

Iowa Northland Regional Council of Governments/Housing Council Housing Repair Program Application

The Rural Repair Program provides assistance to low-income homeowners in need of emergency repairs to their homes.

Eligible Repairs:

Only some repairs are eligible for assistance, and the minimum repair amount is \$1,000. This includes only immediate safety and health concerns and may NOT include windows, siding, carpet, wallpaper, insulation, etc. Examples of possible repair items include, but are not limited to:

- * Furnace repair or replacement
- * Repairs to the electrical system
- * Repairs to the plumbing or sewer system
- * Water heater repair or replacement

Property Requirements:

- * House must be located within the one of the following counties: Black Hawk (**outside of the Waterloo-Cedar Falls metro area ONLY**), Bremer, Buchanan, Butler, Chickasaw, Grundy
- * Owners must provide proof of property insurance
- * House cannot be located within the 100-year floodplain
- * House must be reasonably clean and sanitary; free of garbage, debris, and refuse; uncluttered and in such a state that permits reasonable access by the contractor and program administrator.

Income Requirements:

Homeowners must have household incomes less than the amount listed below to be eligible.

<u>County</u>	<u>1 or 2 Person Family</u>	<u>3 or more Person Family</u>
Bremer County	\$30,325	\$34,874
Black Hawk, Buchanan, Butler Chickasaw, & Grundy Counties	\$28,825	\$33,149

Homeowners that meet these income limits may be eligible for up to \$4,000 in repair assistance in the form of a five-year forgivable loan. Homeowners will be required to sign a promissory note and mortgage.

Contractor Requirements and Selection Process

When a homeowner is notified that they are eligible, they will be asked to submit contact information on three contractors to submit proposals. INRCOG will prepare a simple work write-up for contractors to complete. The program will accept the lowest, responsible proposal; INRCOG will conduct a pre-construction conference and will inspect the work once it is completed.

Contractors eligible to submit proposals must be registered with the State of Iowa Department of Labor, must meet any and all local licensing requirements, and must provide current and active insurance certificates. A list of contractors meeting these requirements is available from INRCOG.



INRCOG Housing Department, 501 Sycamore Suite 333, Waterloo, IA 50703
PH: (319) 235-0311 FAX: (319) 235-2891

**Iowa Northland Regional
Council of Governments/Housing Council
Rural Housing Repair Program Application**

I. APPLICANT INFORMATION

Applicant Name: _____ SS#: _____
 Address: _____
 City: _____
 ZIP Code: _____
 County: _____
 Home phone #: _____

Names and ages of other household members:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. EMPLOYMENT AND INCOME INFORMATION

Gross Income on income tax return: _____
(Please enclose a copy of 2005 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: _____

Spouse's or Partner'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 card)**

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

Please list on the backside of this page the employer & address for any other household members who are 18 or older, who are not full-time students.

III. ASSET INFORMATION FOR ALL ADULT HOUSEHOLD MEMBERS

If additional space is require please use back of form.

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

IV. PROPERTY INSURANCE

Enclose a copy of your homeowner's insurance policy or Declarations Page with application. If you do not have homeowner's insurance on your property, you must obtain insurance before your project begins.

V. REPAIR NEEDED

Please check the box before the repair listed that you need on your home. **WINDOWS AND SIDING ARE NOT ELIGIBLE REPAIRS FOR THIS PROGRAM.**

Plumbing Repair Furnace/Heat Source Replacement Water Heater Replacement New Wiring

Other (please explain): _____



NOTE: All Applicants must sign the following authorization page for INRCOG to verify this application.

VI. DECLARATION OF APPLICANTS

I (We), agree to abide by all of the rules and regulations established for this program, including; I (We), hereby authorize the Iowa Northland Regional Council of Governments and the Federal Home Loan Bank to have access to all necessary information concerning my (our) financial condition, including but not limited to, matters such as income, employment, bank accounts, and other assets. I (We), also understand (1) that receipt of this application by the Iowa Northland Regional Council of Governments in no way implies approval of the application or acceptance of the applicant for assistance; and (2) that approval of the application will depend upon eligibility requirements and the availability of program funds.

VII. SIGNATURES

I (We), hereby verify that the information submitted in the application is true and accurate to the best of my (our) knowledge and that I (We), have truly and accurately declared all my (our) income and resources available to me (us). I (We), do also give Northeast Iowa Community Action Corporation, North Iowa Community Action Organization, Operation Threshold, Hawkeye Valley Area on Aging, and other charitable organizations permission to supply the Iowa Northland Regional Council of Governments with any and all information necessary to verify whether I (We) have applied to any of their programs and am eligible for additional assistance from them.

In the event that any of the foregoing information is untrue or incomplete, this application shall be rendered null and void.

APPLICANT SIGNATURE

APPLICANT SIGNATURE

DATE

Return completed application to: INRCOG; Attn: Cindy Housing Department; 501 Sycamore, Suite 333; Waterloo, IA 50703 (319) 235-0311