



## **JONES COUNTY HOUSING REHABILITATION AND 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**

<u>Names</u> of Household Members (incl. Applicant )	<u>Age</u>	<u>Disabled</u> (Y or N)	<u>Racial/Ethnic</u> (see below)	<u>Gender</u> (M or F)	<u>Name</u> 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

- ✓ **Provide Copy of Photo ID for All Adult Household Members**  
**(Drivers License, Military ID, School ID, etc.)**
- ✓ **Provide Copy of Homeowner's Insurance Declaration Page**

**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**

	<b>Applicant</b>	<b>Co-App.</b>
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:		
<b>TOTAL HOUSEHOLD MONTHLY INCOME:</b>		

**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.

<b>80% AMI Jones County Annual Income</b>	<b>1 Person Household</b>	<b>2 Person Household</b>	<b>3 Person Household</b>	<b>4 Person Household</b>	<b>5 Person Household</b>
	\$56,750	\$64,850	\$72,950	\$81,050	\$87,550

Effective April 1, 2025

**REPAIRS: Please describe needed home repairs to be completed:**

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**RETURN APPLICATION TO:**

ECICOG

700 16<sup>th</sup> Street NE, Suite 301

Cedar Rapids, IA 52402

[deanna.robinson@ecicog.org](mailto:deanna.robinson@ecicog.org)

Questions about the program? Please call 319-289-0060 or email [deanna.robinson@ecicog.org](mailto:deanna.robinson@ecicog.org)

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

## SIGNATURE PAGE

- 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 (HUD). All income, assets, and other information listed, and documents provided are true and accurate representations.
- 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 other entities providing assistance and agree that photocopies of those forms 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.
- I understand there is a 5-year affordability requirement and agree to own and occupy the home as my primary residence for 5 years, or to comply with affordable resale provisions.

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.

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.

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

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."