



HOUSING REHABILITATION PROGRAM PROJECT DESCRIPTION

Thank you for your interest in the Johnson County Housing Rehabilitation Program. Hills Bank and Trust Company partnered with East Central Iowa Council of Governments and the Housing Trust Fund of Johnson County to assist in securing grant funds from the Federal Home Loan Bank of Des Moines. The following information is intended to provide a brief description about the project and its requirements. If you have any questions or concerns, contact Tracey Achenbach, Housing Trust Fund of Johnson County (HTFJC), at 319-358-0212, or email tachenbach@htfjc.org

What can I do with this grant?

The Johnson County Housing Rehabilitation program is offering a grant of \$6,000 for most types of repairs, including emergency repairs, exterior repairs and residential accessibility. Some examples of eligible projects include roofing repairs and window replacements.

Who can apply?

If you live in Johnson County (and NOT within the city limits of Iowa City), own your home and meet the income requirements (listed below), please apply. Interested candidates can request an application from The Housing Trust Fund of Johnson County at 319-358-0212 or the East Central Iowa Council of Governments at 319-365-9941, ext. 124.

Household Size	1 or 2 Person	3+ Person
Eligible Income*	\$38,150	\$43,870

** Eligibility is based on annualization of applicant's income at the time of application.*

Are there any restrictions I should be aware of?

Assistance is provided in the form of a five-year forgivable loan that recedes at a rate of 20 percent per year.

HOUSING REHABILITATION PROGRAM INSTRUCTIONS

The FHLB Housing Rehabilitation program is offering a grant of \$6,000 for most types of repairs, including emergency repairs, exterior repairs and residential accessibility. Some examples of eligible projects include roofing repairs and window replacements. Assistance is provided in the form of a five-year forgivable loan that recedes at a rate of 20 percent per year.

To apply for assistance, please follow the steps outlined below:

1. Homeowner submits application to Housing Trust Fund of Johnson County (HTFJC).
2. HTFJC completes verification of income sources to determine eligibility.
3. Once determined eligible, the homeowner will be contacted by Jacob Spratt, ECICOG to set up an initial inspection. ECICOG will write-up specs for the contractors to bid on. The specs will be given to the homeowner. The homeowner needs to secure at least two bids for the work they'd like completed, and submits them to Jacob Spratt, ECICOG.
4. Homeowner is required to contact Horizons for a "FREE" Homeowner Education evaluation at 319-398-3576.
5. In most cases, the homeowner will be encouraged to choose the lowest proposal. However, if total cost of the project exceeds \$6,000, the homeowner can choose the higher proposal, and would be responsible for the additional expense. **Homeowner provides check for processing fee of \$25 (mobile home owners \$35) and any matching funds, payable to ECICOG, at the time of the Pre-Construction Meeting.**
6. Once a contractor is selected, homeowner schedules pre-construction conference with homeowner, contractor and ECICOG.
7. The contractor and/or homeowner contacts ECICOG when the work is complete. The ECICOG Housing Specialist conducts a final inspection to ensure the work is complete.



EQUAL HOUSING
OPPORTUNITY

East Central Iowa Council of Governments
700 16th St NE Suite 301
Cedar Rapids, IA 52402

Housing Trust Fund of Johnson County
322 E. 2nd St
Iowa City, IA 52240

FHLB HOUSING REHABILITATION PROGRAM APPLICATION

APPLICANT INFORMATION

Applicant Name:	Co-App. Name:
Social Security #:	Social Security #:
Physical Address:	Physical Address:
Mailling(PO Box):	Mailling(PO Box):
City, State, Zip Code:	City, State, Zip Code:
Telephone #:	Telephone #:

Have You Received Assistance From FHLB in the Past? Yes No (If Yes) Date of Lien: / /

HOUSEHOLD INFORMATION

Names of all Household Members (include applicant)	Age	*Special Needs (see below)	Racial/Ethnic <small>** (see below)**</small>	Gender (M or F)	Name of: Employer or School

***Special Needs Classifications Information is provided voluntarily and will be kept in strict confidence.**

(This information is collected for compliance reporting purposes only, your name will not be released or referred to any other agency in conjunction with the reporting)

(select all that apply) **E** – Elderly **D** – Disabled (mental or physical) **A** – Recovering from Abuse (physical, alcohol, drug)

S – Single parent household **H** – HIV or AIDS **T** – Two Parent household

Racial Origin **1** – White (non-Hispanic) **2** – Black (non-Hispanic) **3** – Native American **4** – Asian/Pacific Islander **5** – Hispanic

MORTGAGE & INSURANCE INFORMATION

Check method of home purchase: Bank Purchased on Contract Other

Home is paid in full: Yes No

If No, payment made to : _____

Address: _____

Homeowners insurance is required. Please provide a copy..

