

OWNER-OCCUPIED REHABILITATION

Eastern Iowa Regional Housing Corporation
Housing Trust Fund
7600 Commerce Park
Dubuque, IA 52002
(563 556-4166 OR 1-800-942-4648)

PERSONAL INFORMATION

1. Head of Household: _____ Maiden name: _____
(if necessary)

Social Security: _____ Date of Birth _____ Age _____

Address: _____ How Long ? _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Work Phone # _____

Check as Appropriate for Head of Household

(Statistical purposes ONLY)

Marital Status Married Separated Divorced Widowed Never Married

Race White American Indian Asian Black Native Hawaiian

Ethnicity Hispanic Non-Hispanic

Citizenship US Citizen Non Resident Alien Permanent Resident Alien

2. Co-Applicant: _____ Maiden name: _____
(if necessary)

Social Security: _____ Date of Birth _____ Age _____

Address: _____ How Long ? _____
(if address is the same as above, state "Same as Above")

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Work Phone # _____

OTHER LIVING AT THIS ADDRESS

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT

(If self-employed, please submit copies of the last 3 years of income taxes)
(If more than one current employer, please include them on a separate sheet of paper)

1. Head of Household

Present Employer: _____ Start Date: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Gross Monthly Income: _____

Previous Employer: _____ Start Date: _____

Gross Monthly Income: _____ End Date: _____

2. Co-Head

Present Employer: _____ Start Date: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Gross Monthly Income: _____

Previous Employer: _____ Start Date: _____

Gross Monthly Income: _____ End Date: _____

OTHER SOURCES OF INCOME

Please include Social Security, Pensions, Dividends, Child Support, Alimony, and Employment from **ALL** others living in the household, and etc.....

Source	Monthly Income
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ASSETS

Include Banks, Credit Unions, and Saving & Loans

1. Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account # _____ Balance: _____

Savings Account # _____ Balance: _____

Other Account #s _____ Balance: _____

2. Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account # _____ Balance: _____

Savings Account # _____ Balance: _____

Other Account #s _____ Balance: _____

3. Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account # _____ Balance: _____

Savings Account # _____ Balance: _____

Other Account #s _____ Balance: _____

OTHER ASSETS

Cash Value of Stocks, Bonds, Securities: _____

Cash Value of Life Insurance: _____

Retirement Funds: _____

Value of Personal Property: _____

(Include Furniture, Household Goods, Personal Belongings, and Etc...)

VEHICLES (include boats, campers, & trailers)

Year: _____ Make/Model: _____ Value: _____

LIABILITIES

Credit Cards, Department Store Cards, Automobile Loans
Finance Companies, Student Loans, and Personal Loans

Attach additional sheets if Necessary

1. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

2. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

3. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

4. Name: _____ Account # _____
Address: _____
City: _____ State: _____ Zip Code: _____
Balance: _____ Monthly payment: _____

OTHER MONTHLY EXPENSES

Expenses That You Pay

Monthly Child Support: _____
Monthly Alimony: _____
Monthly Child Care: _____
Monthly Medical Expenses: _____
Other: _____

HOUSING INFORMATION

Age of Home: _____ Date of Purchase: _____

Are you in a Land Contract on the Home? Yes or No

CURRENT MONTHLY HOUSING COST

Monthly Housing Cost: _____ (Provide a recent copy of a Housing Statement)
 Homeowner Insurance Cost: _____ (Provide a copy of insurance policy)
 Monthly Utilities Cost – Gas: _____ (Provide a copy of the most recent Gas bill)
 Monthly Utilities Cost – Electric: _____ (Provide a copy of the most recent Electric bill)
 Monthly Utilities Cost – Water/Sewer: _____ (Provide a copy of the most recent Water bill)

	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
Are there any outstanding judgements against you?	_____	_____	_____	_____
Have you declared bankruptcy with in the last 7 years?	_____	_____	_____	_____
Are you party to a lawsuit?	_____	_____	_____	_____
Are you a co-signer or endorser on any other notes or loans?	_____	_____	_____	_____

Description of Repairs or Rehabilitation. Please provide a brief description of the proposed project.

Maximum award amount: **\$10,000.00** for Owner-Occupied Rehab or Lead Hazard Reduction per unit

Funding Requested:

Amount of Funding Requested from EIRHC HTF: \$ _____

OTHER ELIGIBILITY CONSIDERATIONS

Do you have other Funds available to pay for any portion of the Repairs or Rehabilitation? YES NO
() ()

If "YES" please indicate the amount and the source of the funds

Amount: \$ _____ Source: _____

Are there any other reasons why you feel your application deserves special consideration? _____

I / We certify that the information given to the Eastern Iowa Regional Housing Authority on this application is/are true to the best of my/our knowledge. I / We understand falsifying information may result in denial of my application.

I / We understand there is a **\$ 25.00** Application fee, to be included and due with the submission of this application. This fee is refundable and will be returned to me / us if this application is not awarded.

Applications submitted without the Application Fee, will be consider incomplete and will not be considered for funding

Applicant

Date

Co-Applicant

Date

Eastern Iowa Regional Housing Authority
7600 Commerce Park, Dubuque, IA 52002
www.eirha.org
(563) 556-4166 Fax: (563) 556-0348

Data Release Form & Third Party Authorization

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

You hereby authorize and instruct Eastern Iowa Regional Housing Authority (EIRHA) and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by EIRHA. You understand and agree that EIRHA intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize EIRHA to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help EIRHA determine your viable financial options.

- | | | |
|--|--|---|
| <input type="checkbox"/> Lenders | <input type="checkbox"/> Banks | <input type="checkbox"/> Mortgage Servicers |
| <input type="checkbox"/> Debt Collectors | <input type="checkbox"/> Landlords | <input type="checkbox"/> Public Housing Authorities |
| <input type="checkbox"/> Property Management Companies | <input type="checkbox"/> Social Service Agencies | <input type="checkbox"/> Counseling Agencies |

Entities such as mortgage lenders and/or counseling agencies may contact your EIRHA counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your EIRHA counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations of EIRHA, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize EIRHA to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep EIRHA informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

Finally, you understand that you may revoke consent to these disclosures by notifying EIRHC in writing. Signatures:

<input checked="" type="checkbox"/> _____ Head of Household	<input checked="" type="checkbox"/> _____ Date	
<input checked="" type="checkbox"/> _____ Social Security Number (if any) of Head of Household		<input checked="" type="checkbox"/> _____ Other Family Member over age 18 Date
<input checked="" type="checkbox"/> _____ Spouse	_____ Date	<input checked="" type="checkbox"/> _____ Other Family Member over age 18 Date
<input checked="" type="checkbox"/> _____ Other Family Member over age 18	_____ Date	<input checked="" type="checkbox"/> _____ Other Family Member over age 18 Date
<input checked="" type="checkbox"/> _____ Other Family Member over age 18	_____ Date	<input checked="" type="checkbox"/> _____ Other Family Member over age 18 Date

