



NIACOG
HOUSING TRUST FUND, INC.

HOME REPAIR PROGRAM

Application Form

1. Property Owner(s): _____
(first name, middle initial, last name)
2. Complete Address: _____
(Street Address, PO Box, City, State, Zip)
3. Your home is located in which county (check one)? ☐Cerro Gordo ☐Floyd ☐Franklin
☐Hancock ☐Kossuth ☐Mitchell ☐Winnebago ☐Worth County
4. Telephone Number(s): _____
5. E-mail Address: _____
6. Current Residency Status: ☐US Citizen ☐Permanent Resident Alien ☐Other _____
7. Marital Status: ☐Single ☐Married ☐Separated more than 12 months ☐Other _____
8. Is The Property Being Purchased with: ☐Bank Loan ☐Purchase On Contract ☐Paid in Full.
If bank loan or purchasing on contract, list name of bank or contract seller & Address:

9. Are your home loan or contract purchase payments delinquent? ☐Yes ☐No ☐No Home Loan
10. What type of repair or handicapped accessibility accommodation are you requesting?

11. Do you own AND live in the home to be repaired? ☐Yes (required) ☐No
12. Do you have homeowner's insurance? ☐Yes (generally required) ☐No
13. Is your home a mobile home? ☐Yes ☐No
(Mobile Homes are solely eligible for furnace, hot water heater, and accessibility projects.)
14. Is someone in your household over 62 years of age? ☐Yes (priority status) ☐No
15. Does someone in your household have a permanent disability? ☐Yes (priority status) ☐No
16. Have you previously received assistance from the Housing Repair Program? ☐Yes ☐No
17. How many United States Veterans live in your home? ☐0 ☐1 ☐2 ☐3 ☐Other _____
18. Do children under 6 years of age regularly visit at least twice per week for at least 3 hours per day for a total of at least 60 hours per year? __Yes __No



NIACOG HTF
525 6th St. SW
Mason City, IA 50401
Phone: 641-423-0491
Fax: 641-423-1637
E-mail: hnielsen@niacog.org
ceggena@niacog.org

Income Information

Please list **all** persons who will be occupants in the home for the next 12 months. For any dependents of 18 years of age or older, please indicate if they are **full time** students. Be sure to include all property owners listed on the deed/title even if they do not live in the home. Additional household members may be listed on a separate sheet of paper. For unborn children, please include due date as 'Date of Birth'.

| List all in household (adults/children/unborn) | Date of Birth | Gender (M or F) | Race/ Ethnicity | Employer/School (*indicate if full time student?) |
|---|---------------|--------------------|--------------------|--|
| | | | | |
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| | | | | |

INCOME SOURCES*: When completing the income table below, include the total amount of gross income estimated from each source for the **upcoming 12 months**. Be sure to include all people living in the home and/or listed on the deed/title. Include the following types of income:

- ❖ **Wages** and salaries, overtime pay, commissions, fees, tips and bonuses (calculated before any deductions)
- ❖ **Self-Employment** (net income)
- ❖ **Social Security** Benefits (including Medicare Insurance Premiums)
- ❖ **Annuities and Pensions, IRA Distributions, Periodic payments from insurance policies**, etc.
- ❖ **Disability or survivor benefits, unemployment, and worker's compensation**
- ❖ Periodic payments to your household from a **trust**.
- ❖ Net income for **renting** property to someone.
- ❖ **Alimony and child support** payments
- ❖ **Department of Human Services assistance** (FIP, Medicaid Assistance, Title 19, etc.)

| Income Sources: Complete Name & Address of income source (for third party verification) | Income Earner | Amount Per Year |
|--|----------------------|--------------------------------|
| Company: Address: Fax # (if employer): If a job, date hired: | | \$_____/yr or \$_____/mo |
| Company: Address: Fax # (if employer): If a job, date hired: | | \$_____/yr or \$_____/mo |
| Company: Address: Fax # (if employer): If a job, date hired: | | \$_____/yr or \$_____/mo |

Income Limits by number in household*:

- ◇ 1-person household \$25,800 - \$30,960 ◇ 4-person household \$36,850 - \$44,220
- ◇ 2-person household \$29,500 - \$35,400 ◇ 5-person household \$39,800 - \$47,760
- ◇ 3-person household \$33,200 - \$39,840 ◇ 6-person household \$42,750 - \$51,300

*Income Limit ranges may be increased by up to \$600 for some counties and levels are dependent on the program and funding source as determined by NIACOG.

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Cash Asset Information

Please list liquid cash assets such as cash, checking account, savings account, CD's, money market account(s), and marketable stocks. (Liquid cash assets are limited to no more than \$25,000.)

| Liquid CASH Assets | Balance/ Amount | Financial Institution | Address |
|--------------------|-----------------|-----------------------|---------|
| Cash | \$ | | |
| Checking | \$ | | |
| Savings | \$ | | |
| Other: | \$ | | |
| Other: | \$ | | |

Did you dispose of assets (cash, investments, rental property, etc.) below market value or give them away during the past two years?

- ☐ No
☐ Yes. If yes, please explain. _____

Social Security Number

Please list the Social Security Number(s) of Adult(s) Who Live In the Home and/or are listed on the deed

| Adult's Name(s) | Social Security Number |
|-----------------|------------------------|
| | |
| | |
| | |
| | |

How did you learn of the Home Repair Program? (flyer, Facebook, web browsing, Elderbridge, Community Action, friend, etc.)?



