



UERPC Homeowner Rehabilitation Program Application Form 2020

Sponsored by: Freedom Bank - Postville, Monona, Elkader, IA
Federal Home Loan Bank - Des Moines, IA



The mission of this project is to retain the structural integrity of owner-occupied low-income housing in Allamakee, Clayton, Fayette, Howard, and Winneshiek Counties through rehabilitation and/or repair to ensure low-income residents have access to well-maintained, safe and affordable housing.

The Federal Home Loan Bank funds will be used to assist households with homeowner rehabilitation geared towards elderly and special needs family members.

Eligibility

Allamakee, Clayton, Fayette, Howard Counties

Household Size	50% of Median Income	60% of Median Income	80% of Median Income
1	25,400	30,480	40,600
2	29,000	34,800	46,400
3	32,650	39,180	52,200
4	36,250	43,500	58,000
5	39,150	46,980	62,650
6	42,050	50,460	67,300
7	44,950	53,940	71,950
8	47,850	57,420	76,600

Winneshiek County

Household Size	50% of Median Income	60% of Median Income	80% of Median Income
1	28,250	33,900	45,200
2	32,300	38,760	51,650
3	36,350	43,620	58,100
4	40,350	48,420	64,550
5	43,600	52,320	69,750
6	46,850	56,220	74,900
7	50,050	60,060	80,050
8	53,300	63,960	85,250

Program Criteria

- Applicant must occupy and have the title of the property.
- Taxes and property insurance must be current. (You are ineligible for this program if you have a land sales contract)
- Must obtain two bids from the entity providing the improvement to the property. Bids/estimates must be fully detailed providing scope of work. **Estimates must be signed by contractor and homeowner.** Contractors must be registered with the State of Iowa.
- Projects funds range from \$15,000 - \$23,000 per project but is awarded on a case by case basis.

Attachments

- Provide proof of income: (For all members 18+) Most recent income tax return with W-2's.
If self-employed: provide income tax returns for the last 3 years.
If you do not file income taxes: provide your last 3 months pay stubs.
- If you receive SSI, Child Support, VA Disability, etc. you will need to attach a copy of your most recent benefit verification letter.
- Provide a copy of each 18+ family member's bank account statements from the last 2 months.
- Provide a copy of all other investment account statements.
- Sign the attached: Release Form
- Provide verification that your taxes are current.
- Provide a copy of your property insurance declaration page.
- If a household member is special needs, provide verification.

Definitions

Elderly: Persons of the age of 62 or more.

Special Needs: Mentally or physically disabled persons, persons recovering from physical abuse, alcohol, drug abuse, or persons with AIDS. (The household member with special needs is not required to be the Applicant)

For applications submitted by hand or by mail to:

Upper Explorerland RPC (UERPC)
Attn: Katie Nolte
134 West Greene Street, PO Box 219
Postville, IA 52162

Phone: (563) 864-7551
Fax: (563) 864-7535
Email: knolte@uerpc.org

Nondiscrimination Statement: In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, religion, creed, age, sex, disability, familial status, political affiliation, citizenship, gender identity, or sexual orientation. This is an Equal Opportunity Program.



UERPC Homeowner Rehabilitation Program Application

I. APPLICANT INFORMATION			
Applicant		Co-Applicant	
Applicant's Name (First Name, Middle Initial, Last Name)		Co-Applicant's Name (First Name, Middle Initial, Last Name)	
Applicant's Address (street, city, state & ZIP)		Co-Applicant's Address (street, city, state & ZIP)	
Home Phone (include area code)	Cell Phone (include area code)	Home Phone (include area code)	Cell Phone (include area code)
Email Address		Email Address	

II. HOUSEHOLD INFORMATION							
*All household members living at current address							
Name	DOB	SSN	Race	Veteran	Sex	Handicap, Disabled, N/A	Relation to Applicant
1	/ /			Y / N	M / F	H / D / NA	Applicant
2	/ /			Y / N	M / F	H / D / NA	(Co-Applicant)
3	/ /			Y / N	M / F	H / D / NA	
4	/ /			Y / N	M / F	H / D / NA	
5	/ /			Y / N	M / F	H / D / NA	

III. EMPLOYMENT INFORMATION			
Applicant		Co-Applicant	
Applicant's Employer		Co-Applicant's Employer	
Employer Address (street, city, state & ZIP)		Employer Address (street, city, state & ZIP)	
Income Wages \$	Pay Frequency	Income Wages \$	Pay Frequency

*If you need more lines, please provide this information on a separate sheet of paper

Other Household Members' Income			
Household Member Name		Household Member Name	
Employer		Employer	
Employer Address (street, city, state & ZIP)		Employer Address (street, city, state & ZIP)	
Income Wages \$	Pay Frequency	Income Wages \$	Pay Frequency
Household Member Name		Household Member Name	
Employer		Employer	
Employer Address (street, city, state & ZIP)		Employer Address (street, city, state & ZIP)	
Income Wages \$	Pay Frequency	Income Wages \$	Pay Frequency

