



HEART OF IOWA REGIONAL HOUSING TRUST FUND APPLICATION FOR ASSISTANCE

Please ensure you gather all necessary information before submitting your application to HIRHTF. You will have 60 days from the submission date to provide all required information; failure to do so within this time frame will result in your application being denied.

Applicant Name*

Telephone Number

Email Address

Current Address*

City*

State*

Zip Code*

HOUSEHOLD COMPOSITION*

Provide information for all household members below.

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Gender	Optional			Marital Status	Last 4 digits of SSN#
					Race	Ethnicity	Disabled		
1.	Self								
2.									
3.									
4.									
5.									
6.									

Relationship to HOH: H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; L-Live-in caretaker; or N-None of the above

Gender: M -Male; F -Female NR -chose not to respond

Marital Status: M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed

Race: 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6 -Other; or 8 -Chose not to respond

Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 -Chose not to respond

Disabled: 1-Yes; 2-No; NR -chose not to respond -. See Fair Housing Act for definition of handicap (disability)

http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201

QUESTIONS - Please check **YES** or **NO** to each question. If you respond "Yes" to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

1. Do you expect any additions to the household within the next 12 months*? Yes No

If Yes, explain: _____

2. Is there anyone living with you now who won't be living with you at this property*? Yes No

If Yes, explain: _____

3. Do you have any minor children*? Yes No

4. Are there any absent household members who normally would live with you*? Yes No

If Yes, explain: _____

5. Do any of the following statements apply to you*:

a. I have filed for bankruptcy Yes No

b. I have been convicted of property damage Yes No

c. I have been evicted from a rental unit (including an apartment, home, mobile home or trailer) Yes No

6. Will you or anyone in your household require a live-in care attendant*? Yes No



Is the property being purchased with bank loan? If so, please list name of the bank and address above.

Yes

No

Are your home loan purchase payments delinquent?

Do you own AND live in the home to be repaired?

Do you have homeowner's insurance?

Is someone in your household over 62 years of age?

Does someone in your household have a permanent disability?

Have you previously received assistance from the Housing Repair Program?

Are you a United States Veteran?

What type of repair or handicapped accommodation are you requesting?

HOUSEHOLD INCOME INFORMATION* (NOTE: All information will be verified by a third party)

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1.	Social Security, SSI or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Employment pensions or retirement benefits, veteran's benefits or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Unemployment benefits or workman's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Alimony or child support (either court ordered or paid directly from the payor)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Regular payments from a severance package from a previous employer	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Regular payments from disability, death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Regular payments from lottery winnings or inheritances	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	Regular payments from rental property (land contracts or other real estate transactions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Educational grants, scholarships or other student benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Any other sources of income not listed	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	If Yes, please explain			
18.	If you have answered no to questions 1-17, Are you claiming that you have ZERO Income	<input type="checkbox"/>	<input type="checkbox"/>	N/A



Heart of Iowa Regional
Housing Trust Fund
819 1st Avenue South
Fort Dodge, IA 50501

Phone: 515-576-4551 ext. 1253
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The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval for assistance. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, AND ADDRESS, PHONE & FAX NUMBERS (i.e. employers, public assistance office, social security, pension fund, etc.)				
	Name:				Address:
	Start Date:	Phone:			Fax:
	Name:				Address:
	Start Date:	Phone:			Fax:
	Name:				Address:
	Start Date:	Phone:			Fax:
	Name:				Address:
	Start Date:	Phone:			Fax:

HOUSEHOLD ASSETS* (NOTE: All information will be verified by a third party)

	DO YOU HAVE MONEY HELD IN:	YES	NO	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or treasury bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	IRA, KEOGH or other retirement accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Cash on hand over \$500 (other than money previously reported in checking or savings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Have you sold, disposed or given away any property in the last two years? (i.e., charitable)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Personal property held as an investment (such as paintings, coins, art work or antiques)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Whole or universal life insurance policies (not including term policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	A safe deposit box with a monetary content of \$500 or more	<input type="checkbox"/>	<input type="checkbox"/>	\$

The following section must be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval for assistance. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/FAX NUMBER (i.e. employers, public assistance office, social security, pension fund, etc.)				
	Institution:				Address:
	Account No.:	Interest Rate:		Phone:	Fax:
	Institution:				Address:
	Account No.:	Interest Rate:		Phone:	Fax:
	Institution:				Address:
	Account No.:	Interest Rate:		Phone:	Fax:
	Institution:				Address:
	Account No.:	Interest Rate:		Phone:	Fax:



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*If **Yes** was answered to Question 10, Please complete the following:

I/we certify that I/we have or have not sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)

APPLICANT RESPONSIBILITIES*:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide the SHTF Grantee will all the necessary information to properly process your application. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information Grantee receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE*:

I understand that the Grantee is relying on this information to prove my household's eligibility which is required by the funding sources for the program to which I am applying. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have the Grantee verify the information contained in this application for the purposes of proving my eligibility for assistance. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility. I will provide all necessary information and expedite this process in any way possible.

