

CITY OF ELKADER
 HOMEBUYER ASSISTANCE PROGRAM
 2013 ANNUAL GROSS INCOME LIMITS

Family Size	1	2	3	4	5	6	7	8
	33,500	38,300	43,100	47,850	51,700	55,550	59,350	63,200

The above limits refer to annual gross income that the entire family or household anticipates receiving over the next 12 months, based on current circumstances or known upcoming income changes. **If your 2011 Federal tax return (which you are asked to include with this application) is not reflective of the income you expect to receive over the next 12 months, please attach a note with your return, which explains your new circumstances.**

Income from the following sources must be included:

Wages and salaries, overtime pay, commissions, fees, tips and bonuses
 (calculated before any payroll deductions - in other words "Gross Income" must be included and not just "take home pay")

Social Security Benefits

Annuities and Pensions, IRA Distributions, Periodic payments from insurance policies, etc

Company disability or death benefits, unemployment, and worker's compensation

Net Income from Self-Employment

Interest and Dividends

Unemployment Compensation

Net Income for the Rent of Real Estate or other property

Alimony and Child Support payments

Department of Human Services Assistance under the Temporary Assistance for Needy Families (TANF) program

NOTE: Income from employment of family or household members under the age of 18 is excluded from the annual gross income calculation. Also, earned income of full-time students in excess of \$480 is excluded (except head of household or spouse)

ELKADER OWNER-OCCUPIED REHABILITATION PROGRAM
APPLICATION FOR PROGRAM ASSISTANCE

In submitting this application, I agree to and acknowledge the following:

1. I allow inspections of my home to determine eligibility and probable cost. If the Program Administrator / Rehabilitation Technician determine my property **not** to be clean and sanitary, he/she will give me two weeks' notice to clean my property prior to his/her initial inspection. If after those two weeks, I have not cleaned my property, I will be determined ineligible for assistance.
2. If I am determined eligible, a contractor to complete the work will be procured on a competitive basis by the Community. I will allow the Program Administrator / Rehabilitation Technician to make all arrangements for the rehabilitation work.
3. There will be no rehabilitation work done unless I authorize it in writing.
4. Any rehabilitation work done on my home will be guaranteed for a minimum of one year by the contractor.
5. Any rehabilitation work done that is **not** authorized by the Community's Housing Rehabilitation Committee will be done at my expense and the Community will not be responsible for the workmanship of any unauthorized rehabilitation work.
6. If at any time during the application process or the construction period, there is a change in my household income, or family or household composition, I agree to report this change to the Community. The penalty for false or fraudulent statements: USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies ... or makes any false, fictitious or fraudulent statements or representation, or makes or uses 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."
7. I reserve the right to withdraw from this program at any time prior to contract signing.
8. I acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by the Community and its administrative personnel.
9. I allow access to my home to representatives of the Community, the State of Iowa, Department of Economic Development, and the U.S. Department of Housing and Urban Development.

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:

Sarah Snitker or Cyndi Schulte, Program Administrators
Upper Explorerland Regional Planning Commission
134 West Greene Street, PO Box 219, Postville, IA 52162
Phone: 563-864-7551 ext. 101 or 120

**ELKADER OWNER-OCCUPIED REHABILITATION PROGRAM
ELKADER, IOWA 52043**

HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD NAME:

ADDRESS & PO BOX #:

CITY / STATE / ZIP CODE:

TELEPHONE #:

SOCIAL SECURITY #:

AGE: _____ RACE: _____

OTHER PERSONS LIVING AT THIS ADDRESS:

NAME	AGE	SOCIAL SECURITY #	RACE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of these people have a diagnosed handicap or disability? YES / NO

If yes, please explain: _____

Birth dates for each household member:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Age of Home: _____ Date of Purchase: _____

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, what is the name and address of the of the contract seller? _____

Is your home a manufactured home? YES / NO

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)? _____

How many bedrooms are there in your home? _____

COMMENTS: _____

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

ATTACHMENTS

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

IF YOU FILE AN INCOME TAX RETURN, PLEASE ATTACH A COPY OF YOUR 2011 FEDERAL AND STATE INCOME TAX RETURN TO THIS APPLICATION.

