

**REGION 6 HOUSING TRUST FUND  
APPLICATION FOR PROGRAM ASSISTANCE**

In submitting this application, I agree to and acknowledge the following:

1. I acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by Region 6 Planning Commission.
2. I allow access to my home to representatives of Region 6 Planning Commission, the State of Iowa, Region 6 Housing Trust Fund, and Iowa Finance Authority.

For Owner-Occupied Housing Repair/Rehabilitation Category ONLY:

3. I allow inspection of my home to determine eligibility and probable cost. If the Program Administrator determines my property not to be clean and sanitary, he will give me two weeks notice to clean my property prior to his/her initial inspection. If after those two weeks, I have not cleaned my property, I will be determined ineligible for assistance.
4. There will be no rehabilitation work done unless I authorize it in writing.
5. Any rehabilitation work done that is not authorized by Region 6 Planning Commission will be done at my expense and Region 6 Planning Commission will not be responsible for the workmanship of any unauthorized rehabilitation work.
6. If at anytime 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 Region 6 Planning Commission. 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 5 years, or both."
7. I reserve the right to withdraw from this program at any time prior to contract signing.

\_\_\_\_\_

Homeowner

\_\_\_\_\_

Date

\_\_\_\_\_

Homeowner

\_\_\_\_\_

Date

Complete the enclosed application (answering all questions). Answer "Not Applicable" or "N/A" if the question does not pertain to you. Applicants are expected to be honest in all areas or risk disqualification. Return the completed application to: Region 6 Planning Commission, 903 E. Main, Marshalltown, IA 50158.

**REGION 6 HOUSING TRUST FUND PROGRAM**

***HOUSEHOLD INFORMATION***

HEAD OF HOUSEHOLD NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY / STATE / ZIP CODE:

\_\_\_\_\_

TELEPHONE:

\_\_\_\_\_

SOCIAL SECURITY #:

\_\_\_\_\_

AGE: \_\_\_\_\_

RACE: \_\_\_\_\_

OTHER PERSONS LIVING AT THIS ADDRESS:

NAME	AGE	SOCIAL SECURITY #	RACE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of these people have a diagnosed handicap or disability? YES / NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have planned child care expenses, please list the name and address of the child care provider: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If you have monthly medical expenses, please list the billing agency and address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***INCOME AN ASSET INFORMATION***

Please provide total gross income (the amount prior to any deductions) from all people living in the household. Full time student dependents are exempt. Income includes any rental income, welfare benefits received, Veteran’s Administration benefits, Social Security benefits, pension(s) payment(s), retirement fund(s) payment(s), unemployment compensation, child support, alimony, etc.):

HOUSEHOLD MEMBER’S NAME	MONTHLY INCOME	SOURCE OF INCOME AND ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS OR INVESTMENTS	AMOUNT	INTEREST	NAME OF BANK / SOURCE AND THEIR ADDRESS
Savings Account _____	_____	_____	_____
Savings Account _____	_____	_____	_____
Checking Account _____	_____	_____	_____
Stocks / Bonds _____	_____	_____	_____
CD’s / Other _____	_____	_____	_____

3.

IF YOU ARE SELF EMPLOYED, PLEASE PROVIDE A COPY OF LAST 3 YEARS INCOME TAX RETURNS AND SCHEDULE C OR BUSINESS EXPENSE.

***HOUSING INFORMATION***

Age of Home: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Do you have a mortgage on the home? YES / NO If yes, what is the name and address of your mortgage lender? \_\_\_\_\_  
 \_\_\_\_\_

Do you have a land sales contract on the home? YES / NO If yes, what is the name and address of the land sales contract seller? \_\_\_\_\_  
 \_\_\_\_\_

Is your home a manufactured home? YES / NO

Do you own any other real property other than your home? YES / NO If yes, where is it located? \_\_\_\_\_  
\_\_\_\_\_

Name and address of your housing (property) insurance agent: \_\_\_\_\_  
\_\_\_\_\_

***HOUSING EXPENCES***

Monthly Mortgage Payment (principal and interest): \_\_\_\_\_

Annual Real Estate Property Taxes: \_\_\_\_\_

Annual Property Insurance: \_\_\_\_\_

Monthly Average Utilities Expense \*:

\*(Heat, electricity, water, sewer, & trash only)

\_\_\_\_\_  
Name/address your Natural Gas, LP Gas or Fuel Oil \_\_\_\_\_

Name/address your garbage service? \_\_\_\_\_

Name/address your Electricity supplier? \_\_\_\_\_

Name/address your Water supplier? (Indicate if private well) \_\_\_\_\_

How many bedrooms are in your home? \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**REGION 6 HOUSING TRUST FUND  
EQUAL CREDIT OPPORTUNITY NOTICE**

The lender is required to provide the following notice in accordance with the Equal Credit Opportunity Act, 15 U.S.C. 1691 et. seq., and Federal Reserve Board Regulation B, 12 C.F.R. d(d).

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Deposit Insurance Corporation, 2345 Grand Avenue, Suite 1500, Kansas City, MO 64108.

