



NIACOG  
HOUSING TRUST FUND, INC.

# HOUSING REPAIR PROGRAM HOMEOWNER APPLICATION

1. Property Owner(s): \_\_\_\_\_
2. Do you own AND live in the home to be repaired? Yes (required) No (If you rent the home to someone else, the Rental Housing Repair Assistance Application must be used instead of this form.)
3. Complete Address Of Owner (street address, city, state zip): \_\_\_\_\_  
\_\_\_\_\_
4. Telephone Number(s): \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Current Residency Status: US Citizen Permanent Resident Alien Other \_\_\_\_\_
7. Marital Status: Single Married Other \_\_\_\_\_
8. Is The Property Being Purchased With: Bank Loan Purchase On Contract Paid In Full.  
If bank loan or purchasing on contract, list name of bank or contract seller & Address:  
\_\_\_\_\_
9. What type of repair or rehabilitation are you requesting (such as roofing)?  
\_\_\_\_\_
10. Describe the current condition or problems to be repaired (for example: roof leakage into living space with every rain or can't access bathrooms due to mobility limitation). How is it beyond your ability to make the repair on your own? You can attach pictures, documentation, and added explanation that illustrate the extent of the repair needs.  
\_\_\_\_\_  
\_\_\_\_\_



NIACOG HTF  
525 6th St. SW  
Mason City, IA 50401  
Phone: 641-423-0491  
Fax: 641-423-1637  
E-mail: mnelson@niacog.org

# Attachments

A

## Please attach the following documents to your application cover page.

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, etc.). The state return is not needed. If you did not file an income tax return, please explain why you didn't.

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2. **INCOME DOCUMENTATION:** Documentation of all applicable sources and amounts of *income expected in the coming 12 months* such as:
  - Income Information Form (Form B)
  - Cash Asset Information Form (Form C)
  - 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)
  - Statement showing pension receipts/disbursement amount(s)
  - Monthly child support documentation (such as court order)
  - Stocks/Bonds/Annuity/IRA/CD's/Investment statements (showing current balance and any periodic payments to you)
  - Bank statement (showing current balances)
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:** Deed or section from your abstract that shows a complete legal description of the property and verifies your ownership of the property.
5. **INSURANCE:** Homeowners insurance is required. Please provide a document that shows that the property is insured.
6. **AGREEMENT, RELEASE, & CERTIFICATION FORM (Form D).** Read this document carefully because it contains some important details about program requirements and limitations.
7. **PICTURE, DOCUMENTATION, OR FURTHER EXPLANATION OF THE ITEM(S) TO BE REPAIRED/REHABILITATED (OPTIONAL)**



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## Income Information

Please list **all** persons who will be occupants in the home for the next 12 months. For any dependents of 18 years of age or older, please indicate if they are **\*full time** students.

List all in household (adults/children/unborn)	Date of Birth	Gender (M or F)	Race/Ethn. (See Below)	Employer/School (*full time?)

Race/Ethnicity: 1-White(non-Hispanic) 2-Hispanic 3-Black(non-Hispanic) 3-Native American 4-Asian

**INCOME SOURCES\*:** When completing the income table below, include the total amount of gross income estimated from each source for the **upcoming 12 months**. Include the following types of income.

- ❖ **Wages** and salaries, overtime pay, commissions, fees, tips and bonuses (calculated before any deductions)
- ❖ **Self-Employment** (net income)
- ❖ **Social Security** Benefits (including Medicare Insurance Premiums)
- ❖ **Annuities and Pensions, IRA Distributions, Periodic payments from insurance policies**, etc.
- ❖ **Disability or survivor benefits, unemployment, and worker's compensation**
- ❖ Periodic payments to your household from a **trust**.
- ❖ Net income for renting property
- ❖ **Alimony and child support** payments
- ❖ **Department of Human Services assistance** (FIP, Medicaid Assistance, Title 19, etc.)

Income Sources: Complete Name & Address of income source (for third party verification)	Income Earner	Amount Per Year
Company: Address: Fax # (if employer):		\$_____/yr
Company: Address: Fax # (if employer):		\$_____/yr
Company: Address: Fax # (if employer):		\$_____/yr
Company: Address: Fax # (if employer):		\$_____/yr

Income Limit: To qualify your household income must be under:

- \*\$40,540 for a household of 1 to 2 people OR
- \*\$46,620 for a household of 3 or more people.

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# AGREEMENT, RELEASE & CERTIFICATION

## Agreement

As an applicant to the NIACOG Housing Trust Fund, I (we) understand and agree to the following:

1. I(We) will supply any required match to the NIACOG Housing Trust Fund prior to the start of construction. I(We) understand that there is 25% match for owner-occupied rehabilitation projects (non-emergency) with household incomes over 60% of the Area Median Income. Emergency repair projects will not require a match. Additionally, the program will fund no more than \$10,000 per project. No applicant shall receive more than 1 project award per year.
2. I(We) intend that the home will remain my (our) primary residence for the five years following the closing.
3. I(We) acknowledge that the assistance is provided in the form of a receding, forgivable loan. As such, payments are not generally made on the loan; however, if I (we) sell the property or otherwise vacate the property within five years, the balance of the loan must be repaid to the program. A lien will be placed on the property for the five-year period following the closing.
4. I (We) acknowledge that applicants must meet income eligibility criteria; the limits change annually 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, and that applicants with incomes under 30% of Area Median Income may receive priority.
6. The Applicant certifies that all information in this application, and all information furnished in support of this application, for the purpose of obtaining assistance under the Community Redevelopment Act of 1981, is true and complete to the best of the Applicant's knowledge and belief.
7. The Applicant further certifies that he/she is the owner of the property described in this application, and that the rehabilitation fund proceeds will be used only for the work and materials necessary to meet project goals, as applicable. If NIACOG determines that the housing trust fund proceeds will not or cannot be used for the purpose described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the NIACOG Housing Trust Fund, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.
8. 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 State of Iowa, and all applicable program rules. 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.
9. The construction work must meet HQS standards; however, in the event that I am otherwise unsatisfied with the work, I agree to hold the NIACOG Housing Trust Fund harmless.
10. Any loan on the property to be repaired/rehabilitated is current with payments, and I(we) maintain homeowners insurance on the property.

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**Release Of Information**

I(We) authorize the North Iowa Area Council of Governments (NIACOG), including all documentation necessary to determine my (our) eligibility and application ranking for this program. I(We) release NIACOG to obtain information regarding my (our) financial standings from government entities, asset holding institutions and employers with whom I(we) are currently or have within the past year participated.

**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. 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.

**Applicant(s):**

\_\_\_\_\_  
Applicant Name (printed or typed)

\_\_\_\_\_  
Applicant Name (printed or typed)

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Signature Date

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

\_\_\_\_\_  
Applicant Name (printed or typed)

\_\_\_\_\_  
Applicant Name (printed or typed)

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Signature Date



**QUESTIONS:** Any questions may be directed to the attention of Myrtle Nelson; her contact information is listed at the bottom of each page.

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