

# Down Payment Assistance Program

## APPLICATION CHECKLIST

Name \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

### READ CAREFULLY BEFORE PROCEEDING:

*Please complete and return ALL of the following information/forms. Incomplete forms WILL NOT be accepted and the information WILL NOT be reviewed until ALL forms have been completed and submitted, including letter of commitment.*

\_\_\_\_\_ **COMMITMENT OF BANK FINANCING** - attach a letter of commitment from your lending institution indicating your ability to obtain conventional financing along with term, rate, and closing cost. (**NOTE:** Include this letter WITH application packet and forms. Applications **WILL NOT** be accepted or reviewed until a letter of commitment has been received. If lenders have questions regarding this commitment, they should contact Laurie Gilbert or Nancy Muhlbauer at 712-792-9914.)

\_\_\_\_\_ **TAX RETURN** - Please submit a **copy** of your most recent (2008) tax return.  
**If you are self-employed**, submit **copies** of your 2006, 2006, & 2008 tax returns.  
**Copies will not be returned to you**

\_\_\_\_\_ **APPLICATION** – Fill out this form completely (2 pages) and both applicants sign & date it.

\_\_\_\_\_ **EQUAL CREDIT OPPORTUNITY NOTICE** – Read and sign this form.

\_\_\_\_\_ **RELEASE OF INFORMATION** – Sign and fill in your social security number. (**DO NOT complete anything else on this form - it is for office use only!!**).

\_\_\_\_\_ **ASSETS STATEMENT** - Fill out **names and complete addresses only**. Do **not** list amounts. Indicate “N/A” if one of the sections does not apply.

\_\_\_\_\_ **ANNUAL INCOME STATEMENT** - Fill out with **names and complete addresses only**. Do **not** list amounts. Indicate “N/A” if one of the sections does not apply.

\_\_\_\_\_ **SOCIAL SECURITY BENEFITS RELEASE** - Complete the top portion and sign **ONLY IF YOU RECEIVE MONTHLY CHECKS**.

\_\_\_\_\_ **APPLICATION AGREEMENT** – signed and dated.

\_\_\_\_\_ **USDA Release** – signed and dated. This application permits Region XII to pursue additional funding, if warranted.

\_\_\_\_\_ **LEAD-BASED PAINT NOTICE** – retain pamphlet for your records, send signed copy in.

**Please indicate what type of home you wish to purchase and where:**

**NEW HOME**

**EXISTING HOME**

**Location:** \_\_\_\_\_

If you have questions about completing any of the above forms, please call **Stephanie at (712) 792-9914** for assistance. Once all forms are completed and signed, please return them to the following address:

**REGION XII COUNCIL OF GOVERNMENTS**

Attn: Stephanie Rosonke

1009 E. Anthony St., PO Box 768

Carroll, IA 51401-0768

**REGION XII COUNCIL OF GOVERNMENTS  
DOWN PAYMENT ASSISTANCE APPLICATION**

*(Please complete all parts of this 2-sided application)*

Number of individuals living in household \_\_\_\_\_ Number of dependants under age 18 \_\_\_\_\_

Do you pay childcare expenses for the time you spend at work or school? \_\_\_\_\_ Yes \_\_\_\_\_ No

**APPLICANT INFORMATION**

Legal First Name	Middle Initial		Last Name
Date of Birth	Age	Social Security #	Home Phone
Street Address			Email Address
City	Zip Code	County	How Long
Employer	Address		Monthly Gross Income
Occupation	Ph. #	No. of years employed	

**CO-APPLICANT OR SPOUSE**

First Name	Middle Initial		Last Name
Date of Birth	Age	Social Security #	Relationship
Employer	Address		Monthly Gross Income
Occupation	Ph. #	No. of years employed	

