

MARSHALLTOWN CDBG TORNADO OWNER OCCUPIED REHABILITATION

APPLICATION FOR PROGRAM ASSISTANCE

2019

Completed Applications should be returned to:

Region 6 Resource Partners

903 E. Main Street,

Marshalltown, IA 50158

641-752-0717

mnewburg@region6resources.org

**MARSHALLTOWN OWNER OCCUPIED REHABILITATION
APPLICATION FOR PROGRAM ASSISTANCE**

In submitting this application, I agree to and acknowledge the following:

1. I allow inspections of my home to determine eligibility and probable cost. If the Program Administrator determines my property not to be clean and sanitary, he will give me two weeks notice to clean my property prior to his/her initial inspection. If after those two weeks, I have not cleaned my property, I will be determined ineligible for assistance.
2. If I am determined eligible, a contractor to complete the work which will be procured on a competitive basis by the City of Marshalltown. I will allow the Program Administrator to make all arrangements for the rehabilitation work and allow the contractor access to my home.
3. There will be no rehabilitation work done unless I authorize it in writing.
4. Any rehabilitation work done on my home will be guaranteed for a minimum of 1 year by the contractor. Product materials will be guaranteed by manufacturer warranty.
5. Any rehabilitation work done that is not authorized by the City of Marshalltown's Housing Rehabilitation Committee will be done at my expense and the City of Marshalltown will not be responsible for the workmanship of any unauthorized rehabilitation work.
6. If at anytime during the application process or the construction period, there is a change in my household income, or family or household composition, I agree to report this change to the City of Marshalltown. The penalty for false or fraudulent statements: USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies... or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."
7. I reserve the right to withdraw from this program at any time prior to contract signing.
8. I acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by the City of Marshalltown and Region 6 Resource Partners.
9. I allow access to my home to representatives of the City of Marshalltown, the State of Iowa, Department of Economic Development, and U.S. Department of Housing and Urban Development.

Homeowner

Date

Homeowner

Date

Complete the enclosed application (answering all questions). Answer "Not Applicable" or "N/A" if the question does not pertain to you. Applicants will be processed first come first serve, provided that all requirements are met. Applicants are expected to be honest in all areas or risk disqualification.

**CITY OF MARSHALLTOWN TORNADO OWNER OCCUPIED REHABILITATION
HOUSEHOLD INFORMATION**

HEAD OF HOUSEHOLD NAME: _____

ADDRESS: _____

CITY / STATE / ZIP CODE: _____

TELEPHONE: _____

SOCIAL SECURITY #: _____

AGE: _____ RACE: _____

OTHER PERSONS LIVING AT THIS ADDRESS:

| NAME | AGE | SOCIAL SECURITY # | RACE |
|------|-----|-------------------|------|
|------|-----|-------------------|------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do any of these people have a diagnosed handicap or disability? YES / NO

If yes, please explain: _____

INCOME AN ASSET INFORMATION

Please provide total gross income (the amount prior to any deductions) from all people living in the household. Full time student dependents are exempt. Income includes any rental income, welfare benefits received, Veteran's Administration benefits, Social Security benefits, pension(s) payment(s), retirement fund(s) payment(s), unemployment compensation, child support, alimony, etc.):

| | | | |
|-------------------------|----------------|------------------------------|---|
| HOUSEHOLD MEMBER'S NAME | MONTHLY INCOME | SOURCE OF INCOME AND ADDRESS | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| ASSETS OR INVESTMENTS | AMOUNT | INTEREST RATE | NAME OF BANK / SOURCE AND THEIR ADDRESS |
| Savings Account | _____ | _____ | _____ |
| Savings Account | _____ | _____ | _____ |
| Checking Account | _____ | _____ | _____ |
| Stocks / Bonds | _____ | _____ | _____ |
| CD's / Other | _____ | _____ | _____ |

If you are self employed, please proved a copy of the last 3 years income tax returns Schedule C or business expense.

HOUSING INFORMATION

Age of Home: _____

Date of Purchase: _____

Do you have a mortgage on the home? YES / NO If yes, what is the name and address of your mortgage lender? _____

Do you have a land sales contract on the home? YES / NO If yes, what is the name and address of the land sales contract seller? _____

Is your home a manufactured home? YES / NO

Do you own any other real property other than your home? YES / NO If yes, where is it located? _____

In order to be eligible for assistance, your home must be insured. Please list the name and address of your housing (property) insurer. If you are awarded funding, you will be required to provide a copy of your proof of insurance:

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

RELEASE OF INFORMATION

To determine eligibility for assistance through the Marshalltown, Owner Occupied Rehabilitation Program-the, Region 6 Resource Partners, will need to verify income, assets, of all applicants. **Applicants need to fill out and sign top portion only.** Please leave "authorize" line blank and Region 6 will complete as needed.

I _____ authorize _____

to release the information required by Region 6, and agree that photocopies of this form may be used for purposes stated above. **Date:** _____

SS# _____

SS# _____

Signature of Applicant

Signature of Co-Applicant

FOR OFFICE USE ONLY ** FOR OFFICE USE ONLY ** FOR OFFICE USE ONLY

INCOME SOURCE: INCOME Anticipated for the next 12 months (_____ thru _____)

Pension _____

IPERS _____

FIP _____

Alimony/Child support _____

Workman's Compensation _____

Unemployment _____

Gross Wages _____

Other _____

NET VALUE OF ASSETS:

ANTICIPATED ANNUAL INCOME:

Checking/Savings Balance(s) _____ (Interest) _____

CD(s) _____ (Interest) _____

Other _____ (Interest) _____

Monthly Mortgage payments _____ (# of payments remaining) _____

SIGNATURE / TITLE

DATE

REPRESENTING _____ **RETURN TO:** Mark Newberg, Region 6 Resource Partners, 903 E. Main
Street Marshalltown, Iowa 50158, 641-752-0717 (phone); 641-752-9857 (fax)
mnewberg@region6resources.org