following directions carefully. In order to apply and be accepted, applicants will need to fill out the following pages of this application **completely** as well as providing the items described in the following sections to the program administrator, Housing Fund for Linn County/ECICOG. Do not send originals.

1. Complete the application below in its entirety

→ All household members 18 years and older must sign the application

2. Provide Copy of Photo ID for All Adult Household Members

→ Drivers License, Military ID, School ID, etc.

3. Provide the following income documentation for all members of the household 18 years and older. Be sure to include all of the following sources in the total when reporting your gross income (the amount before any taxes or deductions):

- Most Recent filed Federal Income Tax Return (if filed)
- Last two months of bank statements for checking & savings accounts, CDs, etc. (all accounts)
- Wages from Employment (provide the three most recent consecutive check-stubs)
- Self-Employment Income (Last two years of tax returns)
- Unemployment Benefits (Provide a print-out from Work Force Development)
- Public Assistance Benefits, not including Food Assistance
- Social Security Income (Current benefit letter not end-of-year tax statement)
- Income from Pensions and Annuities (current benefit letter if you receive income from any of these sources)
- Monthly Benefits paid by the Veteran's Administration
- Child Support and Alimony Payments (Print out from Child Support Recovery or copy of divorce decree to show alimony)
- Rental Income received from investment property (tax return or copy of lease)
- Regular gift contributions received from others on an ongoing basis

4. Provide Copy of Homeowner's Insurance Declaration Page

→ Homeowner's insurance is a requirement for this program.

HOUSEHOLD INFORMATION

Head of Household Name:	Social Security #:	DOB:
Spouse/Co-applicant Name:	Social Security #:	DOB:
Phone Number:	Email Address:	
Current Address:	City:	Zip:
Mailing Address (if different):	City:	Zip:

Other Household Members

Name	Social Security #	DOB	Relationship to Head of Household

What is your current annual household income from all sources (see cover sheet/checklist)?

\$ _____

ADDITIONAL HOUSEHOLD QUESTIONS

Repairs

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

Roofing	Windows	Siding	Insulation
Plumbing	Electrical	Foundation	Gutters/Downspouts
Doors	Floors	Wall/Structural	Porch/Decks/Handrails

Other (specify) _____

The Applicant certifies that all information in this application, and all information furnished in support of this application, for the purpose of obtaining assistance through the Marion Rehabilitation Program, 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.

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 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

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

Applicant: _____

City: _____

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

I/We authorize the persons or offices listed: Annual Income Verification sheet, and Assets Verification sheet, to release the information required by ECICOG, 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.

Applicant:

SS#: _____

(Applicant's Signature)

(Date)

Co-Applicant:

SS#: _____

(Co-Applicant's Signature)

(Date)

Co-Applicant:

SS#: _____

(Co-Applicant's Signature)

(Date)

HOMEOWNER VERIFICATION OF INCOME

I/We, the applicant(s) understand that the Marion Rehabilitation Program is intended to serve homeowners in Marion whose total household income is equal to or less than the income limits listed below:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$56,960	\$65,040	\$73,200	\$81,820	\$87,840	\$94,320	\$100,800	\$107,360

Effective May 2025

TOTAL HOUSEHOLD MONTHLY INCOME

	Applicant	Co-Applicant
Employment: Gross income, overtime, tips, bonus		
Net income from property:		
Interest/Bank income: (dividends, CDs, checking/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:		

I/We the applicant hereby certify that our **total combined household income** for all adult household members is:

_____.

I/We further certify that our total combined household income is equal to or less than the income limit shown above for our **household size** of: _____.

Signatures:

Date

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

VOLUNTARY INFORMATION

This information is requested in order to comply with federal regulations and is for reporting purposes only. This information will not be used in the evaluation of your application or result in any adverse action against you. You are not required to provide this information but are encouraged to do so. Choosing not to complete this voluntary information form will not affect your application.

☐ I choose not to complete this voluntary questionnaire.

Please name all people who live in the household:		Relationship:	Race (See below)	Ethnicity (See below)	Disabled? (Y/N)
Last Name:	First Name:				
		Head of Household			

Race:

- 1 – White
- 2 – Black/African American
- 3 – American Indian/Alaska Native
- 4 – Asian
- 5 – Native Hawaiian/Pacific Islander

Ethnicity:

- 1 – Hispanic or Latino
- 2 – Not Hispanic or Latino

How Did You Hear About This Program?

- ☐ Local Newspaper
- ☐ TV News Broadcast
- ☐ Radio
- ☐ Social Media
- ☐ Internet Search
- ☐ Social Service Agency Referral
- ☐ Friend/Family Member
- ☐ Other (Please specify): _____