



CITY OF FOREST CITY

305 NORTH CLARK STREET ■ P.O. BOX 346 ■ FOREST CITY, IA 50436
(641) 585-3574 ■ FAX (641) 585-4502

TO: Potential Applicants for Exterior Rehabilitation

FROM: Barb Smith, City Administrator

DATE: April 6, 2020

RE: Application for Home Exterior Rehabilitation Program

The City of Forest City is initiating a home exterior rehabilitation program and will be able to select 6 homes for exterior rehabilitation projects. The grants from this program can fund up to \$24,999 in exterior rehabilitation work to be completed by licensed contractors. The work can include: roofing, windows, doors, gutters, siding, insulation, foundation repair, and stairways. This program will be funded by a federal Community Development Block Grant.

To be eligible, homeowners must own and live in the home to be rehabilitated (not rental), maintain homeowner's insurance, and be current on taxes. The cumulative gross income of all *adults* living in the home must be less than the following income limits based upon the number of people living in the home (adults and children). (Except that, for students in the home who are adult children of the homeowner, only the first \$480 of their income is counted toward household income.)

Income Limits (based upon the number of people living in the home)

County 1-person 2-person 3-person 4-person 5-person 6-person 7-person

Hancock \$ 39,350 \$ 44,950 \$ 50,550 \$ 56,150 \$ 60,650 \$ 65,150 \$ 69,650

Winnebago \$ 38,850 \$ 44,400 \$ 49,950 \$ 55,500 \$ 59,950 \$ 64,400 \$ 68,850

If you think that you might qualify, we encourage you to complete and turn in your application just AS SOON AS POSSIBLE because the 6 grants may be allocated quickly.

Please note that the federal grant will typically fund the entire cost of the rehabilitation work and repayment is generally NOT required; however, if the home is sold within 5 years, repayment of a portion of the funds might be required depending on the circumstances.

The North Iowa Area Council Of Governments (NIACOG) has been selected as our grant administrator, and their staff will confidentially process the application and income documentation. Please use the enclosed 'CONFIDENTIAL' envelope to submit your application and seal it appropriately. If you have questions about how to complete the application or if would like to schedule a meeting for assistance in completing it, please contact NIACOG at 641-423-0491 and ask for Steve (ext. 13; swendt@niacog.org), Myrtle (ext. 16; mnelson@niacog.org), or Caraline (ext. 27; ceggena@niacog.org).

APPLICATION

HOME EXTERIOR REHABILITATION PROGRAM

Please contact the North Iowa Area Council Of Governments (NIACOG) at 641-423-0491 if you have any questions or would like to schedule a meeting to assist you with completing your application). Any of the following staff will be able to assist you: Steve (extension 13; swendt@niacog.org), Myrtle (extension 16; mnelson@niacog.org), or Caraline (extension 27; ceggena@niacog.org). Only fully completed applications will be assured of processing.

I. APPLICANT INFORMATION

Applicant Name: _____

Street Address: _____ P.O. Box #: _____

Age: _____ Social Security Number: _____ Veteran? Y / N

Phone #: _____ E-Mail Address: _____

Spouse's Name: _____

Age: _____ Social Security Number: _____ Veteran? Y / N

Best time to be reached by telephone for a follow-up application interview: _____

II. FAMILY INFORMATION

Please list the names and requested information of **all** persons that reside in the house (including name of applicant and spouse shown above).

Name	Sex (M/F)	Age	Race	School/Employer

Do any of the above residents have a diagnosed handicap or disability? Yes ___ No ___

Are you related to an employee or elected/appointed official of the City, or do you work for or have a business relationship with any of the same? Yes ___ No ___

III. HOME OWNER'S INSURANCE

Do you have homeowner's insurance (hazard and liability coverage) for your home? YES__ NO__

Insurance Agency Name: _____

Complete Mailing Address: _____

IV. RESIDENCY

How long have you lived at your current residence? ____ years

Current ownership interest (check one):

deed title (required)____ contract owner____ life estate____ renter ____ other ____

V. UTILITIES: Please list the name of the companies providing your utilities.

Type	Provider / Company
Electric	
Heating/Gas	
Water/Sewer/Garbage	

VI. REAL ESTATE PROPERTY TAXES

Are your property taxes current (required)? YES / NO

VII. MORTGAGE INFORMATION

Do you have a mortgage? YES / NO (If 'NO' skip to section VIII.)

