

**THE ONE STOP SHOP FOR  
HOUSING REPAIR PROGRAMS**



**FUNDS PROVIDED BY:**

**Federal Home Loan Bank Member:  
First National Bank of Manning  
In Partnership With:  
USDA-Rural Development  
Region XII Council of Governments  
COG Housing Inc. Trust Fund**



# REGION XII COUNCIL OF GOVERNMENTS LOAN\GRANT PROGRAMS AVAILABLE NOW FOR HOME REPAIRS

Region XII Council of Governments, in partnership with the Manning First National Bank, has received grant funds from the Federal Home Loan Bank. Region XII has also received funds from the USDA-Rural Development. Both awards are targeted for home repairs to eliminate health and safety hazards. Some examples of repair projects include repair/replace windows, doors, roofs, foundation work, plumbing, electrical service, and new furnaces.

Homeowners residing in the counties of Audubon, Carroll, Crawford, Greene, Guthrie and Sac and residents of the Cities of Redfield, Perry and Linden may apply for these funds. The type of assistance i.e., grants, low interest loans (2% or 4%) or a loan/grant combination will be based on the income level of the applicant.

The eligible applicant is one whose annual adjusted income is less than the HUD guidelines for 80% of median income as stated below. Incomes are taken from all those in the household who are over the age of 18.

<b>The HUD 2009 income limits by family size are:</b>			
1 Person	\$31,700	5 Persons	\$48,900
2 Persons	\$36,250	6 Persons	\$52,550
3 Persons	\$40,750	7 Persons	\$56,150
4 Persons	\$45,300	8 Persons	\$59,800
<i>(Income limits are higher for Carroll, Guthrie &amp; Dallas Counties)</i>			

➤ **NOTE:** *To be eligible for FHLB grant funds the applicant's income must fall below the 50% MRB income limits = \$31,000 (1-2 person household) or \$35,650 (3 or more person household) or 50% of HUD LMI Income Limits. Income limits are higher for Dallas and Guthrie County.*

Verified income is calculated by the anticipated income for the next twelve months as given by the employer. A self-employed applicant's income is taken from the last three tax returns and averaged over three years. Income from assets is added to the gross annual income. Adjustments may include \$480 deduction for each dependent living in the home; childcare deductions for the time needed while the parent(s) work or go to school; medical deductions for those aged 62 yrs. and over or if the head of household or spouse is disabled. (If a childcare deduction is to be taken, please indicate such on the application.) ***No income adjustments are given to the applicants' income for the MRB limits.***

Once determined income eligible, a Region XII staff person will meet with you to explain the program, discuss repairs needed and what type of assistance plan you are eligible for. The type of assistance (grant vs. loan) is based on if your verified income determination falls below the income guidelines.

- ***Program funds will be paid directly to the contractor, work cannot be done by the homeowner.***
- ***All applications received will be considered for all available programs.***

Applications are to be returned to:  
Region XII Council of Governments  
Attn. Stephanie Fisher  
P.O. Box 768, 1009 E. Anthony Street  
Carroll, Iowa 51401  
Phone: 712-792-9914

## CHECKLIST FOR THE HOUSING PROGRAM

Name \_\_\_\_\_

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

Address \_\_\_\_\_

**PLEASE READ THROUGH EACH OF THESE ITEMS AND FILL OUT EACH FORM AS INSTRUCTED**

\_\_\_\_\_ TAX RETURN - Please submit a **copy** of your 2008 income tax return.

If **self-employed**, please submit **copies** of your 2006, 2007, & 2008 tax returns.

**Copies will not be returned to you**

\_\_\_\_\_ INSURANCE – Please submit a copy of proof of House Insurance

\_\_\_\_\_ APPLICATION - filled out completely (2 pages) and signed and dated by both applicants.