**SOURCE OF OTHER INCOME**

Applicant	Amount per Month
Co-Applicant	Amount per Month

**HOME MORTGAGE INFORMATION**

Have you owned a home within the past 3 years \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own your current home? \_\_\_\_\_ Please check method of Purchase:

Bank  Purchased on Contract  Other \_\_\_\_\_

Payment made to: \_\_\_\_\_ Monthly payment \_\_\_\_\_

Address: \_\_\_\_\_

Where are you thinking of buying a home?: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

List all individuals, **INCLUDING YOURSELF**, living in your household:

NAME	AGE	RELATIONSHIP	EMPLOYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you:  Single  Married  Divorced  Widowed  
 Engaged  Co-Habiting

Do you have any dependents not residing in this household? \_\_\_\_\_ If yes, please explain:

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE AND THAT I (WE) ARE PROVIDING THIS INFORMATION ON A VOLUNTARY BASIS TO ENABLE MONITORING AND COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Contact Person (to leave a message) \_\_\_\_\_ Phone number \_\_\_\_\_

**Please submit completed application with a copy of most recent tax return or copies of your last three years if self employed to:**

**Region XII Council of Governments  
Attn: Stephanie Rosonke  
1009 E. Anthony Street, PO Box 768  
Carroll, Iowa 51401-0768  
712-792-9914**

**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, 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 XII Council of Governments 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 Housing Programs, Region XII Council of Governments will need to verify income, assets, and medical expenses of the applicants. This application is being considered for the following program:

## DOWN PAYMENT ASSISTANCE

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

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

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

Signature of Applicant

Signature of Co-Applicant

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

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

<b>INCOME SOURCE:</b>	<b>Please check one:</b>
Pension	Income Anticipated for the next 12 months ( _____ thru _____ ) _____
IPERS	OR Base wage per hour _____ Hours per week _____
FIP	
Alimony/Child support	
Workman's Compensation	
Unemployment	
Gross Wages	
Other	

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

<b>"OUT OF POCKET" MEDICAL EXPENSES ANTICIPATED TO BE PAID BY APPLICANT</b>	
	(DATES) _____ thru _____
Doctor	OR past 12 months _____ thru _____
Health Insurance Policy (monthly premium)	
Dental	
Optometry	
Other: _____	

<b>SIGNATURE/TITLE</b>	<b>PHONE #</b>	<b>DATE</b>
------------------------	----------------	-------------

I CERTIFY that the applicable provision of the Right to Financial Privacy Act of 1978 (U.S.C.3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy act of 1978, good faith reliance upon this certification relieves your institution and its employees and agent of any possible liability to the customer in connection with the disclosure of these financial records.

Stephanie Rosonke/Housing Programs Assistant

Region XII COG Representative/Title

**PLEASE RETURN TO:**

REGION XII COUNCIL OF GOVERNMENTS  
ATTN: STEPHANIE ROSONKE – 712-792-9914  
1009 E ANTHONY STREET  
PO BOX 768  
CARROLL, IA 51401-0768

**ASSETS STATEMENT**

**By EACH number ----describe asset held or N/A if it doesn't apply----**

---

1. Real Estate Owned, **if other** than house listed on application form:  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City & State \_\_\_\_\_ City & State \_\_\_\_\_  
Gross Value \_\_\_\_\_ Minus Debt \_\_\_\_\_ Gross Value \_\_\_\_\_ Minus Debt \_\_\_\_\_  
Actual Verified Income \_\_\_\_\_ Actual Verified Income \_\_\_\_\_