Was your *present* mortgage taken out for: ____ purchasing the home originally OR ____ refinancing

Mortgage Holder's Name: _____

Address: _____

Monthly Payment: _____ Balance Owed: _____

VIII. ATTACHMENTS: APPLICANT INCOME DOCUMENTATION

Please attach copies of the following items, as applicable (check if applicable):

I FILED A TAX RETURN: Attach most recent (2019?) federal tax returns (Form 1040 and all W-2s, schedules and forms included in the filing) for all household members. You do NOT need to include your State of Iowa tax returns. If you did not file an income tax return, please explain why: _____

I HAVE A JOB: Attach 3 most recent paystubs showing gross pay & deductions

I RECEIVE SOCIAL SECURITY / PENSION: Attach Social Security and/or Pension award letters.

I HAVE STOCKS/BONDS/ANNUITY/IRA/CD/INVESTMENT: Attach statement showing balance on account, interest payments (if any), and any periodic payments to you.

IX. CURRENT INCOME SOURCES

When completing the lower table below, include your total amount of gross income from each source. Please use the following Income Limits table to determine whether or not your household has an income below the limit and would be eligible for the program in the county where your home is located.

Income Limits (maximum income based upon number of people living in your home)

County	1-person	2-person	3-person	4-person	5-person	6-person	7-person	8-person
Hancock	\$ 39,350	\$ 44,950	\$ 50,550	\$ 56,150	\$ 60,650	\$ 65,150	\$ 69,650	\$ 74,150
Winnebago	\$ 38,850	\$ 44,400	\$ 49,950	\$ 55,500	\$ 59,950	\$ 64,400	\$ 68,850	\$ 73,300

Include below your current household income sources, as well as, any additional sources you anticipate receiving income from within the next 12 months. For example, if you anticipate Social Security benefits starting in January of 2021, include that in the list below. The following types of income sources must be included for ALL members of the household; however, employment/earned income of family or household members under the age of 18 is excluded. Also, earned income of full-time students in excess of \$480/yr. is excluded (except head of household or spouse):

- ❖ Wages and salaries, overtime pay, commissions, fees, tips and bonuses (calculated before any payroll deductions - in other words "Gross Income" must be included, not just take home pay)
- ❖ Social Security Benefits (Gross Benefit before ANY deduction for Medicare, etc.)
- ❖ Annuities and Pensions, IRA Distributions, Periodic payments from insurance policies, etc
- ❖ Company disability or death benefits, unemployment, and worker's compensation
- ❖ Net Income from Self-Employment
- ❖ Interest and Dividends
- ❖ Unemployment Compensation
- ❖ Net Income for the Rent of Real Estate or other property
- ❖ Alimony and Child Support payments
- ❖ Department of Human Services Cash Assistance (FIP, Title 19 Waiver, etc)

Income Source/Type: (Ex: Employer, Pensions, Annuity, Farm, Rent, Child Support, etc.)	Complete Name & Address of income source (for third party verification purposes)	Household member receiving the income	Monthly Amount
	Income Source: Address:		\$
	Income Source: Address:		\$
	Income Source: Address:		\$
	Income Source: Address:		\$

If your most recent federal tax return is not reflective of the income you expect to receive over the next 12 months, please explain the changes expected:

X. ASSET INFORMATION

1. Rental Income: Are you receiving rent from a farm, apartment, or house? If so, please complete the following.

Street Address _____	Street Address _____
City & State _____	City & State _____
Market Value _____	Market Value _____
Loan Balance _____	Loan balance _____
Monthly Rent _____	Monthly Rent _____

2. Do you have personal property held as an investment such as gems, jewelry, coin collections, & antique cars. If so, please list item(s) and cash value:

3. Please list other Assets here. (For multiple accounts under the same category in boxes 1 through 10 below, please use the 'Supplemental Information boxes provided in Section 11 on the next page.)

