

Iowa Northland Regional Council of Governments:
Iowa Northland Owner-Occupied Rehabilitation (INOR)

The INOR Program provides assistance to low- to moderate-income homeowners in need of repairs to their homes. This program is funded by a grant from the Federal Home Loan Bank of Des Moines.

Eligible Repairs:

Repairs must address health, safety, structural issues, energy efficiency, and/or handicap accessibility. Examples of possible repair items include, but are not limited to:

- Furnace or water heater repair and replacement
- Repairs to plumbing or electrical systems
- Roof repair

Ineligible Repairs:

Repairs that are cosmetic, or are not needed to improve the home's health, safety, structural issues, energy efficiency, and/or handicap accessibility, are not eligible. Examples of ineligible repairs include, but are not limited to:

- Installing new siding on existing siding in overall good condition
- Replacing existing windows that are in overall good condition and operable by occupants
- Installing a new steel roof

Grant Amount:

- Minimum \$15,000
- Maximum \$16,500
- No lien will be placed on the property, and no repayment is required.

Property/Household Requirements:

- The house must be located within the one of the following counties:
- Black Hawk (outside of the Waterloo-Cedar Falls city limits ONLY), Bremer, Buchanan, Butler, Chickasaw, and Grundy.
- Home 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, if necessary.
- The applicant must own and occupy the house and parcel. At least one person in the household must have their name on the property title.
- The household must be at or below 80% of Area Median Income (see income limits on next page). Priority will be given to households at or below 60% AMI.
- Priority will be given to Special Needs households (see 3rd page for special needs categories).



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Income Requirements:

County	Income Guideline	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
BLACK HAWK	Maximum	\$ 49,150	\$ 56,200	\$ 63,200	\$ 70,200	\$ 75,850	\$ 81,450	\$ 87,050	\$ 92,700
	Max for Priority	\$ 36,900	\$ 42,180	\$ 47,460	\$ 52,680	\$ 56,940	\$ 61,140	\$ 65,340	\$ 69,540
BREMER	Maximum	\$ 55,250	\$ 63,150	\$ 71,050	\$ 78,900	\$ 85,250	\$ 91,550	\$ 97,850	\$ 104,150
	Max for Priority	\$ 41,460	\$ 47,340	\$ 53,280	\$ 59,160	\$ 63,900	\$ 68,640	\$ 73,380	\$ 78,120
BUCHANAN	Maximum	\$ 51,250	\$ 58,550	\$ 65,850	\$ 73,150	\$ 79,050	\$ 84,900	\$ 90,750	\$ 96,600
	Max for Priority	\$ 38,460	\$ 43,920	\$ 49,440	\$ 54,900	\$ 59,340	\$ 63,720	\$ 68,100	\$ 72,480
BUTLER	Maximum	\$ 46,800	\$ 53,450	\$ 60,150	\$ 66,800	\$ 72,150	\$ 77,500	\$ 82,850	\$ 88,200
	Max for Priority	\$ 35,100	\$ 40,080	\$ 45,120	\$ 50,100	\$ 54,120	\$ 58,140	\$ 62,160	\$ 66,180
CHICKASAW	Maximum	\$ 50,600	\$ 57,800	\$ 65,050	\$ 72,250	\$ 78,050	\$ 83,850	\$ 89,600	\$ 95,400
	Max for Priority	\$ 37,980	\$ 43,380	\$ 48,780	\$ 54,180	\$ 58,560	\$ 62,880	\$ 67,200	\$ 71,520
GRUNDY	Maximum	\$ 49,150	\$ 56,200	\$ 63,200	\$ 70,200	\$ 75,850	\$ 81,450	\$ 87,050	\$ 92,700
	Max for Priority	\$ 36,900	\$ 42,180	\$ 47,460	\$ 52,680	\$ 56,940	\$ 61,140	\$ 65,340	\$ 69,540

Contractor Requirements and Selection Process:

If the owner's requested repairs are determined to be feasible, INRCOG will provide the owner with a list of eligible contractors in the area. The owner will request at least two written bids from eligible contractors of their choice, using the written scope of work provided by INRCOG. The program will accept the lowest responsive bid. Contractors eligible to submit proposals must be registered with the Iowa Division of Labor, must meet any and all local licensing requirements, and must be able to provide current proof of insurance.