**SHOW NAME & ADDRESS OF ASSET HERE**

---

2. Contracts Held or Other Notes Receivable 2. \_\_\_\_\_  
\_\_\_\_\_

3. Bonds 3. \_\_\_\_\_  
\_\_\_\_\_

4. Stocks 4. \_\_\_\_\_  
\_\_\_\_\_

5. IRA's 5. \_\_\_\_\_  
\_\_\_\_\_

6. CD's and Money Market Accounts 6. \_\_\_\_\_  
\_\_\_\_\_

7. Revocable Trusts 7. \_\_\_\_\_  
\_\_\_\_\_

8. Checking Accounts 8. \_\_\_\_\_  
\_\_\_\_\_

9. Savings Accounts 9. \_\_\_\_\_  
\_\_\_\_\_

10. Retirement Accounts with a **Cash Value** 10. \_\_\_\_\_  
\_\_\_\_\_

11. Life Insurance that HAS **Cash Value** 11. \_\_\_\_\_  
\_\_\_\_\_

Policy # \_\_\_\_\_ Policy # \_\_\_\_\_

12. Business Assets where Applicant is NOT actively engaged in business: 12. Gross Value \_\_\_\_\_ Minus Debt \_\_\_\_\_  
Actual Verified Income \_\_\_\_\_

13. All Other:  
List all business or household assets disposed of in the past two years:  
Market Value \_\_\_\_\_ Sale Price & Expenses \_\_\_\_\_

---

I certify that all assets, income producing or otherwise, except for necessary items of personal property such as furniture and automobiles, are listed above. I understand that this information is necessary for computing annual income.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANNUAL INCOME STATEMENT**

**By EACH number ----describe type of income you are/expect to receive or N/A if it doesn't apply---**

<u>Anticipated income for the next 12 months</u>	<u>SHOW NAME &amp; ADDRESS OF INCOME SOURCE HERE</u>
1. Applicant's Employer(s)	1. _____ _____
2. Co-Applicant's Employer(s)	2. _____ _____
3. Other Employer(s)	3. _____ _____
4. Commissions, Fees, Tips, Bonuses, Etc.	4. _____ _____
5. Military Pay (regular & special)	5. _____ _____
6. Seasonal Work	6. _____ _____
7. Social Security, SSI, Pensions, Etc.	7. _____ _____
8. Annuities, Pensions, including Disability Pensions or other Insurance Payments	8. _____ _____
9. Unemployment, Workman's Compensation, Severance Pay	9. _____ _____
10. Public Assistance - DO NOT include Food Stamps or Energy Assistance	10. _____ _____
11. Alimony, Child Support, Maintenance Payments received Case # _____ # _____	11. _____ _____
12. Regular Gifts or Cash Contributions	12. _____ _____
13. Educational Scholarships/Grants, VA Benefits	13. _____ _____
14. Net Profit from Farm/Business/Professional <b>SEND copies of the last three years of income tax forms &amp; the appropriate schedules for each &amp; every business</b>	14. _____ _____
15. Adult Income from Irrevocable Trust Fund	15. _____ _____
16. Other (specify) _____	16. _____ _____

I certify that all information given on this Annual Income Statement is complete and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL EXPENSES-----Bills to be paid “ OUT OF POCKET”**

**----will NOT be paid by insurance or Title 19)**

*Write name of who you pay and their complete mailing address OR N/A if it doesn't apply*

	-NAME & ADDRESS ONLY- (No Dollar Amounts)
A. Dental (If Paid from your Income in last 12 months)	
B. Prescription Medicine (If Paid from your Income in last 12 months)	
C. Medical Insurance Premiums (If Paid from your Income in last 12 months)	
D. Optometry/Eyeglasses (If Paid from your Income in last 12 months)	
E. Hearing Aids & Batteries (If Paid from your Income in last 12 months)	
F. Physicians (If Paid from your Income in last 12 months)	
G. Cost of Live-in Resident Assistant (If Paid from your Income in last 12 months)	
H. Monthly Payments on Accumulated Major Medical Bills If Paid from your Income in last 12 months)	
I. Spouse or Children Nursing Home Care If Paid from your Income in last 12 months	
J. Attendant Care and Auxiliary Apparatus Expenses for Handicapped Member of any Family to Enable any Member of Family to be Employed (If Paid from your Income in last 12 months)	

**NOTE:** The above are **recurring** anticipated household medical expenses for the NEXT 12 months which **WILL NOT BE PAID** by insurance or Title 19. List all NAMES and ADDRESSES for verification purposes.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Administration  
Consent for Release of Information

---

TO: Social Security Administration

---

Name	Date of Birth	Social Security Number
------	---------------	------------------------

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
Region XII	PO Box 768 Carroll IA 51401
_____	_____
_____	_____

I want this information released because:

I am applying for assistance in buying or repairing my home.