\_\_\_\_\_ STATEMENT OF VOLUNTARY INFORMATION signed and dated

\_\_\_\_\_ EQUAL CREDIT OPPORTUNITY NOTICE signed - applicant is to understand that there may be charges involved.

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

\_\_\_\_\_ ASSETS STATEMENT - filled out with **names and complete addresses only**. Do not list amounts. Indicate “N/A” if it doesn’t apply.

\_\_\_\_\_ ANNUAL INCOME STATEMENT - filled out with **names and complete addresses only**. Do not list amounts. Indicate “N/A” if it doesn’t apply.

\_\_\_\_\_ SOCIAL SECURITY BENEFITS – If you receive social security benefits, please provide a copy of your award letter as verification of benefit. You may contact the Social Security Administration at 1-800-772-1213 to receive a copy of the letter.

\_\_\_\_\_ MEDICAL EXPENSE - Only if 62+ or handicapped. Need all **names and complete addresses ONLY** for medical expenses paid out of pocket. Do not list amounts. Indicate “N/A” if it doesn’t apply. Handicap status applies only to head of household or spouse.

\_\_\_\_\_ CERTIFICATION OF DISABILITY OR HANDICAP - signed if head of household or spouse is disabled or handicapped. The **name and complete address** of the verifying physician needs to be written on top where it indicates “TO:”

\_\_\_\_\_ CHILD CARE STATEMENT - if single or both parents pay for childcare while working or in school. Fill in the top of the form. We will send it to the Child Care Provider for their signature.

\_\_\_\_\_ BUDGET SHEET – filled out, signed and dated.

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

\_\_\_\_\_ USDA RELEASE – signed and dated. This authorization permits Region XII to pursue additional funding if warranted.

\_\_\_\_\_ LEAD-BASED PAINT NOTICE – Retain pamphlet-return notice signed and dated.

If you have any questions about completing the above forms that are checked, please feel free to call **Stephanie at (712) 792-9914** for assistance or **to set up an appointment**. Once all forms are completed and signed, please return them to the following address:

**Region XII Council of Governments**

**Attn: Stephanie Fisher**

**1009 E. Anthony Street**

**PO Box 768, Carroll, IA 51401-0768**

**REGION XII COUNCIL OF GOVERNMENTS  
HOUSING ASSISTANCE APPLICATION**

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

*(Please complete all parts of this 2-page 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**

Legal 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**

Do you own your current home? \_\_\_\_\_

Please check method of Purchase:

Bank

Purchased on Contract

Other \_\_\_\_\_

Payment made to: \_\_\_\_\_

Monthly payment

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

**NOTE: If you are buying your home on contract you must send a copy of the recorded contract with this application.**

**Do you have a previous or existing loan with Region XII Council of Governments? Yes or No .**

List what repairs are needed: : \_\_\_\_\_

**HOUSEHOLD INFORMATION**

List all individuals, **INCLUDING YOURSELF**, living in your household: (*attach additional sheet if needed*)

NAME	AGE/SEX	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 (If self-employed---send copies of last 3 years)**

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



# 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

**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:

## HOUSING 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 _____ )
Prescription	
Health Insurance Policy (monthly premium)	
Dental	
Optometry	
Other: _____	

**SIGNATURE/TITLE** \_\_\_\_\_ **PHONE #** \_\_\_\_\_ **DATE** \_\_\_\_\_

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 Fisher/Housing Programs Assistant**

Region XII COG Representative/Title

**PLEASE RETURN TO:**

**REGION XII COUNCIL OF GOVERNMENTS  
ATTN: STEPHANIE FISHER – 712-775-7824  
1009 E ANTHONY STREET  
PO BOX 768  
CARROLL, IA 51401-0768**

