



Northeast Iowa Regional Housing Trust Fund

Owner Occupied Property/Home Buyer

Loan 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 HOUSING TRUST FUND LOAN
2011**

A. SUMMARY

Applicant Name: _____ SS#: _____ DOB: _____

Applicant Address: _____

City/State/Zip: _____ County: _____

Phone: _____ Cell: _____

Email: _____

Age of Property: _____ Have you ever owned real estate? _____
If so, when? _____

Loan Amount Requested: \$ _____

Applicant will be required to pay a \$27.00 recording fee before project begins

The following information solicited on this application is requested by the NEIRHTF in order to assure the Federal Government, acting through the Rural Development, that Federal laws, prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex family status, age and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the NEIRHTF is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

Names and ages of other household members:

<u>Name</u>	<u>Sex</u>	<u>DOB</u>	<u>Race</u>	<u>Veteran</u>	<u>Relationship</u>

Total number in household: _____

Do you own any other real property other than your home? _____

Number of minors: _____

Disabled Head of Household or Spouse? _____

Family Members, age 62+: _____

B. EMPLOYMENT AND INCOME INFORMATION

Gross Income on Income Tax Return: _____

(Please enclose a copy of 2010 Federal Income Tax return with W-2's and a copy of any Social Security Benefits received by ALL household members)

Applicant's Employer: _____

Address: _____

Phone: _____

Monthly Income Before Taxes: \$ _____

Co applicant's Employer: _____

Address: _____

Phone: _____

Monthly Income Before Taxes: \$ _____

Other possible sources of income, please fill in the information below for all that apply AND enclose proof of dollar amounts received (for example, include a copy of the Social Security Benefits letter.)

<u>Source:</u>	<u>Monthly Amount Received</u>	<u>Received By:</u>
Social Security	_____	_____
Social Security Disability	_____	_____
Pension/Retirement	_____	_____
Child Support	_____	_____
Rental Income	_____	_____
Interest/Annuity/IRA Income	_____	_____
Other _____	_____	_____
Other _____	_____	_____

If you pay for childcare for children under the age of 13 please list the amount and providers name and address here.

\$ _____

C. ASSET INFORMATION FOR ALL ADULT HOUSEHOLD MEMBERS

If additional space is required please use the back of form. (Send in Verification of all assets listed)

	Location- Name and <u>Address</u>	Approximate Balance
Checking	_____	_____
Checking	_____	_____
Savings	_____	_____
Savings	_____	_____
Cash	_____	_____
Investments/IRA's	_____	_____
Cash Value- Life Insurance	_____	_____
Other Real Estate Investments	_____	_____

Name and address of mortgage lender or land sales contract seller:

Provide a copy of the full legal description of the property to be rehabilitated. (This can be found on the abstract or at the recorder's office at the court house.)

Enclose a copy of your homeowner's insurance policy or Declarations Page with the application. You **must** have homeowners insurance.

D. MEDICAL EXPENSES FOR HANDICAPPED/DISABLED OR (62 yrs of age or over)

Do you pay for medical insurance? If yes, monthly premium \$ _____ (Provide documentation)

If you have a co pay on your prescriptions provide a print-out from your pharmacy of your prescription co pays for the past 12 months.

If you are making monthly payments on an outstanding balance to a health or dental clinic provide verification of your total bill and the monthly amount you pay.

If you have any other medical costs not listed above please list. Include costs, and provide documentation.

Eligible medical deductions will be taken into consideration which will help determine your adjusted annual income

E. ENCLOSE A COPY OF THE FOLLOWING DOCUMENTS, AS APPLICABLE:

a. **Proof of income.** Can include, but is not limited to: Last income tax return, W2, bank statement, SS statements, 1099, FIP printout, child support website printout

b. **Signed assurances page.**

F. PROJECT COSTS/REPAIR NEEDED:

See Website for Registered and Bonded Contractors: <http://www2.iwd.state.ia.us/contractor.nsf> (or request a list.)
Contractors must be Lead Safe Renovators and Registered with the State in order to participate in our program.
Contractors have 4 months from the date Homeowner signs the Notice to Proceed to complete the project.
(Include 2 cost estimates)

Please check the box before the repair listed that you need on your home.

<input type="checkbox"/>	Plumbing Repair	<input type="checkbox"/>	Furnace/Heat Source Replacement
<input type="checkbox"/>	Roof	<input type="checkbox"/>	Water Heater Replacement
<input type="checkbox"/>	Windows	<input type="checkbox"/>	Down Payment Assistance
<input type="checkbox"/>	New Wiring		
<input type="checkbox"/>	Other (please explain)	_____	

G. What is the expected start date of the project?

What is the expected completion date?

H. Have you started any part of the project?

If yes, please describe on additional page.

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

J. PLEASE ATTACH ADDITIONAL PAGE FOR EXPLANATIONS OR ADDITIONAL COMMENTS.

K. AUTHORIZATION

To the best of my knowledge and belief, all data in this application are true and current. I certify that I/We are the owner/owners of the property stated on this application, subject only to liens and encumbrances described in this application.

I understand and agree that the Northeast Iowa Regional Housing Trust Fund 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 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: _____

Approved 12/10/2009

RETURN TO UPPER EXPLORERLAND RPC

RELEASE FORM

I authorize the UPPER EXPLORERLAND RPC to obtain information about me and my household that is pertinent to eligibility for participation in the Northeast Iowa Regional Housing Trust Fund Program.

I acknowledge that photocopy of this form is as valid as the original.

I am aware that all adult household members that will be living in my home must sign the release form and cooperate with the verification process. Failure by any adult household member may result in the disqualification of my application. (an adult household member includes anyone age 18 or older who is not currently enrolled in high school or in college).

***I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION
REQUESTED.***

Adult Household Member Number 1:

Name: _____

Address: _____

Social Security Number: _____

Signature

Date

Adult Household Member Number 2:

Name: _____

Address: _____

Social Security Number: _____

Signature

Date