

2021
WAUKON OWNER-OCCUPIED
REHABILITATION PROGRAM
APPLICATION



Complete the enclosed application (**answering all questions**). Answer "Not Applicable" or "N/A" if the question does not pertain to you. Return the completed application as soon as possible to:

Lee Balik
Upper Explorerland Regional Planning Commission
134 West Greene Street, PO Box 219, Postville, IA 52162
Phone: 563-864-7551 Email: lbalik@uerpc.org

**WAUKON OWNER-OCCUPIED REHABILITATION PROGRAM
HOUSEHOLD INFORMATION**

HEAD OF HOUSEHOLD NAME: _____
ADDRESS & PO BOX #: _____
CITY / STATE / ZIP CODE: _____
TELEPHONE #: _____
SOCIAL SECURITY #: _____
DATE OF BIRTH: _____ RACE: _____

OTHER PERSONS LIVING AT THIS ADDRESS:

NAME	AGE	D/O/B	SOCIAL SECURITY #	RACE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of these people have a diagnosed handicap or disability? YES / NO
If yes, please explain: _____

If you have planned child care expenses, please list the name and address of the child care provider:

If you have monthly medical expenses, please list the billing agency and address:

_____	_____
_____	_____

INCOME AND ASSET INFORMATION

Please provide total gross income (the amount prior to any deductions) from all persons living in the household. (Include any rental income, welfare benefits received, Veteran’s Administration benefits, Social Security benefits, pension(s) payment(s), retirement fund(s) payment(s), unemployment compensation, child support, alimony, etc.):

HOUSEHOLD MEMBER’S NAME	MONTHLY INCOME	SOURCE OF INCOME AND ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS OR INVESTMENTS	AMOUNT	INTEREST RATE	NAME OF BANK / SOURCE AND THEIR ADDRESS
Savings Account	_____	_____	_____
Savings Account	_____	_____	_____
Checking Account	_____	_____	_____
Stocks / Bonds	_____	_____	_____
CDs / Other	_____	_____	_____

HOUSING INFORMATION

Do you have a mortgage on the home? YES / NO If yes, what is the name and address of your mortgage lender? _____

Are you purchasing the home on contract? YES / NO **If YES, you are NOT eligible for this program**

Do you own any other real property other than your home? YES / NO If yes, where is it located? _____

Name and address of your housing (property) insurance agent: _____

HOUSING EXPENSES

Who is your Natural Gas, LP Gas or Fuel Oil supplier? _____

Who is your Electricity supplier? _____

Who is your Water supplier? (Indicate if it is a private well)? _____

COMMENTS: _____

Signature of Head of Household: _____ Date: _____

Signature of Co-Head: _____ Date: _____

ATTACHMENTS

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- If you file an income tax return, please attach a copy of your most recent Federal and State Income Tax return to this application. If you have rental or business income you will need to provide the last 3 years' income tax.
- If you have Life Insurance Policies or IRA's, please provide most recent statements showing cash out values.
- If you are receiving Social Security Benefits, attach a copy of your current benefit verification letter.
- Provide your homeowners insurance declaration page, which shows proof of insurance.
- Provide a copy of each household member's social security card.
- Provide a copy of each household member's birth certificate.
- Complete attached Declaration of Citizenship form and Release Form.
- Provide copies of your most recent utility bills to verify current on payments.

RELEASE FORM

I authorize the UPPER EXPLORERLAND RPC to obtain information about me and my household that is pertinent to eligibility for participation in the Waukon Owner Occupied Rehabilitation Program.

I acknowledge that photocopy of this form is as valid as the original.

I am aware that all adult household members that will be living in my home must sign the release form and cooperate with the verification process. Failure by any adult household member may result in the disqualification of my application. (an adult household member includes anyone age 18 or older who is not currently enrolled in high school or in college).

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED.

Adult Household Member Number 1:

Name: _____

Address: _____

Social Security Number: _____

Signature

Date

Adult Household Member Number 2:

Name: _____

Address: _____

Social Security Number: _____

Signature

Date

Adult Household Member Number 3:

Name: _____

Address: _____

Social Security Number: _____

Signature

Date

Warning: 18 U.S.C 1001 provides , among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

2. Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA). A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant as defined by section 101(a)(15) of the INA {8 U.S.C. 1101 (a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210 A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.

3. Permanent residence under section 249 of the INA. A non-citizen who entered the U.S. before January 1, 1972 or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].

4. Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

5. Parole status under section 212(d)(5) on INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].

6. Threat to life or freedom under section 243(h) if INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].

7. Amnesty under section 245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under section 245A if the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE verification Number and date that it was obtained. Grantee signature is not required.

Instructions to Family Member for Completing Form: On an opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach INS document(s) evidencing eligible immigration status. Sign and date.