

Great River Housing Trust Fund Rehabilitation Assistance Program - 2024 Pre-Application

This form shows interest in the housing rehabilitation program. Please complete the entire form. It does not guarantee acceptance to the program for funding.

APPLICANT INFORMATION:

Homeowner Name/s: _____

Address (include city): _____

Telephone #1: _____ Telephone #2: _____

Email Address: _____

HOUSEHOLD INFORMATION:

Number of members in your household: _____ Ages: _____

Is there anyone currently living with you that is not included in the above household number?

Yes _____ No _____ If yes, explain: _____

Does any member of the household receive Social Security: Yes _____ No _____

Is any member of the household disabled? Yes _____ No _____

Has any member of the household previously received Rehabilitation Assistance from Great River Housing Trust Fund or Southeast Iowa Regional Planning Commission? Yes _____ No _____

TOTAL HOUSEHOLD GROSS YEARLY INCOME: Include all Wages, Social Security, Disability, Pensions, Child Support, Alimony, etc. for all household members age 18 and over: \$ _____

Sources of income: _____

Homes being purchased on contract, rental properties and mobile homes are ineligible for this program. Homeowners insurance is required, and property taxes must be current.

If you need help obtaining insurance, there is a program offered by the State of Iowa which may be able to help. It is called Fair Access to Insurance Requirements (FAIR). Their phone number is 515-255-9531 and their email address is info@iowafairplan.com. Their website is <https://iowafairplan.com>.

Below is a list of eligible projects. Please rank them 1-5 with Number 1 being your top priority.

☐ Siding ☐ Roof ☐ Windows/Doors ☐ Furnace ☐ Hot Water Heater

By signing this form, I acknowledge that the information I provided is true and correct. I understand that submitting this form does not guarantee acceptance into the program or funding for my house.

Applicant Signature

Date

Applicant Signature

Date

FOR OFFICE USE ONLY
Date Received:

RETURN TO:
SEIRPC/Carolyn Lees, 211 N. Gear Ave. Suite 100,
West Burlington, IA 52655
clees@seirpc.com 319-753-4320