List Name and Address of Insurance Agent: _____

INCOME TAX INFORMATION

Did you file a Federal Income Tax Return last year? Yes No, explain: _____

If YES, provide most recent income tax return.

SIGNATURE PAGE

Last Name: _____

The Applicant certifies that all information in this application, and all information furnished in support of this application, for the purpose of obtaining assistance under the Community Redevelopment Act of 1981, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that he/she is the owner of the property described in this application, and that the rehabilitation fund proceeds will be used only for the work and materials necessary to meet rehabilitation or code standards, as applicable. If ECICOG determines that the rehabilitation fund proceeds will not or cannot be used for the purpose described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the ECICOG, for deposit into the Revolving Loan Fund, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.

The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed, sex or national origin in the use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private.

Verification of any of the information contained in this application may be obtained from any source named herein. *Information provided in the application is confidential and will be used solely for the purpose of determining eligibility for the program. PLEASE NOTE: Every household member listed on this application 18 years of age or older is required to sign and date this page.*

Date

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

STATEMENT OF CURRENT INCOME AND EXPENSES

Last Name: _____

City: _____

A. TOTAL HOUSEHOLD MONTHLY INCOME

	Applicant	Co-App.
Employment: Gross income, overtime, tips, bonus		
Net income from property:		
Interest/Bank income: (dividends, CDs, checking/savings accounts)		
Social Security Income:		
Retirement Income:(VA, IPERS, Civil Serv., IRA, etc.)		
Welfare Assistance: (designated for shelter or utilities)		
Child Support & Alimony:		
Regular contributions and gifts (given to you):		
Net income from a business:		
Unemployment, severance pay, worker's comp:		
TOTAL HOUSEHOLD MONTHLY INCOME:		

**Total Household
Yearly Income:**

\$ _____

B. ANNUAL INCOME VERIFICATION

List contact name and addresses for verification as applicable:

1. Applicant's employer: _____

2. Co-Applicant's employer: _____

3. Bank Account Information: checking
 for everyone living in household: savings

4. Military employer _____

5. Retirement Income Home Office:
 (IPERS, Civil Service, Pensions,
 including Disability Pensions or other
 Insurance payments) _____

6. Social Security Income:
Include a copy of one of the following: _____
 Benefit letter, award letter, a SSA-1099,
 cost of living adjustment notice, bank
 statement or actual benefit check. _____

Include printout verifying information

7. VA Benefits _____

Include printout verifying information

8. Public Assistance Office

Provide ALL case numbers & printout

9. Alimony or Child Support

10. Source of Regular Gifts or Cash
Contributions

Include printout verifying information

11. Office for: Unemployment, Workers
Compensation, or Severance

12. Other (specify)

Include verifying information

13. Rental Property, Undeveloped Land
Real Estate Owned (not house lived in).

WHAT TO RETURN:

- Housing Application Packet
- Copy of most recent Income Tax Return (need last 2 years self-employ/farming)
- Copy of Homeowners Insurance
- Legal Description of Property (title if in a mobile home)
- Any verification requested on sources of income

RETURN TO:

HTFJC
322 E. 2nd Street
Iowa City, IA 52240

ATTN: Kelly Wenman

I AM APPLYING FOR ASSISTANCE WITH: (please check all that apply)

- Roofing Windows Siding Insulation
 Plumbing Electrical Foundation Gutters/Downspouts
 Doors Floors Water Heater Furnace/Central Air
 Other (specify) _____

RELEASE OF INFORMATION

Housing Trust Fund of Johnson County
322 E. 2nd Street
Iowa City, IA 52240

Applicant: _____ City: _____

To determine eligibility for a Housing Rehabilitation program, the Housing Trust Fund of Johnson County needs to verify income, assets, and expenses of its applicants. Please provide information to HTFJC's address as shown above.

I/We authorize the persons or offices listed: Annual Income Verification sheet, and Assets Verification sheet, to release the information required by the Housing Trust Fund of Johnson County and/or East Central Iowa Council of Governments, and agree that photocopies of those forms may be used for the purposes stated above. This authorization also includes the release of information regarding utility and mortgage (house) payments. *This form will be signed, dated, and SS# provided for each household member 18 or over that is listed on the application.*

SS#: _____
(Applicant)

SS#: _____
(Co-Applicant)

(Applicant's Signature)

(Co-Applicant's Signature)

(Date)

(Date)

SS#: _____
(Co-Applicant)

SS#: _____
(Co-Applicant)

(Co-Applicant's Signature)

(Co-Applicant's Signature)

(Date)

(Date)