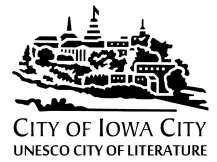


HOUSING REHAB APPLICATION



City of Iowa City Housing Rehabilitation **410 E. Washington St., Iowa City, IA 52240-1826**
 Phone: (319) 356-5246 **FAX: (319) 356-5217** **TDD: (319) 356-5493**

Date: _____

Name Applicant #1: _____ Address: _____ Zip: _____

Name Applicant #2: _____ Date Built: _____ Owned Since: _____

E-Mail address: _____ Property Owner: _____

Phone # Personal: _____ Work: _____ Mortgage Company: _____

Citizen of the United States: yes no Mortgage Balance: _____

Permanent resident alien: yes no

Race: _____ Ethnicity: _____

<input type="checkbox"/> White	<input type="checkbox"/> Other/Multi-Racial	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Non-Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian & White	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	

Number of household members living at this address: _____ (Include Applicants #1 & #2)

Name:	Age:	Relationship:	Occupation & Employer:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. TOTAL HOUSEHOLD MONTHLY INCOME	App. #1:	App. #2:	
Monthly Income (includes gross income, overtime, tips, bonus, fares)			Are any members of household handicapped/ disabled? Yes No
1. Employment			Are any members of household age 62 years or older? Yes No
2. Net Income from Rental Property:			
3. Interest Income: (dividends, CDs, stocks, bonds, commodities)			Do any members of the household have a diagnosed lung disorder such as asthma or COPD? Yes No
4. Other Income: (passbook savings, savings account)			
5. Social Security Income:			B. TOTAL HOUSEHOLD ASSETS
6. Retirement Income: (VA, IPERS, Civil Serv., IRA, annuities)			1. Cash Accounts (checking & savings accounts):
7. Welfare Assistance:			2. Savings Bonds/stocks, certificate of deposit:
8. Child Support & Alimony:			3. Marketable Securities & Money Market:
9. Gifts:			4. Other Real Estate:
10. Net income from a business:			5. Life Insurance: (cash value only)
11. Unemployment, severance pay, workman's comp.:			6. Other: (IRA, TIA)
TOTAL HOUSEHOLD MONTHLY INCOME:			TOTAL HOUSEHOLD ASSETS:



WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

C. MONTHLY HOUSEHOLD EXPENSES (this residence only)		Briefly describe the repairs you find necessary.
1. Mortgage Payment:		
2. Lot Rent (mobile home only):		
3. Property Taxes, Special Assessments:		
4. Heat & Utilities (no phone or TV):		
5. Property Insurance:		
6. Mortgage Insurance:		
7. Ongoing medical expenses, other than monthly insurance premiums		
TOTAL MONTHLY HOUSEHOLD EXPENSES:		

I, _____, hereby certify on _____ that the above-
 _____ (Name) _____ (Date)
 referenced income and assets given for the purpose of establishing my eligibility for a Housing Rehab Loan from the City of Iowa City is true and complete to the best of my knowledge and belief.

The applicant further certifies that he/she is the owner and principal resident of the property (this does not apply to tenants requesting residential accessibility) located at the project address and that the loan or lien proceeds will be used for the work and materials necessary to meet the rehabilitation standards as specified in the construction contract.

 Applicant #1

 Date

 Applicant #2

 Date

Release of Information and Certification

NOTE: Please read carefully before signing

I hereby give permission to the City of Iowa City (the City) to verify my household income and assets. This includes contacting the company's financial institution, and performing other related activities necessary for reasonable evaluation of this application. I understand that all information submitted to the City relating to this application is subject to the Open Records Law (1994 Iowa Code, Chapter 22). I hereby certify that all representations, warranties or statements made or furnished to the City in connection with this application are true and correct in all material respects. I understand that it is a criminal violation under Iowa law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring financial assistance from a state agency or political subdivision.

 Applicant #1

 Date

 Applicant #2

 Date

**RETURN COMPLETED APPLICATION TO:
 Liz Osborne
 Housing Rehab, City of Iowa City
 410 E. Washington St., Iowa City, IA 52240**