Owner-Occupied Roof Repair Program

Program Purpose

Provide financial assistance to eligible Hiawatha homeowners for necessary roof repairs including:

- Repairing or replacing deteriorated roofing and related components.
- Addressing related roof components such as roof decking, underlayment, shingles, soffit, fascia, chimney removal, and gutters.
- Addressing lead-based paint requirements and radon mitigation, when applicable.

Program Eligibility

Please review the following program requirements and verify that your project meets them. If you have questions or concerns about these requirements, please contact nicole.beuc@ecicog.org .

- You must own the property to be assisted and occupy it as your primary residence.
- You must have owned and occupied the property as your primary residence for at least six (6) months before applying.
- The property must be located within the City of Hiawatha city limits.
- The property must be outside the 100-year floodplain.
- You must be current on your homeowner's insurance and mortgages/taxes.
- Home must be affixed to a permanent foundation and taxed as real property.
- Occupancy requirement of five (5) years will be enforced by the recording of a receding forgivable loan secured by a mortgage lien on the property.

Your total household gross (pre-tax) income must not exceed 80% of Area Median Income (AMI), as established by HUD. Please reference the graphic below for limits:

LINN COUNTY

Income Limits Effective May 2026

Household Size	80% AMI Limit
1 Person	$59,000
2 Person	$67,400
3 Person	$75,850
4 Person	$84,250
5 Person	$91,000
6 Person	$97,750
7 Person	$104,500
8 Person	$111,250

Household Information

Complete the tables below for all household members

Full Name	Date of Birth	Social Security Number
Address		
Phone Number	Email Address	

***Race – please circle all that apply**

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Other

***Ethnicity – please circle one**

Hispanic/Latino
Other (Non-Hispanic/Latino)

***Marital Status – please circle one**

Single
Married
Divorced
Widowed

***Is the Head of Household a student?**

Yes or No

If Yes, name of school:

_____

***Head of Household with a Disability?**

Yes or No
Physical or mental impairment

***Head of Household with a special need?**

Yes or No
Elderly, disabled, persons with HIV/AID, and persons with alcohol or drug addictions

Chose not to respond: _____

*Information is for statistical use only, as required by U.S. Department of Housing and Urban Development.

Name					
Relationship to Head of Household					
Date of Birth					
Social Security #					
Marital Status					
Student?	Yes No	Yes No	Yes No	Yes No	Yes No
If yes, name of school					

*If you need additional lines, attach a separate piece of paper

Additional Household Information

Do you anticipate any changes in household size in the next 12 months? Yes No
If yes, explain.

_____

Are there any temporarily absent household members who will be returning in the next 12 months? Yes No
If yes, explain.

_____

How did you learn about our program?

_____

Household Income Verification

Income means any and all money or payments that come into the household, regardless of how or why it comes. Provide copies of the documents as required; all documents must be dated within the past 30 days to be accepted.

Mark "yes" or "no" for each income type for all household members age 18 and older.
For all income sources marked "yes", fill in the gross (pre-tax) monthly amount received.

	DO YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO	GROSS HOUSHOLD MONTHLY AMOUNT
1	Wages, Salaries (includes overtime, tips, bonuses, commissions, self-employment)			
2	Does any member work for someone who pays them cash?			
3	Regular Pay for a Member of the Armed Forces			
4	Welfare or Disability Benefits (AFDC, TANF, FIP, SSDI, or SSI)			
5	Worker's Compensation, Unemployment Benefits or Severance Pay			
6	Child Support Case Number(s):			
7	Alimony or Death Benefits			
8	Social Security Payments			
9	Retirement Income or Pensions			
10	Annuities or Life Insurance Dividends			
11	Lump Sum Payments (inheritance, insurance settlements, lottery winnings, etc.)			
12	Net Income from Rental Property			
13	Regular Cash Contributions or Gifts from Individuals Not Living in the Household			
14	Other (list)			

For any item marked "yes" above, fill in the chart below with the source of income and household member name.

NUMBER FROM ABOVE	HOUSEHOLD MEMBER	SOURCE OF INCOME (EMPLOYER NAME, SSDI, ETC.)

Household Asset Verification

Assets mean any money in a bank or financial institution, or items of value that can be converted to cash. Provide copies of the documents as required; All documents must be dated within the past 30 days to be accepted.

Mark "yes" or "no" for each asset type for all household members (including children). For all asset sources marked "yes", fill in the current cash value.

	DO YOU HAVE MONEY HELD IN:	YES	NO	CASH VALUE
1	Checking Accounts			
2	Savings Accounts			
3	Stocks, Bonds, Securities, Capital Investments, Trusts, Mutual Funds			
4	IRA Accounts, Pension/Retirement Funds			
5	Certificates of Deposit, Treasury Bills (savings bonds, etc), Safe Deposit Box			
6	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?			
7	Are any assets held jointly with another person? If yes, list person's name, asset(s) held jointly, and the relationship to applicant:			
8	Do you own any other property? If so, what is the full address:			
9	Have you sold or disposed of any property for less than fair market value in the last two years? If so, what is the full address:			

For any item marked "yes" above, fill in the chart below with the source of asset and household member name.