---

(There may be a charge for releasing information.)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_
- Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
(specify) \_\_\_\_\_
- Medical records
- Record(s) from my file (specify) \_\_\_\_\_
- \_\_\_\_\_
- Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: \_\_\_\_\_  
(show signatures, names, and addresses of two people if signed by mark.)

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

**REGION XII COUNCIL OF GOVERNMENTS  
COG REGIONAL DOWN PAYMENT ASSISTANCE PROGRAM  
APPLICATION FOR PROGRAM ASSISTANCE**

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

1. If at anytime during the application process or the final closing period, there is a change in my household income, or family or household composition, I agree to report this change to Region XII Council of Governments. 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 \$10,000.00, or imprisoned not more than five years, or both".
2. I acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by Region XII Council of Governments and its administrative personnel.
3. I allow access to my home to representatives of Region XII Council of Governments, the State of Iowa, the Department of Economic Development, and the U.S. Department of Housing and Urban Development.
4. I will be responsible for the recording expenses of all liens associated with the Down Payment Assistance Program.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**EPA PAMPHLET – ACKNOWLEDGEMENT OF RECEIPT**

I hereby acknowledge receiving a copy of the Environmental Protection Agency (EPA) pamphlet entitled **Protect Your Family From Lead in Your Home**. I understand that this pamphlet is being conveyed to me in conjunction with the Region XII COG Housing Programs project/program and/ or in connection with any rehabilitation work performed on my dwelling unit that will disturb painted surfaces or in connection with any lead hazard reduction activity that may be performed on my dwelling unit as a part of a rehabilitation project or as required by applicable U.S. Department of Housing and Urban Development (HUD) regulations.

Owner's/Tenant's Name \_\_\_\_\_

Address of Property \_\_\_\_\_

\_\_\_\_\_

Community, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature of Owner/Tenant \_\_\_\_\_

Date Pamphlet Received \_\_\_\_\_

Name of Person Conveying the EPA Pamphlet to the Property Owner/Tenant

Stephanie Rosonke/Housing Programs Assistant

Signature of the Person Conveying the EPA Pamphlet to the Property Owner/Tenant

Stephanie Rosonke/Housing Programs Assistant



**REGION XII**  
COUNCIL OF GOVERNMENTS

*Housing Services & Programs*

“This is an equal opportunity program.  
Discrimination is prohibited by Federal Law”.

**Statement of Voluntary Information**

Are you or your spouse:     62 or over     Disabled or Handicapped     Veteran

Please mark one of the above if you would like to be considered for adjusted income programs.

Race:     White                       Black or African American                       Asian

American Indian/Alaskan Native     Native Hawaiian or Other Pacific Islander

Other

Ethnicity:                       Hispanic or Latino                       Not Hispanic or Latino

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the Rural Development, that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

I acknowledge receipt of this statement

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Region XII is working with USDA Rural Development (another agency that provides grants and/or loans for Housing Repairs). By signing the attached form, you may receive a call from the USDA agency to determine if they may provide some additional help.

If you have any questions, please give me a call at 712-775-7822.

