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**FOR CITY HALL OFFICE USE ONLY:** Date Received \_\_\_\_\_ Time Received \_\_\_\_\_  
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**WEST BEND OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM  
APPLICATION FOR PROGRAM ASSISTANCE**

**INSTRUCTIONS:** Please answer all questions. Answer “Not Applicable” or “N/A” if the question does not pertain to you. When completed, please:

- Mail or deliver application to City Hall; or,
- Mail to Simmering-Cory, P.O. Box 141, Clear Lake, IA 50428; or
- Email to [melanie@sc-ic.com](mailto:melanie@sc-ic.com).

If you have questions, contact Melanie Mitchell at Simmering-Cory (641) 357-7554 or by email at [melanie@sc-ic.com](mailto:melanie@sc-ic.com).

**NOTE: Application may be copied on both sides. Make sure you fill out all information.**

Applicant’s Full Legal Name (Include middle initial): \_\_\_\_\_ Age: \_\_\_\_\_

Spouses Full Legal Name (Include middle initial): \_\_\_\_\_ Age: \_\_\_\_\_

Address (Street and PO Box): \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**(HOUSING INFORMATION / NEEDS)**

**NOTE: The following properties are not eligible: Rental units; Properties being purchased on Contract; Properties located in 100-year floodplain; and Mobile homes constructed before 1976 or on rented land or not on foundation.**

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

\_\_\_\_\_

Name and address of your local housing insurance agent: \_\_\_\_\_

\_\_\_\_\_

The City will be applying for only one of the following two Housing Rehabilitation Programs. Please review each list and check the box of the program that fits the needs of your home the best. Then check the individual projects that your home needs within that list. Please note that final components will be determined by the project inspector in consultation with the property owner and the City.

EXTERIOR REHABILITATION

- Gutters
- Roofing
- Ventilation (Roofing)
- Fascia and Soffit
- Windows
- Doors
- Siding
- Foundation Repair
- Outside Stairway Repair

ENERGY EFFICIENCY

- Radon Mitigation
- Smart Thermostat
- Insulation
- Lighting Repairs
- Electrical System Repairs
- Water Heater
- Heating and Cooling Unit Repairs
- Water Conservation Features
- Siding
- Window Replacement

**ACCESSIBILITY IMPROVEMENTS** - For a household to be eligible for these improvements, the owner or a family member must meet the definition of elderly (60+) or severely disabled. Copies of State Issued Driver's License OR State Certified Birth Certificate and/or documentation of a disability pension OR statement from a medical doctor will be required.

- Exterior Ramps
- No-Step Entrances or Lower Thresholds
- Handrails (interior or exterior) or Grab Bars
- Widening of Doorways/Hallways
- Moving Electrical Components (Switches, Receptacles)
- Modifying Bathroom for Accessible Fixtures
- Modifying Kitchen for Accessibility
- Modifying Bedrooms (includes relocation of a bedroom to accessible space in residence)
- Replace soft surface flooring with hard surface flooring

**(HOUSEHOLD OCCUPANTS)**

**(List everyone in household including yourself and spouse. You must list everyone, even if just living there on a temporary basis.)**

<b>Name (List Head of Household First):</b>	<b>Age:</b>	<b>Relation to Head of Household:</b>	<b>Gender:</b>	<b>Race: (Optional-for survey purposes)</b>

Are there any anticipated changes to this household composition – anyone moving in or out?

YES / NO

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

\_\_\_\_\_

Does anyone living in the household have a diagnosed handicap or disability? YES / NO

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(EMPLOYMENT INCOME)**

Please provide current gross income (amount prior to any deductions). If you anticipate any changes in this, please document change and reason for change. The employment of every household member over the age of 18 must be reported.

Name of Household Member:		

Present Employer:                      Address:                                      Telephone:

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Date employed:                                      Gross salary - month/year:

Name of Household Member:		

Present Employer:                      Address:                                      Telephone:

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Date employed:                                      Gross salary - month/year:

Name of Household Member:		

Present Employer:                      Address:                                      Telephone:

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Date employed:                                      Gross salary - month/year:

If you are reporting self-employment income, please specify what type of work it is and what area, if any, of the house is used for business purposes: \_\_\_\_\_  
\_\_\_\_\_

**(ANY OTHER INCOME)**

**Document all other income. Provide total gross income (the amount prior to any deductions) from all persons living in the household (including under the age of 18). (Include any rental income, child support, welfare benefits, Veteran's Administration benefits, Social Security benefits, pension(s) payment(s), retirement fund(s) payment(s), assistance from family, etc.):**

Name of Household Member:		

Source of Income:                      Address:                      Gross Amount Month/Year:

Name of Household Member:		

Source of Income:                      Address:                      Gross Amount Month/Year:

Name of Household Member:		

Source of Income:                      Address:                      Gross Amount Month/Year:

Name of Household Member:		

Source of Income:                      Address:                      Gross Amount Month/Year:

Name of Household Member:		

Source of Income:                      Address:                      Gross Amount Month/Year:

(ASSETS)

This takes into account all assets of every household member, and includes checking accounts, savings, C.D.'s, stocks, bonds, pensions, income from rental property, real estate owned, etc.