Please detach this page and keep for your records. Please return the remaining application packet to:

**INRCOG
Attn: Rose Phillips
229 E Park Ave.
Waterloo, IA 50703
rphillips@inrcog.org**

Iowa Northland Regional Council Governments
229 E. Park Ave, Waterloo, IA 50703
Ph: (319) 235-0311; Fax: (319) 235-2891

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Special Needs:

Special Needs Category	Check here if a household member meets this category	List household member(s) that meet this category
Elderly (age 62 or older)		
Disabled		
Formerly incarcerated		
Unaccompanied youth		
Recovering from substance or physical abuse*		
Persons with HIV/AIDS		

*may also include dating violence, sexual assault or stalking and domestic violence



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I. APPLICANT INFORMATION

Applicant Name: _____ SSN: _____
Address: _____ DOB: _____
City/ZIP Code: _____ (DOB: Date of Birth)
Mailing Address: _____
E-mail Address: _____
Best phone number: _____

Names and ages of **ALL** other household members (use back of this form if more space is needed):

Name	DOB	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. EMPLOYMENT AND INCOME INFORMATION

(You MUST enclose a copy of the most recent Federal Income Tax return with W-2s and 1099s, a copy of any Social Security Benefits, and/or child support payments received by ALL adult household members. Self-employed applicants must provide the last two years of Federal Tax returns with Schedule C)

If you did not file a federal income tax return last year, please indicate the reason why you did not file:

Gross Income on most recent Federal income tax return: _____ Tax year: _____

Applicant's Employer: _____
Employer Mailing Address: _____
Employer Phone: _____
Monthly Income before taxes: _____

Name of other adult household member: _____
 Check if this person is a full-time student
Employer: _____
Employer Mailing Address: _____
Employer Phone: _____
Monthly Income before taxes: _____

Name of other adult household member: _____
 Check if this person is a full-time student
Employer: _____
Employer Mailing Address: _____
Employer Phone: _____
Monthly Income before taxes: _____



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All other sources of income: complete the information below for all that apply **AND enclose proof of amounts received** (i.e., a copy of a Social Security Benefit Letter)

Source:	Monthly Amount Received before deductions: <i>(you <u>must</u> include documentation)</i>	Received By:		
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
FIP/TANF	_____	___ Applicant	___ Spouse	___ Other
Other (specify) _____	_____	___ Applicant	___ Spouse	___ Other

III. ASSET INFORMATION FOR ALL ADULT HOUSEHOLD MEMBERS (use back if more space is needed)

	Account Holder's Name	Bank or Company Name and Address	Account Balance
Checking	_____	_____	_____
Checking	_____	_____	_____
Savings	_____	_____	_____
Savings	_____	_____	_____
Annuity or IRA	_____	_____	_____
Other	_____	_____	_____
Pension/Retirement	_____	_____	_____
Cash	_____	_____	_____
Investments	_____	_____	_____
Whole Life Insurance	_____	_____	_____
Real Estate	_____	_____	_____
Other than home	_____	_____	_____
Other (specify)	_____	_____	_____



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IV. DOCUMENTATION OF INCOME AND ELDERLY/DISABLED STATUS

This program gives priority to low-to moderate-income households with at least one (1) elderly or disabled member. Any documentation that you can include regarding household incomes will assist INRCOG in qualifying your application. INRCOG will contact employers and financial institutions to obtain this information whenever possible. If an employer, financial institution, or agency will not provide this information to INRCOG, it must be submitted by the applicant. At this time, applicants must provide INRCOG with incomes and/or account balances from Social Security, Child Support, FIP/TANF, and any Wells Fargo banking accounts. Additionally, each elderly or disabled household member must complete the enclosed Special Needs application and provide documentation of elderly or disabled status, such as proof of Social Security or disability benefits.

ANY MISSING INFORMATION NOT INCLUDED WITH THIS APPLICATION COULD CAUSE SIGNIFICANT DELAYS IN PROCESSING YOUR REQUEST FOR ASSISTANCE, AND/OR RESULT IN POSSIBLE DISQUALIFICATION.

V. REPAIR NEEDED

Please indicate the repairs you feel are most needed for your home at this time:

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 of Des Moines 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 INRCOG in no way implies approval of the application or acceptance of the applicant for assistance; (2) that approval of the application will depend upon eligibility requirements and the availability of program funds; and (3) that I (we) are not currently in default or failing to make payments on a prior loan funded by this Program. It is INRHC policy that property owners, in default or that are failing to make payments on a prior or current loan, are not eligible to apply for additional or new funding under this Program.



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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 the USDA, Northeast Iowa Community Action Corporation, North Iowa Community Action Organization, Operation Threshold, Northeast Iowa Area Agency on Aging, and financial institutions, as well as current and/or past employers 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.

If you participate in this program and repairs are made to your home, by signing this document you grant the Iowa Northland Regional Council of Governments (INRCOG) permission to use, without compensation, photos of your home in publications designed for the purpose of describing and illustrating this program which is or has been administered by INRCOG without notification or compensation.

Your name, address, or other personal data shall not be associated with photos of your home both before and after rehabilitation is completed. You reserve the right to retract this permission at any time by submitting a request in writing to INRCOG.

ALL adult members of household must agree to these terms and must sign below for INRCOG to verify this application.

Applicant's Signature	Date
Adult Household Member's Signature	Date
Adult Household Member's Signature	Date
Adult Household Member's Signature	Date

Return completed application to:
INRCOG
Attn: Rose Phillips
229 E Park Ave.
Waterloo, IA 50703



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