IF YOU RECEIVE SOCIAL SECURITY BENEFITS, PLEASE ATTACH A COPY OF YOUR CURRENT BENEFIT VERIFICATION LETTER.

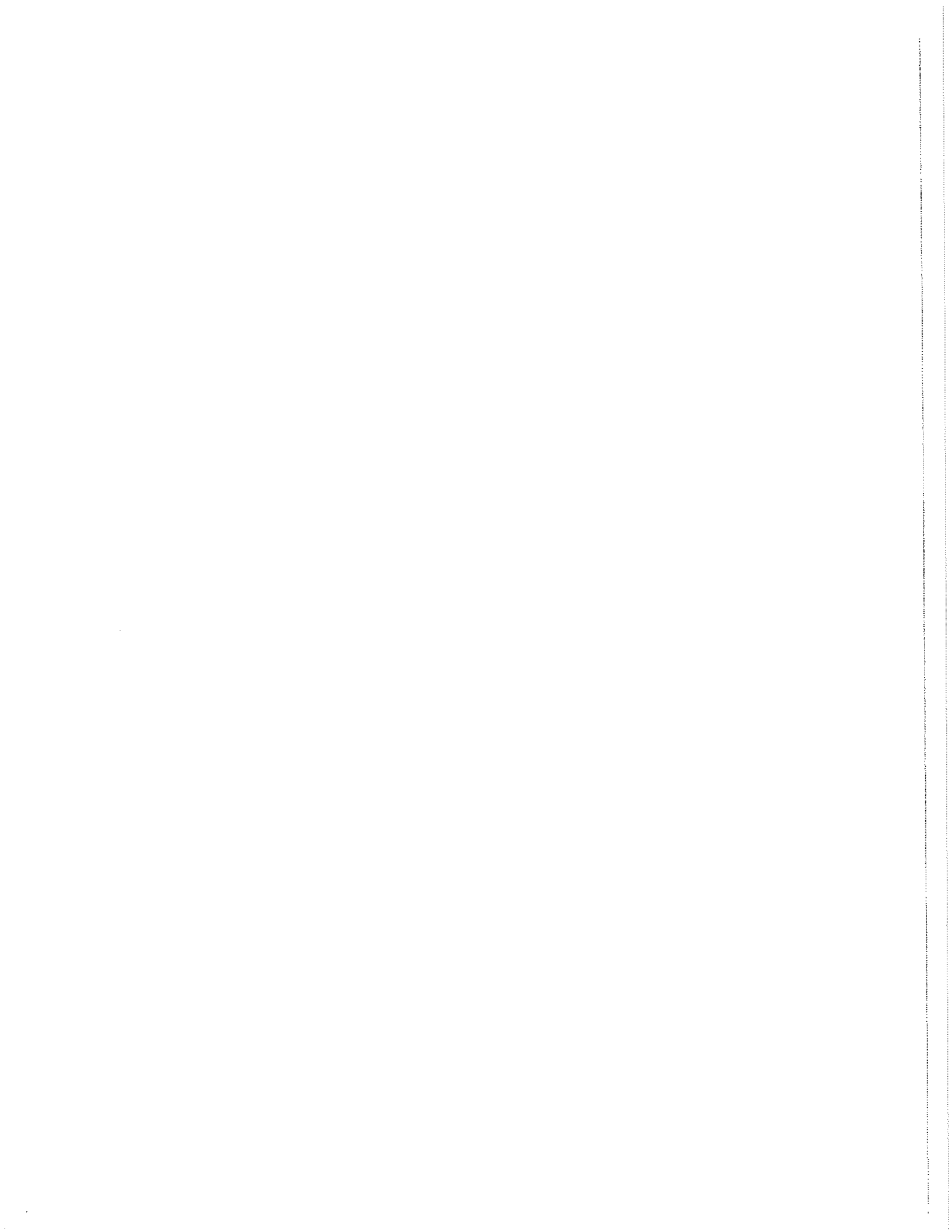
PROOF OF HOUSEHOLD INSURANCE

PROOF FROM BANK THAT YOU ARE CURRENT ON MORTGAGE PAYMENTS

LAST MONTH'S UTILITY BILL NOTING THAT YOU ARE CURRENT ON PAYMENT

COPY OF EACH HOUSEHOLD MEMBER'S SOCIAL SECURITY CARD

Complete attached Declaration of Citizenship form and Release Form.