Applicant Signature

Date



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AGREEMENT, RELEASE & CERTIFICATION

Agreement

As an applicant to the HIRHTF, I (we) understand and agree to the following:

1. I(We) understand that projects are subject to the availability of funds.
2. I(We) hereby state that the home is my (our) primary residence.
3. I(We) acknowledge that the assistance is provided in the form of a receding, forgivable loan. A lien will be placed on the property for a five-year period. Payments are not generally required on the loan; however, if I (we) sell the property within five years, the balance of the loan must be repaid to the program.
4. I (We) acknowledge that applicants must meet income eligibility criteria; the limits change periodically, and that information provided will be verified with the income source (for example, an employer). **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."**
5. I(We) acknowledge that applicants are not guaranteed to receive assistance.
6. I(We) certify that all information in this application and all information furnished in support of this application for the purpose of obtaining assistance, is true and complete to the best of my (our) knowledge and belief.
7. I(We) am/are the current owner(s) of the property described in this application.
8. Applicants will obtain at least one quote from qualified contractors for proposed work and will select the lower of the quotes received (HIRHTF reserves the right to require an additional bid). If an applicant chooses to not take lowest quote, the applicant will be responsible to pay the difference in cost.
9. In the event that I am unsatisfied with the construction work, I agree to hold harmless HIRHTF, Inc., its agents, and its Board of Directors. Any dispute between the applicant and contractor will be settled between only these parties.
10. I hereby state that any loan on the property to be repaired/rehabilitated is current with payments, City provided utilities, and property taxes.



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Release Of Information

I(We) authorize Heart of Iowa Regional Housing Trust Fund, Inc. (HIRHTF), to obtain and share all documentation necessary to determine my (our) eligibility and application ranking for this program. I(We) release to said entities all information regarding my (our) financial status from government entities, asset holding institutions, employers, and with other agencies as needed to complete the project.

Release Of Pictures (Optional)

By initialing here _____, I(We) grant HIRHTF permission to use pictures taken of my(our) home before and after work is completed to be used in posting, presentation, printed material, and other formats.

Certification

I(We), the undersigned, certify that I(we) have read and understand the entire Applicant Agreement, Certification & Release forms and that the information in this application and all information furnished is true and correct and complete to the best of the Applicant's knowledge and belief. The applicant(s) understand that any intentional misrepresentation may disqualify him/her from obtaining assistance from HIRHTF. I (We) further certify that I (we) have disclosed or will disclose all current and anticipated income sources of all household members and all current and anticipated assets held by all household members, as required in this application.

The applicant(s) further certifies that he/she is the owner or mortgage holder of the property described in this application, and that the deferred/forgivable loan proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards, as applicable, which are prescribed for the property described in this application.

Applicant(s):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Applicant Signature

Date

Date

Other Adult Household Member(s) (if any):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Applicant Signature

Date

Date



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Attachments

Attach the following documents to your application cover page for all household members.

1. **FEDERAL INCOME TAX RETURN:** A copy of your two (2) most recent year's *federal* income tax return include the entire return (attachments, W-2's, 1099's, etc.). The state return is not needed. **If you did not file an income tax return, please explain why.**

2. **INCOME DOCUMENTATION:** Documentation of all applicable sources and amounts of income such as:
 - Current copies of **2 months** of paycheck stubs showing gross pay, deductions, and year-to-date information
 - Social Security amount determination letter (if receiving social security income). If you do not have the letter on hand, you can obtain documentation by calling 1-800-772-1213 (7 a.m. – 7 p.m.) or on-line at www.socialsecurity.gov/myaccount
 - Statement showing pension receipts/disbursement amount(s)
 - Monthly child support documentation/alimony (such as a court order)
 - Stocks/Bonds/Annuity/IRA/CD's/Investment statements (showing current balance and any periodic payments to you)
 - Bank statement(s) (most recent, all accounts, all pages, **2 months** of statements for each account)
3. **MORTGAGE STATUS:** If a loan exists on the house to be repaired, please include documentation *from your banker/mortgage company* that shows whether you are current on your loan payments. If you have no home loan, please initial here _____.
4. **DEED OR TITLE:** Deed or section from your abstract that shows a complete legal description of your property and verifies your ownership of the property.
5. **LEGAL PHOTO IDENTIFICATION** of each deed holder.
6. **VERIFICATION** that property taxes are current.
7. **VERIFICATION** that city provided utilities are current.
8. **DISABILITY** (if applicable): If you are not receiving social security and you are not older than 62, you will receive priority status as a disabled person only if you provide proof of your disability from a medical doctor.



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