



FHLB HOUSING REHABILITATION PROGRAM APPLICATION

APPLICANT INFORMATION

Applicant Name: _____	Co-App. Name: _____
Social Security #: _____	Social Security #: _____
Address: _____ (NO PO BOX)	Address: _____
Telephone #: _____	Telephone #: _____

HOUSEHOLD INFORMATION

<u>Names</u> of all Household Members (include applicant)	<u>Age</u>	<u>*Special Needs</u> (see below)	<u>Racial/Ethnic</u> **(see below)**	<u>Gender</u> (M or F)	<u>Name of:</u> Employer or School

***Special Needs Classifications Information is provided voluntarily and will be kept in strict confidence.**

(This information is collected for compliance reporting purposes only, your name will not be released or referred to any other agency in conjunction with the reporting)

(select all that apply) E – Elderly D – Disabled (mental or physical) A – Recovering from Abuse (physical, alcohol, drug)
S – Single parent household H – HIV or AIDS T – Two Parent household

Racial Origin 1 – White (non-Hispanic) 2 – Black (non-Hispanic) 3 – Native American 4 – Asian/Pacific Islander 5 – Hispanic

MORTGAGE & INSURANCE INFORMATION

Check method of home purchase: ___ Bank ___ Purchased on Contract ___ Other
Home is paid in full: ___ Yes ___ No
If No , payment made to : _____
Address: _____
<u>Homeowners insurance is required. Please provide a copy..</u>
List Name and Address of Insurance Agent: _____ _____

INCOME TAX INFORMATION

Did you file a Federal Income Tax Return last year? ___ Yes ___ No, explain: _____
<u>If YES, provide most recent income tax return.</u>

SIGNATURE PAGE

Last Name: _____

The Applicant certifies that all information in this application, and all information furnished in support of this application, for the purpose of obtaining assistance under the Community Redevelopment Act of 1981, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that he/she is the owner of the property described in this application, and that the rehabilitation fund proceeds will be used only for the work and materials necessary to meet rehabilitation or code standards, as applicable. If ECICOG determines that the rehabilitation fund proceeds will not or cannot be used for the purpose described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the ECICOG, for deposit into the Revolving Loan Fund, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.

The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed, sex or national origin in the use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private.

Verification of any of the information contained in this application may be obtained from any source named herein. *Information provided in the application is confidential and will be used solely for the purpose of determining eligibility for the program. PLEASE NOTE: Every household member listed on this application 18 years of age or older is required to sign and date this page.*

Date

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain 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."

Include printout verifying information

8. Public Assistance Office

Provide ALL case numbers & printout

9. Alimony or Child Support

10. Source of Regular Gifts or Cash
Contributions

Include printout verifying information

11. Office for: Unemployment, Workers
Compensation, or Severance

12. Other (specify)

Include verifying information

13. Rental Property, Undeveloped Land
Real Estate Owned (not house lived in).

WHAT TO RETURN:

- Housing Application Packet
- Copy of most recent Income Tax Return (need last 2 years self-employ/farming)
- Copy of Homeowners Insurance
- Legal Description of Property (full legal desc as listed on Deed or Mortgage)
- Any verification requested on sources of income

RETURN TO:

ECICOG
700 16th St NE, Suite 301
Cedar Rapids, IA 52402

ATTN: Diana Stromer

I AM APPLYING FOR ASSISTANCE WITH: (please check all that apply)

- Roofing Windows Siding Insulation
 Plumbing Electrical Foundation Gutters/Downspouts
 Doors Floors Water Heater Furnace/Central Air
 Other (specify) _____

RELEASE OF INFORMATION

East Central Iowa Council of Governments
700 16th Street NE, Suite 301
Cedar Rapids, IA 52402

Applicant: _____ City: _____

To determine eligibility for a Housing Rehabilitation program, the East Central Iowa Council of Governments needs to verify income, assets, and expenses of its applicants. Please provide information to ECICOG's address as shown above.

I/We authorize the persons or offices listed: Annual Income Verification sheet, and Assets Verification sheet, to release the information required by ECICOG, and agree that photocopies of those forms may be used for the purposes stated above. This authorization also includes the release of information regarding utility and mortgage (house) payments. *This form will be signed, dated, and SS# provided for each household member 18 or over that is listed on the application.*

SS#: _____
(Applicant)

SS#: _____
(Co-Applicant)

(Applicant's Signature)

(Co-Applicant's Signature)

(Date)

(Date)

SS#: _____
(Co-Applicant)

SS#: _____
(Co-Applicant)

(Co-Applicant's Signature)

(Co-Applicant's Signature)

(Date)

(Date)