

**2020**  
**GUTTENBERG 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:

Heidi Hackman, Housing Department Head  
Upper Explorerland Regional Planning Commission  
134 West Greene Street, PO Box 219, Postville, IA 52162  
Phone: 563-864-7551 Email: hhackman@uerpc.org

**GUTTENBERG 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 Guttenberg 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

## DECLARATION OF SECTION 214 STATUS

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**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address above. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

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I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

- 1.  I am a citizen by birth, a naturalized citizen or a national of the United States; or
- 2.  I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
- 3.  I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - a.  Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
  - b.  Permanent residence under §249 of INA, see instruction #3; or
  - c.  Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
  - d.  Parole status under §212(d)(5) of the INA, see instruction #5; or
  - e.  Threat to life or freedom under §243(h) of the INA, see instruction #6; or
  - f.  Amnesty under §245A of the INA, see instruction #7.

NOTE: for family members with different citizenship status, complete a separate form for each citizenship status.

List all Family Members:

Parent or Guardian must sign their own name for family member(s) under 18 years of age (DO NOT sign child's name)

\_\_\_\_\_  
First, Middle Initial, Last Name (Head of Household)

\_\_\_\_\_  
Signature of Head of Household                      Date

\_\_\_\_\_  
First, Middle Initial, Last Name

\_\_\_\_\_  
Signature of Adult Family Member                      Date

\_\_\_\_\_  
First, Middle Initial, Last Name

\_\_\_\_\_  
Signature of Adult Family Member                      Date

\_\_\_\_\_  
First, Middle Initial, Last Name

\_\_\_\_\_  
Signature of Adult Family Member                      Date

\_\_\_\_\_  
First, Middle Initial, Last Name

\_\_\_\_\_  
Signature of Adult Family Member                      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.