Financial Assets	
<p>1. Checking Account(s)</p> <p>Name of Financial Institution:</p> <p>Address:</p> <p>Account #:</p> <p>Balance: \$</p>	<p>2. Savings Accounts, CD's, Bank Money Market Account(s)</p> <p>Name of Financial Institution:</p> <p>Address:</p> <p>Account #:</p> <p>Balance: \$</p>
<p>3. Individual Stocks & Bonds, Mutual Funds (Stocks, Bonds, Etc.)</p> <p>Name of Financial Institution:</p> <p>Address:</p> <p>Account Type:</p> <p>Account #:</p> <p>Balance: \$</p>	<p>4. IRAs, Annuities, Keogh, 401(k)s and other retirement savings accounts (use accumulated value)</p> <p>Name of Financial Institution:</p> <p>Address:</p> <p>Account Type:</p> <p>Account #:</p> <p>Balance: \$</p>

<p>5. Cash Value of Trusts that are available to the household</p> <p>Name of Financial Institution:</p> <p>Address:</p> <p>Account #:</p> <p>Balance: \$</p>	<p>6. Cash Value of Life Insurance Policies</p> <p>Name of Insurance Company:</p> <p>Address:</p> <p>Policy #:</p> <p>Balance: \$</p>
<p>7. Lump Sum receipts anticipated over the next 12 months (inheritances, capital gains, insurance settlements, other claims)</p> <p>Type of Receipt:</p> <p>Amount: \$</p> <p>Further description:</p>	<p>8. Contributions to company retirement and pension funds that can be withdrawn without retiring or terminating employment</p> <p>Company:</p> <p>Address:</p> <p>Account #:</p> <p>Available amount: \$</p>
<p>9. Business Assets where applicant IS NOT actively engaged in the Business (Market Value less Outstanding Debt)</p> <p>Name of Business:</p> <p>Type of Business:</p> <p>Net Value: \$</p>	<p>10. List all business or personal assets sold, disposed of, or given away in the past 2 years</p> <p>Type of Asset:</p> <p>Market Value:</p> <p>Sales Price (if less than market value): \$</p>
<p>11. Please use the boxes below only if you need more space to list additional accounts in any of the categories listed above in boxes 1 through 10.</p>	
<p>11.a. Supplemental Information</p> <p>Type of Asset:</p> <p>Name of Company:</p> <p>Asset:</p> <p>Account Number:</p> <p>Dollar Value: \$</p>	<p>11.b. Supplemental Information</p> <p>Type of Asset:</p> <p>Name of Company:</p> <p>Asset:</p> <p>Account Number:</p> <p>Dollar Value: \$</p>

APPLICANT CERTIFICATION OF ACCURACY & FEDERAL COMPLIANCE

The Applicant certifies that all information in this application, and all information furnished in support of this application, 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. The applicant further understands that this APPLICANT CERTIFICATION applies to any future updated application(s) that may be requested from NIACOG, said updated applications(s) being an extension of this original application.

The Applicant covenants and agrees that she/he will comply with all requirement imposed by or pursuant to the 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 sale, lease, rental, use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Verification of any of the information contained in this application may be obtained from any source named herein. The applicant acknowledges that all asset and income information will be kept confidential by NIACOG and all administrative personnel.

Date

Signature

Date

Signature

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 FORM

I authorize the North Iowa Area Council of Governments (NIACOG) to obtain information about me and my household that is pertinent to eligibility for participation in the City Housing Rehabilitation Program.

I acknowledge that any photocopy of this form is as valid as the original.

I am aware that all adult household members that are or will be living in my home must sign the release form and cooperate with the verification process. Failure by any adult household member may result in the disqualification of my application (an adult household member includes anyone age 18 or older).

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED.

Applicant(s) (Homeowners):

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