Name of Household Member:			

Bank/Financial Institution:                  Address:                  Type of Account:                  Current Balance:

Name of Household Member:			

Bank/Financial Institution:                  Address:                  Type of Account:                  Current Balance:

Name of Household Member:			

Bank/Financial Institution:                  Address:                  Type of Account:                  Current Balance:

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Name of Household Member:			

Bank/Financial Institution:                  Address:                  Type of Account:                  Current Balance:

Name of Household Member:			

Bank/Financial Institution:                  Address:                  Type of Account:                  Current Balance:

**(Please make sure that you review Certification By Applicant(s) and Penalty Statement and sign your application.)**

**CERTIFICATION BY APPLICANT(S): Please read carefully before signing!**

In submission and signing of this application, I agree to and acknowledge the following:

1. I will allow inspections of my home to determine eligibility and probable cost. At the Preliminary Inspection, if the Inspector(s) determine my property not to be clean and sanitary, or is unable to inspect any area because of difficult access due to any items or debris in the way, I will be given two weeks' notice to remedy the situation prior to complete inspection. If after those two weeks, I have not remedied the situation as required, I will be determined ineligible for assistance.
2. If I am determined eligible, a contractor to complete the work will be chosen on a competitive basis by the City. I will allow the Program Administrator to make all arrangements for the rehabilitation work.
3. I understand that should lead-based paint hazards exist at my property, I will comply with all Regulations involved with the correction of such hazard, even if it involves temporary relocation of myself and my family and/or possible packing of possessions. I understand that we will not have access to the home during that time period. **I understand that the Housing Rehabilitation Program is considered a voluntary program (not mandatory rehabilitation program) and that I may not receive full compensation for required temporary relocation expenses.**
4. Any rehabilitation work done on my home will be guaranteed for a minimum of one year by the contractor. I understand that the City's and Program Administrator's involvement after that time period in regard to the enforcement of said warranty is expired after that year.
5. I agree that the work items set forth as required under State/Federal Regulations, will constitute all items as bid by the Contractor and no other work shall be required from Contractor unless such work is relevant to Specification items and is approved by the City's designated Inspector and Program Administrator before such work is performed.
6. I agree that there will be no work performed, or money exchanged, through private agreement with any party involved with the Rehabilitation Contract. I acknowledge and agree that no work will be done that is not authorized by the City, Housing Inspector and Program Administrator.
7. I agree that the City is not responsible for maintenance items or damages caused by me or any of my visitors prior to the Contract, during the course of the work and open Contract, or after closing out of the Contract.
8. If at any time 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 the Program Administrator.
9. I acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by the City and its administrative personnel. Verification of any of the information contained in this application may be obtained from any source named herein.
10. I reserve the right to withdraw from this Program at any time prior to Contract signing. I may withdraw after Contract signing only within the three-day rescission period of the signing of the Mortgage Lien/Promissory Note. If I withdraw after that period, it may be required that any construction related costs incurred to that point be paid by me.

11. I agree that by submitting this application for assistance I have invited the City and Program Administrators on to my property to administer the required inspections and work done on my property in accordance with applicable Regulations, and will cooperate with them in doing so.

12. I certify that I have provided all information with respect to household members (current and anticipated), income (current and anticipated), etc. with respect to my application for assistance and have read and understand the penalty clause underneath my signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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 writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title, imprisoned not more than 5 years, or both." You have hereby been notified that should the City find knowledge that you reported fraudulent information with regards to your Housing Rehabilitation Assistance application or verifications, upon City's demand, assistance will be terminated and you will be required to pay back 100% of assistance awarded to you.**





**(ATTACHED DOCUMENTATION)**

**Provide the following documents with your application.**

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

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- 2. INCOME DOCUMENTATION:** Documentation of all applicable sources and amounts of *income expected in the coming 12 months* such as:
  - Copies of two (2) months of paycheck stubs showing gross pay, deductions, and year-to-date information.
  - Social Security amount determination letter. If you do not have the letter, you can obtain documentation by calling 1-800-772-1213 or visiting your local Social Security office. If you have direct deposit into a checking or savings account, you can send copies of your last two (2) bank statements showing this deposit.
  - Statement showing pension receipts.
  - 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 – most recent for all accounts (all pages).
  - Print out for Unemployment Income.
- 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.
- 4. MORTGAGE:** Copies of your last two (2) statements from your mortgage company regarding your mortgage account with them.
- 5. INSURANCE:** Please provide a document that shows that the property is insured. Homeowners insurance is required.
- 6. DISABILITY (FOR Architectural Barrier Removal Funding)** (if applicable): If over 60 years of age, provide copy of State issued Driver's License or State Certified Birth Certificate. If under 60 and you are not receiving social security, you will need to provide documentation of a disability pension or statement verifying disability from medical doctor.