NUMBER FROM ABOVE	HOUSHOLD MEMBER	SOURCE/LOCATION OF ASSET

Required Documents

Please submit copies of the following documents with your application:

- 1 Year of federal tax returns for anyone over the age of 18
- Social Security Cards for all household members
- Copy of driver's license or other form of photo identification for anyone over the age of 18 (If the applicant(s) do not have Real IDs, a US Passport or US Birth Certificate must also be submitted)
- Current statement from mortgage lender showing payments and taxes are current
- Homeowner insurance declaration
- If divorced, divorce decree is required to verify if alimony is received (if applicable)
- If no income, please request zero income self-affidavit form
- All pages of application, filled out and signed by anyone over the age of 18

Asset and Income Required Source Documents (if answered "yes" on previous pages)

Type of Asset	Documents Required
Checking Accounts AND Savings Accounts (includes online bank cards or check cards)	Two months of consecutive checking and savings account statements – must show bank name, account number, and account owner.
Retirement Accounts (includes Pension, IRA, 401(k), 403(b) Accounts, etc.)	Current statement showing account balance
CD's, Stocks, Bonds, Securities, Capital Investments, & Trusts	Current Statement showing account balance
Treasury Bills (savings bonds, etc,)	Calculator print out from Treasury Direct.Com showing current value of treasury bills
Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	Current appraisal showing value
Have you sold or disposed of any asset for less than fair market value in the last two years?	Documentation showing estimated value and amount received
Type of Income	**Documents Required**
Employment Wages, Salaries (includes overtime, tips, bonuses, commissions)	Two months of consecutive pay stubs showing gross year to date pay received
Self-Employment (includes home-based businesses, contract work, work for cash)	Last two years of federal income tax returns. If recently received income, current year-to-date Profit or Loss statement, showing gross income and expenses to show net income/loss.
Child Support	Documentation such as a divorce decree, Child Support Recovery Unit statement, or other verification of payments.
Social Security Payments, including SSI or SSDI	Current award letter
FIP/TANF or other program payments	Current award letter
Does any member receive regular cash contributions or gifts from individuals not living in the household?	Signed statement from person paying stating how much is paid and how often
Worker's Compensation, Pensions, Retirement Benefits, Death Benefits, Lump Sum Payments	Current award letter
Unemployment Benefits or Severance Pay	Current printout from Iowa Workforce Development for unemployment or severance pay award letter
Alimony	Copy of legal award, divorce decree, or a signed statement from person paying stating how much is paid and how often
Annuities or Life Insurance Dividends	Current statement showing amount received year to date
Net Income from Rental Property	Copy of lease showing current rent amount

Property Eligibility

What date did you purchase your home: _____

Is your home your primary place of residence? Yes No

Do you have a current homeowner's insurance policy? Yes No

Name of Insurance Company: _____ Policy Number: _____

Are your mortgage payments and property taxes current? Yes No

Name of Mortgage Lender: _____

Do you understand that there is a 5-year occupancy requirement and that a 5-year property lien will be placed if you participate in the program? Yes No

What name is listed on the property deed, if different from applicant name? Please explain.

_____

_____

_____

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

___ Roofing ___ Soffit ___Fascia

___Gutters/Downspouts ___Chimney Removal

Comments:

_____

_____

_____

ACKNOWLEDGEMENT, CONSENT, AND RELEASE

To be completed by everyone age 18 and older.

- I acknowledge and certify that this application includes complete information for every person who will live in the property, regardless of who will be shown on the deed or on the mortgage. All income, asset, and debt information listed, and documents provided are true and accurate representations.
- I understand that requirements for program eligibility include income and property requirements. Additional program guidelines will be applied as required by the U.S. Department of Housing and Urban Development.
- I understand there may be additional documents needed to meet eligibility requirements other than the documents listed in the application.
- I authorize ECICOG to verify all information contained in the application and to share information with the Department of Housing and Urban Development, the Iowa Economic Development Authority and other entities providing assistance. I/we further authorize any entities listed in this application to release information required by ECICOG for the purposes of verifying information provided in this form. I/we agree that photocopies of this form may be used for the purposes stated above.
- I understand that this application does not guarantee program qualification and is not a guarantee of assistance.
- I understand that ECICOG will retain this application and all documentation whether or not it is approved.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

United States Code Title 18, Section 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."

By signing this form, I acknowledge and agree to the above and that this application is true, correct, and complete.

Print Applicant Name	Applicant Signature	Date
Print Co-Applicant Name	Co-Applicant Signature	Date
Print Other Household Adult Name	Other Household Adult Signature	Date
Print Other Household Adult Name	Other Household Adult Signature	Date
Print Other Household Adult Name	Other Household Adult Signature	Date