

I. APPLICANT INFORMATION RURAL REPAIR PROGRAM - ATTACHMENT A

Have you or another in your household participated in this program before? Yes or No If so, when? _____

Applicant Name: _____ SSN: _____
Address+Mailing address: _____ DOB: _____
City/ZIP Code: _____ (DOB: Date of Birth)
County: _____
Email address: _____
Best phone number: _____

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

| Name | DOB | SSN | Relationship to applicant |
|-------|-------|-------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you expect any additions to the household within the next 12 months? _____
If Yes, explain: _____

Is anyone living with you now who won't be living with you at this property in the next 12 months? _____
If Yes, explain: _____

Are there any absent household members who normally live with you that will return in the next 12 months? _____ If Yes, explain: _____

Do any of the following statements apply to you or anyone in your household?
A. Filed for bankruptcy, yes or no? _____ If Yes, explain: _____

B. Been convicted of property damage, yes or no? _____ If Yes, explain: _____

C. Been evicted from a rental unit (including an apartment, home, mobile home, or trailer), yes or no? _____

D. Is anyone in your household disabled, yes, no, or I chose not to respond? _____
If yes who, explain: _____

E. Does anyone in your household require a live-in care attendant? _____, If yes, the attendant's name?

II. EMPLOYMENT AND INCOME INFORMATION (use back of this form if more space is needed).

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

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

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

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: _____

For all other sources of income, complete the following information AND **enclose proof of amounts received** (examples would be a copy of a Social Security Benefit Letter or divorce decree).

| Source: | Monthly Amount Received: <i>(you <u>must</u> include documentation)</i> | Received By: | | |
|---|--|------------------------------------|---------------------------------|--------------------------------|
| Social Security or SSI | _____ | <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |
| Veteran's Benefits | _____ | <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |
| Benefits received for another person (like Social Security, VA, etc.) | _____ | <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |
| Pensions | _____ | <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |
| Child Support | _____ | <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |
| Unemployment | _____ | <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |
| Annual Interest Income | _____ | <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |
| FIP/TANF | _____ | <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |
| Public Assistance (General | _____ | <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse | <input type="checkbox"/> Other |

| | | | | |
|---|-------|---------------|------------|-----------|
| Relief or Aid to Dependent Children) | _____ | ___ | ___ | ___ |
| Alimony | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Severance package from previous employer | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Payments from Insurance Settlement award | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Life insurance dividends | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Payments from Armed Forces | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Disability or death benefits | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Regular monetary gifts | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Regular lottery winnings | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Inheritance Payments | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Other residential or Commercial Property rents Addresses: | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Other (Specify) | _____ | ___ Applicant | ___ Spouse | ___ Other |
| Other (specify) | _____ | ___ Applicant | ___ Spouse | ___ Other |

If you filled in no sources of income above, are you claiming you have zero household income? _____
 If yes, explain how you pay bills? _____

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

*Please note you must enclose a recent statement for any Wells Fargo banking accounts; Wells Fargo will not release this information to INRCOG upon request.

| | Account Holders Name | Bank* or Company Name and <u>FULL Mailing Address</u> | Balance or Monthly Income |
|---------------------------|-------------------------|--|------------------------------|
| Checking | _____ | _____ | _____ |
| Savings | _____ | _____ | _____ |
| Annuity | _____ | _____ | _____ |
| Retirement/IPERS | _____ | _____ | _____ |
| Investments | _____ | _____ | _____ |
| Other real estate | _____ | _____ | _____ |
| Cash value life insurance | _____ | _____ | _____ |
| CD's, treasury bills | _____ | _____ | _____ |

| | | | |
|--|-------|-------|-------|
| Money Markets | _____ | _____ | _____ |
| Stocks, bonds | _____ | _____ | _____ |
| Mutual Funds | _____ | _____ | _____ |
| Securities | _____ | _____ | _____ |
| Capital gains last 12 months | _____ | _____ | _____ |
| Trust Funds | _____ | _____ | _____ |
| IRA, KEOGH | _____ | _____ | _____ |
| Workman's Compensation | _____ | _____ | _____ |
| Prepaid debit cards | _____ | _____ | _____ |
| Cash on hand over \$500 not in above accounts | _____ | _____ | _____ |
| Safe deposit boxes | _____ | _____ | _____ |
| Personal Property held as an investment (like coins, antiques) | _____ | _____ | _____ |
| Whole life insurance | _____ | _____ | _____ |
| Boats, | _____ | _____ | _____ |
| Campers, | _____ | _____ | _____ |
| Residential/Commercial Property Addresses: | _____ | _____ | _____ |
| Other, specify | _____ | _____ | _____ |
| Other, specify | _____ | _____ | _____ |

Has anyone in the household sold, disposed or given away property in the last two years (like charitable donations)? _____ If yes, were those donations sold or disposed of for less than Fair Market Value during the last 2 years, yes or no? _____

If yes, what are the items, their estimated value, date sold or disposed of, and the amount received for those items? _____

IV. INCOME DOCUMENTATION

This program is reserved for low-to moderate-income homeowners. Any documentation that you can include regarding household incomes will assist INRCOG/INRHC in qualifying your application. INRCOG/INRHC 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/INRHC, it must be submitted by the applicant. At this time, applicants must provide INRCOG/INRHC with incomes and/or account balances from Social Security, Child Support, FIP/TANF, and any Wells Fargo banking accounts.

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 you home:

RACE AND ETHNICITY INFORMATION *(We request this information to ensure we are complying with federal non-discrimination laws. Your answer will not affect whether the INRCOG provides assistance to you, nor are you required to fill out this section.*

Head of Household Race
(Check all that apply)

| | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | White or Caucasian |
| <input type="checkbox"/> | Black or African-American |
| <input type="checkbox"/> | American Indian/Alaska Native |
| <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> | Other |

Head of Household Ethnicity

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Hispanic or Latino |
| <input type="checkbox"/> | Not Hispanic or Latino |

Do any household members have a different race or ethnicity than the Head of Household? If yes, please describe:

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 Iowa Finance Authority 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/INRHC 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 in default or failed to make regular payments on a prior loan funded by this program. It is the INRHC's policy that property owners who participated in the past and were in default or were late making three payments are not eligible for additional funding under this program.

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, 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 could be rendered null and void.

Applicants must fill in below the name of all employers, financial institutions, investment accounts and any other agency indicated on the previous pages of this application pertaining to all adult household members.

INRCOG is authorized to contact the following listed agencies or institutions:

- Employers: _____
- Banks/financial institutions: _____
- Child Support Recovery: _____
- Retirement Accounts: _____
- Other: _____

ALL adult members of household must agree to these terms and must sign below for INRCOG/INRHC to process 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 with supporting documentation to:

INRCOG% Cindy, 229 E. Park Ave., Waterloo, IA 50703 phone 319-235-0311 fax 319-235-2891

