

ROLFE OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

APPLICATION FOR ASSISTANCE

Date: September 22, 2015
To: Homeowners Interested in the Housing Rehabilitation Program
From: Shirley Helgevold/Julie Whitson, Project Administrators

In order to process your application, it is very important that all of the requested information is completed. If the information does not pertain to you, please write "N/A" on that section. **The completed application must be returned to City Hall or Julie Whitson at MIDAS Council of Governments; 602 1ST Avenue South; Fort Dodge, IA 50501. Applications will be accepted and verified on a first-come, first verified basis until program funds are depleted.**

To apply, the following minimum requirements must be met:

1. The applicant must occupy the property to be assisted as their principal place of residence and must own the property (Ownership means holding Title to the property).
2. The applicant must have owned and resided in the property to be assisted at **least six (6) months** prior to the date of application for assistance and cannot be a under a contract sale.
3. The assisted property must be located within the targeted area identified on attached map.
4. The applicant must be current with regard to their mortgage payments.
5. The applicant must be current with regard to payments of their real estate taxes.
6. The applicant must be current with regard to their utility payments associated with the property.
7. The assisted property must be hooked up to public water and sewer.
8. The assisted property must be covered by property insurance in an amount equal to or greater than the current assessed value of the property.
9. The assisted property must be free from garbage, debris, refuse, building materials, and abandoned, non-operational or junk vehicles.
10. The household income must meet the program income guidelines listed below:

INCOME GUIDELINES	
FAMILY SIZE	GROSS INCOME LIMIT
1	\$34,650
2	\$39,600
3	\$44,550
4	\$49,450
5	\$53,450
6	\$57,400
7	\$61,350
8	\$65,300

If you have any questions, please call Julie Whitson at the MIDAS office, 515-576-7183, ext. 213.

HOUSING INFORMATION

Age of Home: _____ Date of Purchase: _____

Number of Bedrooms in home: _____

Do you have a mortgage on the home? YES NO

If yes, provide:

A: Name(s) mortgage lender(s)? _____

B: Address(es) mortgage lender(s)? _____

Do you have a land sales contract on the home? YES NO

**Homes being purchased under contract sale do not qualify for assistance.*

Is your home a manufactured home? YES NO

Do you own any other real property other than your home? YES NO

If yes provide:

A. Address of property(s): _____

B. Is this property rental property? YES NO

**If yes you must provide a copy of your latest Income Tax documents showing rental income.*

Do you have property insurance on your home: YES NO

If yes, provide:

A: Name(s) of insurance agent(s)? _____

B: Address(es) of insurance agent(s)? _____

C. Amount of structural coverage: _____

Is your home hooked up to public water: YES NO

If yes, provide:

A: Name(s) of water provider(s)? _____

B: Address(es) of water provider(s)? _____

**To qualify for assistance your property must be hooked up to municipal water.*

Is your home hooked up to public sanitary sewer: YES NO

If yes, provide:

A: Name(s) of sanitary sewer provider(s)? _____

B: Address(es) of sanitary sewer provider(s)? _____

**To qualify for assistance your property must be hooked up to municipal sanitary sewer.*

Is your home hooked up to electric utility: YES NO

If yes, provide:

A: Name(s) of electric provider(s)? _____

B: Address(es) of electric provider(s)? _____

Is your home hooked up to natural gas/LP utility: YES NO

If yes, provide:

A: Name(s) of natural gas/LP provider(s)? _____

B: Address(es) of natural gas/LP provider(s)? _____

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 Inspector determines my property **not** to be clean and sanitary, he will give me two weeks notice to clean my property prior to his 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 Inspector 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 Program Administrator 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.
10. I understand that the presence of lead paint in homes built prior to 1978 could cause health hazards during the rehabilitation process when disturbed, and all household members will be subject to temporary relocation during portions, or all of the rehabilitation process. I understand that all those residing in the home will not have access to it during this time. I also understand that relocation expenses may or may not be reimbursed.

Required Attachments:

- State Income Tax
- Federal Income Tax
- Businesses Taxes if self-employed or have rental property
- Copy of Title to assisted property

Signature: _____

Date: _____

Signature: _____

Date: _____

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Should the City discover you have falsified any part of your application or verifications the application may be deemed ineligible and assistance terminated. The application may be required to refund 100% of the funds awarded.