IV. INCOME INFORMATION

Income Description & Name and Address of Bank/Source	Applicant	Co-Applicant	Household Member 18+	Household Member 18+	Household Member 18+
			Name:	Name:	Name:
Checking:	\$	\$	\$	\$	\$
Checking:	\$	\$	\$	\$	\$
Savings:	\$	\$	\$	\$	\$
Savings:	\$	\$	\$	\$	\$
Stocks/Bonds:	\$	\$	\$	\$	\$
CDs:	\$	\$	\$	\$	\$
Life Insurance:	\$	\$	\$	\$	\$
Pensions/IRA:	\$	\$	\$	\$	\$
SS/Disability:	\$	\$	\$	\$	\$
Welfare:	\$	\$	\$	\$	\$
Child Support/Alimony: Case #:	\$	\$	\$	\$	\$
Rental Income:	\$	\$	\$	\$	\$
Workers' Comp:	\$	\$	\$	\$	\$
Other Investment Accounts:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$

*These include income generating and non-income generating assets

V. EXPENSES/LIABILITIES

Creditor Name & Address	Account #	Balance Due	Monthly Payment
		\$	
		\$	
		\$	
		\$	

VI. OTHER INFORMATION

Homeowners Insurance	Homeowners Insurance Address (street, city, state & ZIP)
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Does any member of the household have Special Needs? Yes / No

If Yes, State household members name: _____

*Please provide verification

Project Repairs Needed

*Check the box before the repair that best describes your project.
Attach corresponding bids from contractors that are certified in the State of Iowa.

- Plumbing Repair Roof Water Heater Replacement
 Windows/Doors Wiring/Electrical Furnace/Heat Source Replacement
 Other (Please explain): _____

Eligible Projects

Eligible projects that may be preformed in owner occupied rehabilitation projects including but not limited to:

- Roof repair or replacement, including gutters and downspouts.
- Repair or replacement of mechanical systems.
- Upgrade to minimum 100 Ampere electrical service, electrical repairs, and needed replacement fixtures.
- Upgrade plumbing service, repairs, or replacement.
- Structural repairs and reconstruction including foundation or chimney repair.
- Repairs due to termite damage or termite treatment.
- Exterior siding repair or replacement and exterior paint.
- Repair or replace doors and windows.
- Repair or replace porches and decks to fix code or safety violation.
- Repair or replace floor coverings. (Basic carpeting and vinyl floor are acceptable)
- Interior wall and ceiling repair, drywall, interior doors, trim and paint.
- Repair or removal of deteriorating garages or sheds.
- Redirection water away from foundations or retaining walls to prevent soil erosion.
- Tree and brush trimming and removal to prevent roof or siding damage or safety.
- Sidewalk and driveway repair or replacement.
- Smoke detectors and dead bolt locks for safety and home security.
- Improvements to increase the efficient use of energy in structures.
- Connection from homes to water distribution lines, local sewer collection lines, or septic systems.
- Inspection and testing for and remediation or abatement of lead-based paint, asbestos, or other hazards.
- Improvements designed to remove material and architectural barriers the restrict the mobility and accessibility of elderly or severely disables persons to buildings.

Authorization

To the best of my knowledge and belief, all data in this application are true and current.

I understand and agree that UERPC will verify the information contained herein.

I hereby give my permission to the Upper Explorerland Regional Planning Commission to research the applicant's history, make credit checks, contact the applicant's financial institution, and perform other related activities necessary for the reasonable evaluation of this application.

Applicant Signature

Date

Co-Applicant Signature

Date

Assurances

This applicant hereby assures and certifies that he or she will comply with the regulations, policies, guidelines, and requirements, as they relate to the application, acceptance and use of the Federal Home Loan Program funds for this project. Also, the applicant gives assurance and certifies with respect to the loan that:

- It possesses legal authority to apply for the loan, and to finance and construct the proposed project.
- It will give the Upper Explorerland Regional Planning Commission access to and the right to examine all records and documents related to the loan.
- The project will be properly and efficiently administered, operated and maintained.
- It will cause work on the project to be commenced within a reasonable time after receipt of notification that funds have been approved and that the project will be prosecuted to completion with reasonable diligence.
- It will not dispose of or encumber its title or other interests in the site and facilities during the period of the loan.

The applicant further agrees that in the event it fails to comply with its undertakings hereunder, UERPC may call, cancel, terminate, accelerate repayment, or suspend in whole or part of the financial assistance provided or to be provided by UERPC. Furthermore, UERPC may take any other action that may be deemed necessary or appropriated to effectuate the requirements of this document.

The applicant acknowledges that he or she has read, understood, and agrees to the provisions of the above document.

Applicant Signature

Date

Co-Applicant Signature

Date

RETURN TO UPPER EXPLORERLAND RPC 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 UERPC Homeowner 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)*

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: _____