



NIACOG
HOUSING TRUST FUND, INC.

RENTAL HOUSING REPAIR ASSISTANCE APPLICATION

1. Official Property Owner(s) Name(s): _____
2. If the Property is owned by a Corporation, who is able to sign documents for the corporation?
What office do they hold in the corporation? _____
3. If individually owned, is(are) the owners: Single Married Other _____
4. Complete Address Of Owner: _____
5. If a property manager will coordinate the project for you, please provide their name, phone number, and address. _____
6. Telephone Number(s)/E-Mail Address: _____
7. E-mail address: _____
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. I am applying for assistance with: (please check all that apply)
Roofing Plumbing Electrical Access Ramp Windows Siding Water Heater Furnace
Other _____
10. Please list major repairs made within the past 5 years. _____

11. Describe the current condition or problems created by the item to be repaired (for example:
leakage into living space with every rain, high energy rate for tenant, or dilapidated exterior).
How is it beyond your ability to repair? Please attach pictures or documentation that illustrate
the extent of the condition/problem.



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

Attachments

Please attach the following documents to your application cover page.

1. **FEDERAL INCOME TAX RETURN:** A copy of your most current *federal* income tax return include the entire return (schedule C, schedule e, etc. as available). If you did not file an income tax return, please explain why you didn't. _____

2. **LOAN BALANCE & STATUS:** If a loan exists on the house to be repaired, please include documentation *from your banker/mortgage company* that shows the current balance of the loan and whether you are current on your loan payments.
3. **DEED:** Deed or section from your abstract that shows a complete legal description of the property and verifies official ownership of the property.
4. **INSURANCE:** Please provide a document that shows that the property is insured. (required)
5. **TENANT INCOME INFORMATION:** Documentation of all applicable sources and amounts of *income expected in the coming 12 months* such as:
 - Tenant Income Information form (Form B) & Income Documentation:
 - Social Security amount determination letter
 - Bank statement showing address of bank (if available)
 - Stocks/Bonds/Annuity/IRA/Investment statements (showing any dividends, interest, withdrawals, if any)
 - Statement showing pension receipts/disbursement amount(s)
 - Monthly child support documentation
 - Tax return (if filed)
6. **TENANT RELEASE FORM (Form C)**
7. **LEASE INFORMATION FORM & LEASE:** Lease Information Form (Form D). Tenant household income must be less than 30% of the Area Median Income.
 - Lease. If a lease is not currently in place, one will be required prior to commencement of repair work.
8. **AGREEMENT, RELEASE, & CERTIFICATION FORM (Form E).** Read this document carefully before signing it because it contains valuable details about program limits, requirements, etc.
9. **PICTURES OR DOCUMENTATION DEMONSTRATING THE NEED FOR ITEM(S) TO BE REPAIRED (OPTIONAL)**

Tenant Income Information

OCCUPANTS: Please list **all** persons who will be occupants in the home for the next 12 months. (Notes: If school rather than employer is shown for any household members 18 years of age or older, please indicate whether or not they are ***full time** students.)

Names List all household members (applicants/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.

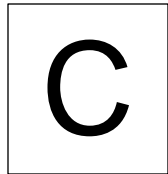
- ❖ **Wages** and salaries, overtime pay, commissions, fees, tips and bonuses (calculated before any deductions)
- ❖ **Self-Employment** (net income)
- ❖ **Social Security** Benefits (including Medicare Insurance Premiums)
- ❖ **Annuities and Pensions, IRA Distributions, Periodic payments from insurance policies**, etc.
- ❖ **Disability or survivor benefits, unemployment, and worker's compensation**
- ❖ **Interest and Dividends**
- ❖ **Net income from Real Estate**
- ❖ **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

To qualify the tenant's household income must be under the income limit for their household size (persons in household):
 \$13,200 (1-person), \$15,050 (2-person) \$16,950 (3-person), \$18,800 (4-person), \$20,350 (5-person),
 \$23,350 (6-person), or \$24,850 (7-person).

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Tenant Release Form

Release

I(We) release NIACOG to obtain information regarding my (our) financial standings from government entities, asset holding institutions, employers, and others with from we may receive funds currently or within the past 2 years.

Certification

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.

Tenant(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)

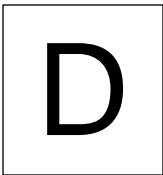
Applicant Signature Date

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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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Lease Information Form

Complete this form for each housing unit (ex: a 4-plex would require 4 of these forms).

**For my residential rental unit located at _____, Iowa,
the amount of rent charged per month is \$ _____.**

Tenant Name:_____ Tenant Phone Number:_____

Number of bedrooms in the unit (circle or write in): efficiency, 1, 2, 3, 4, _____

Please check all of the following that apply.

___ I am providing a copy of the lease for the unit. (If a lease is being used for this unit, a copy of it is required for documentation and is to be returned with this form.)

___ This unit has a shared entrance with another rental unit.

___ The unit is vacant.

___ As landlord, I pay all of the utilities.

___ My tenant pays the following utilities.

- Heating: Type of fuel? (check one)
 - Natural Gas Bottle gas Oil/Electric Coal/Other
- Cooking: Type of fuel? (check one)
 - Natural Gas Bottle gas Oil/Electric Coal/Other
- Other Electric (lights, air conditioning, etc.)
- Water Heater: Type of fuel? (check one)
 - Natural Gas Bottle gas Oil/Electric Coal/Other
- Water Bill
- Sewer Bill
- Trash Collection Bill

___ As landlord, I provide the following:

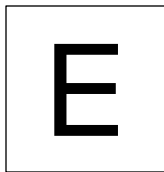
- Range or Microwave
- Refrigerator

Signature

Date



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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 all required match to the NIACOG Housing Trust Fund prior to the start of construction.** I(We) understand that the match for rental projects is 50% of project cost, and that the program will fund no more than \$10,000 per project. Additionally, no applicant shall receive more than 1 project award per year.
2. I(We) intend that the home will remain my (our) residential rental property 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 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. I(We) agree to maintain rents within the HOME Fair Market Rent Limits less Utility Allowances (as determined by the Housing Authority) for any utilities paid by my tenant.
10. Any loan on the property to be repaired/rehabilitated is current with payments, and I(we) maintain property insurance on the rental being repaired.



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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.

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.

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



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