



Northeast Iowa Regional Housing Trust Fund

Non - Profit

Application

Our Mission

To ensure that the Northeast Iowa counties of Allamakee, Clayton, Howard, and Winnebago County residents have access to well-maintained, safe and affordable housing in both the rural and urban areas of each county.

**NORTHEAST IOWA REGIONAL HOUSING TRUST FUND
APPLICATION FOR NON PROFIT
2012**

A. SUMMARY

Applicant Name: _____

Contact Person: _____ Title: _____

Applicant Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

Email: _____

Fed ID# or Social Security #: _____

If Corporation, Date Established: _____

Loan Amount Requested: \$ _____

Other: _____

Brief description and history of organization (History and background information, dates of major projects, milestones in organization, capacity and resource development, any other projects and significant programs.)

If organization has made previous applications, please list your significant projects and programs for the past 3 years.

B. PROPERTY INFORMATION

Property Address: _____

Owner Name: _____

Type and number of units(s): _____

Year Built: _____

Provide proof of insurance for this project.

Provide a full legal description of the property to be rehabilitated. (The abstract or the Recorders office at the court house will have this information.)

C. DESCRIPTION OF PROJECT/PROGRAM

1. Give a detailed description of the proposed project. Attach bids for projects.

2. List the names and other relevant information of the individuals primarily responsible for the development and/or operation of this project:

Name	Position	Start Date with Organization
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1.

2.

3.

3. Past Experience

Briefly describe three past housing projects that demonstrate your development/landlord experience. You may attach plans or photographs.

Project Title & Description	Number of Units	Completed	Total Cost
1.			
2.			
3.			

D. INCOME LEVEL

1. Identify the income level to be served (See income guidelines on page 4 of program guidelines): _____
2. How will this project benefit low income residents in Allamakee, Clayton, Howard or Winneshiek Counties?

E. TIMELINE

Expected START DATE of project: _____

Expected COMPLETION DATE of project: _____

Have you started any part of the project? _____yes _____no

F. FINANCING

1. Please attach letters of financing evidencing existing loan commitments.
(eg. Local Housing Trust Fund, Conventional Financing, State Assistance, Community Participation, Applicant’s Contribution)

Amount	Type (grant/loan)	Rate	Term
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2. Explain form of applicant’s contribution to the project:

3. Identify all agencies or institutions involved in the project, and what their involvement is:

G. EXPLANATIONS, ADDITIONAL COMMENTS:

H. REQUIRED DOCUMENTS

Enclose a copy of the following documents, as applicable:

- a. Letter of Credit (financing commitment)
- b. Name and contact information for staff who will manage project
- c. Any photographs, plans or other project information
- d. 501 (c) (3) Determination Letter and signed Certification page
- e. Signed Assurances page

I. DEMOGRAPHIC INFORMATION

The following information solicited on this application is requested by the Northeast Iowa Regional Housing Trust Fund in order to assure the Federal Government, acting through the Upper Explorerland, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with.

J. AUTHORIZATION

To the best of my knowledge and belief, all data in this application are true and current. I understand and agree that the Northeast Iowa Regional Housing Trust Fund and Upper Explorerland Regional Planning Commission will verify the information contained herein to determine the form of assistance. Verification will include obtaining a credit report for all applicants.

I hereby give my permission to the Northeast Iowa Regional Housing Trust Fund and Upper Explorerland to research the applicant's history, make credit checks, contact the applicant's financial institution, and perform other related activities necessary for the reasonable evaluation of this application.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Assurances

The applicant hereby assures and certifies that he or she will comply with the regulations, policies, guidelines, and requirements, as they relate to the application, acceptance and use of the Northeast Iowa Regional Housing Trust Fund (NEIRHTF) money for this project. Also, the applicant gives assurance and certifies with respect to the loan that:

- It possesses legal authority to apply for the loan, and to finance and construct the proposed project.
- It will give the NEIRHTF access to and the right to examine all records and documents related to the loan.
- The project will be properly and efficiently administered, operated and maintained.
- It will cause work on the project to be commenced within a reasonable time after receipt of notification from the Board indicating that funds have been approved and that the project will be prosecuted to completion with reasonable diligence.
- It will not dispose of or encumber its title or other interests in the site and facilities during the period of the loan.

The applicant further agrees that in the event it fails to comply with its undertakings hereunder, the NEIRHTF may call, cancel, terminate, accelerate repayment or suspend in whole or part the financial assistance provided or to be provided by the Trust Fund, and that NEIRHTF may take any other action that may be deemed necessary or appropriated to effectuate the requirements of this document.

The Applicant acknowledges that he or she has read, understood, and agrees to the provisions of the above document.

Date: _____

By: _____, Title: _____

_____, Title: _____

Attest: _____

**This institution is an Equal Opportunity Provider
Esta institución es un Proveedor de Igual Oportunidad**

Certification

Date: _____

By: _____

Title

Title

Attest: _____

Approved 12/10/2009