



WATERLOO HOUSING TRUST FUND / 2026-2027 APPLICATION

Activity 2 - Owner Occupied Rehabilitation

All projects funded in this activity must serve households with incomes at or below 80% of Area Median Income. Thirty Percent of the IFA funding must be spent on households at or below 30% of Area Median Income.

PART I- PROJECT OVERVIEW

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

Project Name: _____ Tax ID # _____

Agency Government Nonprofit Other: _____

Identify the amount of WHTF funding you are seeking for the program(s) you hope to fund:

\$

1. Provide a brief description of the project for which you are applying for funds.
2. Provide a detailed explanation of 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 obtain applicants?**
- 5. If full funding is not awarded from WHTF, how will this project be completed?**
- 6. What is your timeline for this project? List project tasks or milestones.**
- 7. Provide a detailed explanation of the income verification process that the organization will utilize to ensure that the households 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 by the use of a recordable document, such as a lien against the home? 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?**
- 12. Use the space below to explain anything else you would like WHTF Board to know about your project.**

Be sure to complete all Parts of this Application.

Part I. Project Overview

Part II. Program Budget

Part III: Attachments

Part IV. Certification

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 WHTF	Amount From Other Source	TOTAL
			\$
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 application and attachments to INRCOG@inrcog.org

You may drop off at INRCOG, 229 E. Park Ave., Waterloo 50703 ph 319-235-0311

Due: NOON, February 9, 2026