I have read the above statement and understand fully my rights under the Equal Credit Opportunity Act. I have also been informed that there may be processing costs involved to be included in the total loan amount. These costs will cover the amount charged to Region 6 Planning Commission for recording fees (if applicable), credit check fees, and inspection fees. Such costs will be identified on the Truth and Lending Disclosure Statement at the time of the loan closing.

\_\_\_\_\_  
Name of Applicant (printed)

\_\_\_\_\_  
Name of Co-Applicant (printed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION**

*To determine eligibility for assistance through the Region 6 Housing Trust Fund, the Region 6 Planning Commission will need to verify income of the applicants.*

I \_\_\_\_\_ authorize \_\_\_\_\_  
\_\_\_\_\_

to release the information required by Region 6, and agree that photocopies of this form may be used for purposes stated above.      **Date:** \_\_\_\_\_

SS# \_\_\_\_\_  
\_\_\_\_\_

SS# \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

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**\*\*FOR OFFICE USE ONLY \*\* FOR OFFICE USE ONLY \*\* FOR OFFICE USE ONLY\*\***

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<b>INCOME SOURCE:</b>	<b>INCOME Anticipated for the next 12 months ( _____ thru _____ )</b>
Pension	_____
IPERS	_____
FIP	_____
Alimony/Child support	_____
Workman's Compensation	_____
Unemployment	_____
Gross Wages	_____
Other	_____

<b>NET VALUE OF ASSETS: INCOME:</b>	<b>ANTICIPATED ANNUAL</b>
Checking/Savings Balance(s) _____	(Interest) _____
_____	
CD(s) _____	(Interest) _____
_____	
Other _____	(Interest) _____
_____	
Monthly Mortgage payments _____	(# of payments remaining) _____
_____	

<b>"OUT OF POCKET" MEDICAL EXPENSES ANTICIPATED (DATES) _____ thru _____</b>
Doctor _____
Prescription _____
Health Insurance Policy ( <i>monthly premium</i> ) _____
Dental _____
Optometry _____
Other: _____

**SIGNATURE / TITLE** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**RETURN TO:**  
**REGION 6 PLANNING COMMISSION**  
**903 E. MAIN STREET**  
**MARSHALLTOWN, IOWA 50158**  
**641-752-0717 (PHONE)**  
**641-752-9857 (FAX)**

## **CHECKLIST FOR THE HOUSING PROGRAM**

**Check off items needed to be sent out for application – for your own use**

- \_\_\_\_\_ TAX RETURN - Please submit a copy of your 2009 tax return (front page).  
If **self-employed**, please submit a copy of your 2007, 2008, & 2009 tax return (front pages & Schedule C or F).
  
- \_\_\_\_\_ APPLICATION – (3 pages) filled out completely, signed and dated.
  
- \_\_\_\_\_ EQUAL CREDIT OPPORTUNITY NOTICE signed
  
- \_\_\_\_\_ RELEASE OF INFORMATION – signed, dated and social security number only  
**(DO NOT complete anything else on this form - it is for office use only!!)**.
  
- \_\_\_\_\_ SOCIAL SECURITY BENEFITS – Identify, on the application, income received per month. You will be required to request a benefit verification letter from Social Security Office.
  
- \_\_\_\_\_ OFFER TO BUY CONTRACT – Attach copy of Offer to Buy Contract if requesting downpayment or closing cost assistance.

If you have any questions about completing the above forms that are checked, please feel free to call 515-752-0717 for assistance. Once all forms are completed and signed, please return them to the following address:

Region 6 Planning Commission  
903 E. Main St., Marshalltown, IA 50158

## REGION 6 HOUSING TRUST FUND DECLARATION AND RELEASE

*Region 6 Planning Commission  
903 E Main Street, Marshalltown, IA 50158  
641-752-0717 phone, 641-752-9857 fax*

### DECLARATION AND RELEASE

In order to be eligible to receive Region 6 Housing Trust Fund Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Region 6 Planning Commission, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

**I hereby declare, under penalty of perjury that (check one):**

  
  


I am a citizen or non-citizen national of the United States.

I am a qualified alien of the United States

I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national, or qualified alien of the United States.

Print full name and age of minor child

\_\_\_\_\_ *Child's Full Name*

\_\_\_\_\_ *Age*

**By my signature I certify that:**

\* Only one application has been submitted for my household

\* All information I have provided regarding my application for Region 6 Housing Trust Fund assistance is true and correct to the best of my knowledge.

\* I will return any Region 6 Housing Trust Fund funds that were not used for the purpose for which they were intended.

**I authorize** all custodians of records of my insurance employer, any public or private agency, bank financial or credit data service to release information to Region 6 Housing Trust Fund, Region 6 Planning Commission, and/or the State upon request.

NAME (Print)	SIGNATURE	DATE OF BIRTH	DATE SIGNED
ADDRESS OF ASSISTED PROPERTY	CITY	STATE IA	ZIP CODE

### PRIVACY ACT STATEMENT

The primary use of this is to determine your eligibility for Region 6 Housing Trust Fund assistance.