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 City of Elkader Owner-Occupied Rehabilitation Assistance 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:

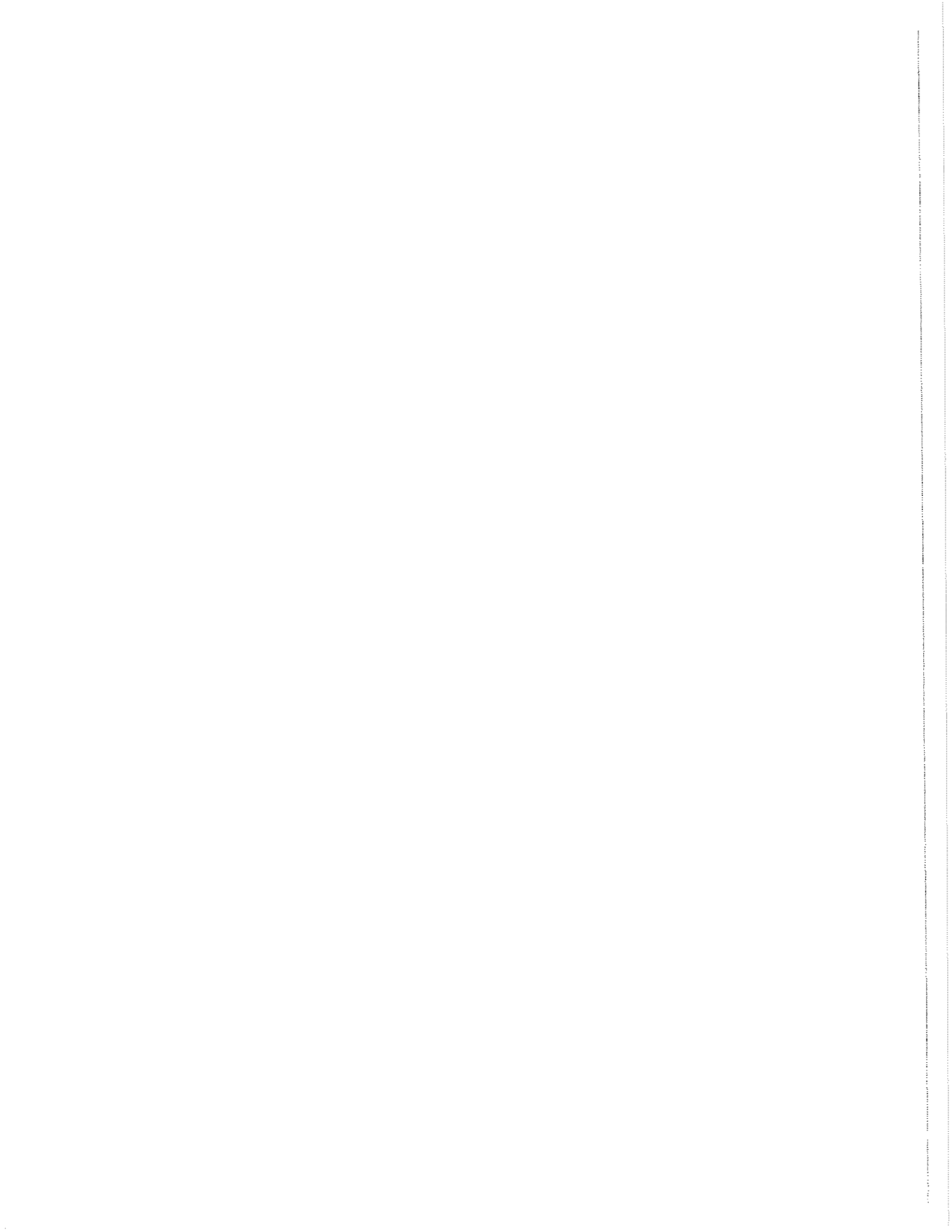
Name: _____

Address: _____

Social Security Number: _____

Signature

Date



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, 1996. 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 210A 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 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) of 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) of 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 of 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, 1996), 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 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.