



CEDAR FALLS HOUSING TRUST FUND / 2026-2027 APPLICATION

Activity 1 - Owner Occupied Rehabilitation and/or Repair

PART I- PROJECT OVERVIEW

| | | |
|--------------------|--|--------|
| Organization Name: | | |
| Contact Person: | | |
| Street Address: | | |
| City, State, Zip: | | |
| Phone: | | Email: |

Project Name: _____ Tax ID # _____

Agency Type: Government Nonprofit Other: _____

Please identify the amount of funds you are seeking for the program(s) for which you are seeking funds.

| | Amount Requested |
|--|------------------|
| Activity 1 - Owner Occupied Rehabilitation and/or Repair | |

1. Provide a brief description of the project for which you are applying for funds.

2. Explain your agency's administrative capacity to complete the activity. How will you monitor and track expenditures?

3. What are your proposed outcomes for this project? How many households / units will be assisted?

- 4. How will you identify and approve applicants?**
- 5. If full funding is not awarded from CFHTF, how will this project be completed?**
- 6. What is your timeline for this project? Please list project tasks or milestones.**
- 7. Provide a brief explanation of the income verification process that the organization will utilize to ensure that the homeowners being funded meet the income eligibility guidelines.**
- 8. Provide a brief explanation of the process the organization will utilize to ensure that the homeowner's repair need exists, the repair has been completed, and all parties are satisfied with the result.**
- 9. Will the homeowner be expected to contribute to the cost of the improvements? If yes, describe how that process will work.**
- 10. Will the dollars invested in a home be secured using a recordable document, such as a mortgage, a lien against the home, and/or a promissory note? If yes, how will this be accomplished?**
- 11. How will contractors be selected? How will the organization ensure that any sub-contractors that are utilized have been paid for the work they completed?**

Part II – PROGRAM BUDGET

Complete the Program Budget below. You may add supplemental information or a separate project budget, if you feel it will help clarify your costs or proposal.

| Description | Amount Requested From CFHTF | Amount From Other Source | TOTAL |
|---------------|-----------------------------|--------------------------|-------|
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| TOTALS | | | |

Part III – ATTACHMENTS

- Documentation of 501c3 or other agency status
- Other documents to support your application as necessary

Part IV – CERTIFICATION

I certify that all statements in this application, including all requested supplemental information are true, complete and accurate to the best of my knowledge.

Signature: _____

Date: _____

Title: _____

You may mail or scan / email your application and attachments to icorbin@inrcog.org
Due: 12:30 PM, February 13, 2026