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AGREEMENT & RELEASE

Agreement

As an applicant to the NIACOG Housing Trust Fund, I (we) understand and agree to the following:

1. I(We) acknowledge that I(we) am(are) not guaranteed to receive assistance.
2. I(We) hereby state that the home is my(our) primary residence.
3. I(We) acknowledge that, if the project is under \$10,000, the assistance will be provided in the form of a receding, forgivable loan. A lien will be placed on the property for a five-year period. Regular payments would not be required on the loan; however, if I (we) sell the property within five years, the balance of the loan must be repaid to the program. For projects over \$15,000, a lien is not required, and repayment is never required.
4. I (We) acknowledge that applicants must meet income eligibility criteria; the limits change periodically and the information provided will be verified with the income source (for example, an employer).
5. I(We) certify that we are the current owner(s) of the property described in this application.
6. In the event that I(we) am(are) unsatisfied with the construction work, I(we) agree to hold harmless both NIACOG and NIACOG Housing Trust Fund, Inc.
7. I hereby state that any loan on the property to be repaired/rehabilitated is current with payments, and I(we) agree to maintain homeowner's insurance on the property unless specifically waived by the program administrator in accordance with the NIACOG Housing Trust Fund board policy.
8. In order to be eligible for program assistance, the property (home/yard) must be free of feces/urine, garbage, debris, refuse, building materials that are not being used for the current rehabilitation project, and abandoned/non-operational/junk vehicles; additionally, the property shall not be in violation of any local nuisance ordinance. Applicants may be rejected if in violation of this policy. After rehabilitation, the property must remain in good condition for at least 5 years. Any assisted homeowner in violation of this requirement risks having to return a portion of the funds spent on the rehabilitation of his/her home; more specifically, the loan balance at the time of violation may be called due by the NIACOG Housing Trust Fund.



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Release of Information

I(We) authorize North Iowa Area Council of Governments (NIACOG) and NIACOG Housing Trust Fund, to obtain and share all documentation and pictures related to this application and its potential project. I(We) release to said entities all information regarding my (our) financial status from government entities, asset holding institutions, and employers, and with other agencies as needed to complete the project or further the Home Repair Program. I also grant NIACOG permission to refer me to North Iowa Community Action Organization for assistance in meeting the provisions of Item #8 on the previous page and to obtain feedback from them on my progress. I understand that providing fraudulent information is subject to criminal charges.

Applicant(s) (Homeowners):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Applicant Signature

Date

Date

Other Adult Household Member(s) (if any):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Applicant Signature

Date

Date



QUESTIONS: Please call 641-423-0491 (Heidi Nielsen (ext. 216) or Caraline Eggena (ext. 227)) or email to ask questions or set up an appointment. Contact information is listed at the bottom of each page.



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Attachments

Attach the following documents to your application cover page so we may determine your program eligibility.

1. **FEDERAL INCOME TAX RETURN:** A copy of your two (2) most recent year's federal income tax returns including the entire return (attachments, schedules, W-2's, 1099's, etc.). A state tax return is not needed. **If you did not file an income tax return, please explain why you didn't.**

2. **INCOME DOCUMENTATION:** Documentation of all applicable sources and amounts of income expected in the coming 12 months such as:
 - ☐ Copies of 2 months of paycheck stubs showing gross pay, deductions, and year-to-date information
 - ☐ Social Security amount determination letter (if receiving social security income). If you do not have the letter on hand, you can obtain documentation by calling 1-800-772-1213 (7 a.m. – 7 p.m.) or on-line at www.socialsecurity.gov/myaccount
 - ☐ Statement showing the amount of disability payments from veterans affairs, private insurance, or other sources
 - ☐ Statement showing pension receipts/disbursement amount(s)
 - ☐ Monthly child support documentation (such as a court order)
 - ☐ Stocks/Bonds/Annuity/IRA/CD's/Investment statements (showing current balance and any periodic payments to you)
 - ☐ Bank statement (all pages)
3. **DEED OR TITLE:** Deed or section from your abstract that shows a complete legal description of your property and verifies your ownership of the property. (If you are purchasing your home on contract, provide a full copy of the signed contract.)
4. **INSURANCE:** Please provide a document that shows that the property is insured. Homeowners insurance is required unless the NIACOG HTF board waives this requirement for you. To receive a waiver, you must be over 62 and/or disabled (receiving social security disability) and have an income that is less than 30% of Area Median Income (\$15,250 for a 1-person household, \$17,400 for a 2-person household, etc.). Check here to request a waiver ____.
5. **BIDS (FOR EMERGENCY REPAIR ONLY - LIKE A BROKEN FURNACE IN JANUARY):** For emergency repair work only, attach 2 to 3 bids. Make sure the work described in the bids is identical for all contractors. Please note 40-gallon maximum capacity for a water heater; use 93% efficiency, single stage as maximum for furnace. If your project involves something other than emergency repair, **YOU DO NOT NEED TO OBTAIN BIDS.** Bids are only required for EMERGENCY REPAIR projects.
6. **DIVORCE DECREE** (if divorced): If any adult in the household is divorced (or legally separated), attach a copy of the divorce decree (or legal separation agreement). A copy of your divorce decree can be obtained at the County Clerk of Court's Office. Decrees are not required for emergency projects or projects under \$10,000.
7. **PHOTO ID:** Attach a photo ID of the property owner.



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