Thank you,  
Stephanie Rosonke  
Housing Programs Assistant

United States Department of Agriculture  
Rural Development  
Rural Housing Service

**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_

RE: \_\_\_\_\_

Account or Other Identifying Number

\_\_\_\_\_  
Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of the process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, *et seq.*, RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

\_\_\_\_\_  
Signature (Applicant or Adult Household Member)

\_\_\_\_\_  
Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0173-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

*RHS Is An Equal Opportunity Lender*

SEE ATTACHED PRIVACY ACT NOTICE

# BUDGET/FINANCIAL STATEMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Period Covered by Plan \_\_\_\_\_ thru \_\_\_\_\_

CASH EXPENSES	MONTHLY	YEARLY
FOOD	\$	\$
CLOTHING	\$	\$
MEDICAL (ALL)	\$	\$
PERSONAL (beauty, newspaper, cigarettes, etc.)	\$	\$
HOUSEHOLD	\$	\$
FUEL	\$	\$
ELECTRICITY	\$	\$
WATER/SEWER	\$	\$
CABLE TV	\$	\$
OTHER _____	\$	\$
HOME REPAIRS	\$	\$
EDUCATION (tuition, books, fees, supplies, lunch, etc.)	\$	\$
HOLIDAY/GIFTS	\$	\$
RECREATION (dining, movies, vacation, hobbies, etc.)	\$	\$
MISC. POCKET EXPENSES	\$	\$
CAR (gas, tires, repairs, license, etc.)	\$	\$
INSURANCE	\$	\$
REAL ESTATE	\$	\$
AUTO(S)	\$	\$
HEALTH	\$	\$
LIFE	\$	\$
TAXES	\$	\$
REAL ESTATE	\$	\$
INCOME	\$	\$
SOCIAL SECURITY	\$	\$
OTHER _____	\$	\$
UNION/PROFESSIONAL DUES	\$	\$
CHILD CARE (babysitting, daycare, etc.)	\$	\$
CHILD SUPPORT/ALIMONY	\$	\$
PLANNED CASH PURCHASES	\$	\$
OTHER	\$	\$
<b>TOTAL CASH EXPENSES</b>	<b>\$</b>	<b>\$</b>

DEBT PAYMENTS	MONTHLY	YEARLY
HOUSE PAYMENT	\$	\$
CAR/TRUCK	\$	\$
CAR/TRUCK	\$	\$
OTHER VEHICLES	\$	\$
REG. MONTHLY PAYMENTS	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
CREDIT PURCHASES	\$	\$
<b>TOTAL DEBT PAYMENTS</b>	<b>\$</b>	<b>\$</b>

FOR OFFICE USE ONLY - DO NOT COMPLETE		
PART 2 - HOUSEHOLD INCOME		
APPLICANT (wages, tips, overtime, etc.)	\$	\$
CO-APPLICANT (wages, tips, overtime, etc.)	\$	\$
NET BUSINESS INCOME	\$	\$
OTHER INCOME (social security, VA, retirement, alimony, child support, welfare, etc.)	\$	\$
<b>TOTAL HOUSEHOLD INCOME</b>	<b>\$</b>	<b>\$</b>

FOR OFFICE USE ONLY - DO NOT COMPLETE		
SUMMARY		
A. TOTAL INCOME	\$	\$
B. CASH	\$	\$
INCOME FROM TAXES	\$	\$
C. TOTAL EXPENSES & DEBT	\$	\$
D. BALANCE (a+b-c)	\$	\$

SIGNATURE & DATE OF APPLICANT \_\_\_\_\_

SIGNATURE & DATE OF CO-APPLICANT \_\_\_\_\_

PREPARED BY \_\_\_\_\_

# REGION XII COUNCIL OF GOVERNMENTS

## 2009 Low & Moderate Income Limits

(US Dept. of Housing & Urban Development, effective Feb. 13, 2008)

\*\*\*FOR MAXIMUM PER PROJECT ASSISTANCE AMOUNTS OR INFORMATION ON SPECIFIC PROGRAMS,

\*\*\*CONTACT LAURIE, NANCY, or STEPHANIE\*\*\*

- | <u>Program</u>   | <u>Income Limit</u>   |
|--|---|
| • <b>Housing Preservation Loan (HPL) Program</b><br>(Home Repairs)   | ..... At or Below 50% AMI (2% loan),<br>(Adjusted income) ..... 51% - 80% AMI (4% loan)                           |
| • <b>FHLB Grant** (Home Repairs)</b><br>****use the higher of MRB or HUD                                       | (gross wages) ..... Grant: 50% and Below  |
| • <b>City/County-Specific Down Payment</b>   | (gross wages) ..... Eligible at or Below 80% AMI  |
| • <b>City-Specific Owner Occupied Rehabilitation Programs</b>  | (gross wages) ..... Eligible at or Below 80% AMI  |
| • <b>Regional Down Payment Assistance</b><br>Low interest loan up to \$10,000                                  | (gross wages) ..... Eligible at or Below 110% AMI   |
| • <b>COG Housing Trust Fund</b><br>(Home Repairs in Audubon, Carroll, Crawford,<br>.....Greene, Guthrie & Sac) | (gross wages) ..... At or Below 50% AMI (2% loan),<br>..... 51% - 80% AMI (4% loan)<br>..... Grant: 30% and Below |
| • <b>Household Water Well Assistance</b><br>1% interest loan over 20 years                                     | (gross wages) ..... At or Below 100% AMI  |
| • <b>CDBG Programs (Water/Sewer/CF)</b>  | ..... At or Below 80% AMI   |

AMI = "Area Median Income"

### Audubon, Crawford, Greene, & Sac Counties

### Household Size

%	1	2	3	4	5	6	7	8
30%	11,900	13,600	15,300	17,000	18,350	19,700	21,100	22,450
50%	19,800	22,650	25,450	28,300	30,550	32,850	35,100	37,350
<b>80%</b>	<b>31,700</b>	<b>36,250</b>	<b>40,750</b>	<b>45,300</b>	<b>48,900</b>	<b>52,550</b>	<b>56,150</b>	<b>59,800</b>
100%	39,600	45,300	50,900	56,600	61,100	65,700	70,200	74,700
110%	43,560	49,830	55,990	62,260	67,210	72,270	77,220	82,170

### Carroll County

### Household size

%	1	2	3	4	5	6	7	8
30%	13,150	15,000	16,900	18,750	20,250	21,750	23,250	24,750
50%	21,900	25,000	28,150	31,250	33,750	36,250	38,750	41,250
<b>80%</b>	<b>35,000</b>	<b>40,000</b>	<b>45,000</b>	<b>50,000</b>	<b>54,000</b>	<b>58,000</b>	<b>62,000</b>	<b>66,000</b>
100%	43,800	50,000	56,300	62,500	67,500	72,500	77,500	82,500
110%	48,180	55,000	61,930	68,750	74,250	79,750	85,250	90,750

### Dallas & Guthrie Counties

### Household size

%	1	2	3	4	5	6	7	8
50%	25,100	28,700	32,250	35,850	38,700	41,600	44,450	47,300
<b>80%</b>	<b>40,150</b>	<b>45,900</b>	<b>51,600</b>	<b>57,350</b>	<b>61,950</b>	<b>66,550</b>	<b>71,100</b>	<b>75,700</b>
100%	50,200	57,400	64,500	71,700	77,400	83,200	88,900	94,600
110%	55,220	63,140	70,950	78,870	85,140	91,520	97,790	104,060

### \*\*2008 Iowa MRB Income Limits (FHLB ONLY)\*\*

Audubon, Carroll, Crawford, Green & Sac Counties			Dallas & Guthrie Counties	
%	1-2 Person Household	3 Persons & Above	1-2 Person Household	3 Persons & Above
100%	58,500	67,275	<b>67,900</b>	<b>78,085</b>
<b>50%</b>	<b>29,250</b>	<b>33,638</b>	<b>33,950</b>	<b>39,043</b>