**ANNUAL INCOME STATEMENT**

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

**Anticipated income for the next 12 months**

**SHOW NAME & ADDRESS OF INCOME SOURCE HERE**

- |  |     |       |
|--|-----|-------|
| 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<br>or other Insurance Payments   | 8.  | _____ |
|  |     | _____ |
| 9. Unemployment, Workman's Compensation,<br>Severance Pay  | 9.  | _____ |
|  |     | _____ |
| 10. Public Assistance - DO NOT include Food Stamps<br>or Energy Assistance   | 10. | _____ |
|  |     | _____ |
| 11. Alimony, Child Support, Maintenance Payments received<br>Case # _____<br># _____   | 11. | _____ |
|  |     | _____ |
| 12. Regular Gifts or Cash Contributions  | 12. | _____ |
|  |     | _____ |
| 13. Educational Scholarships/Grants, VA Benefits   | 13. | _____ |
|  |     | _____ |
| 14. Net Profit from Farm/Business/Professional<br><b>SEND copies of the last three years of income tax forms<br/>&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 \_\_\_\_\_

**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 <b>Cash Value</b>	10. _____
--	-----------

---

11. Life Insurance that HAS <b>Cash Value</b>	11. _____
---	-----------

---

	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 \_\_\_\_\_

**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 \_\_\_\_\_

**CERTIFICATION OF DISABILITY OR HANDICAP**

TO Doctor: \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

DATE: \_\_\_\_\_

Special considerations are authorized for disabled/handicapped persons who obtain financial assistance from Region XII Council of Governments' programs. The person listed under this category must have a physical or mental impairment, which:

- (a) Is expected to be of long-continued or indefinite duration (not less than 12 months from the date of this certification)
- (b) Substantially impedes his/her ability to live independently
- (c) Is of such a nature that such ability could be improved by more suitable housing conditions.

Please complete the certification below for \_\_\_\_\_  
and return this form in the enclosed envelope. (Name of Applicant/Co-Applicant)

\_\_\_\_\_  
Applicant/Co-Applicant Signature

\_\_\_\_\_  
Region XII Council of Governments Representative  
Housing Programs Assistant  
Title

\*\*\*\*\*S T O P H E R E \*\*\*\*\*

Information requested on this form is used to determine certain allowable annual income deductions and is necessary to establish eligibility for financial assistance of the person about whom this information is requested.

**CERTIFICATION OF DISABILITY OR HANDICAP**

In my opinion, \_\_\_\_\_ ( ) is ( ) is not disabled or handicapped as defined above.

His/her disability or illness is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Date)

Return To:  
Region XII Council of Governments  
ATTN: Stephanie Fisher  
1009 E. Anthony Street, PO Box 768  
Carroll, IA 51401-0768

**CHILD CARE STATEMENT**

Anticipated expense for the next twelve months

**PARENT'S SECTION**

\_\_\_\_\_ pays  
(Name of Parent)

\$ \_\_\_\_\_ Per week \_\_\_\_\_ weeks per year

OR

\$ \_\_\_\_\_ Per month \_\_\_\_\_ months per year

CHILD CARE IS PROVIDED FOR (list names and ages of all children):

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

I am reimbursed for all or part of my childcare expenses: ( ) yes ( ) no

If yes, please list name and address of agency: \_\_\_\_\_

SHOW name & address of day care provider: \_\_\_\_\_

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

\_\_\_\_\_  
Parent's Signature Date

**STOP HERE -----WE WILL MAIL TO CAREGIVER TO COMPLETE & SIGN**

**CAREGIVER'S SECTION**

Comments: \_\_\_\_\_

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

The above statements and anticipated expenses are accurate and correct to the best of my knowledge.

\_\_\_\_\_  
Caregiver's Signature Date

Please return to:  
Region XII Council of Governments  
Attn: Stephanie Fisher  
1009 E. Anthony Street  
PO Box 768  
Carroll, IA 51401-0768

## 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>	\$	\$

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

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  
OWNER OCCUPIED REHABILITATION PROGRAM  
APPLICATION FOR PROGRAM ASSISTANCE**

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

1. I allow inspections of my home to determine eligibility and probable cost. If the Housing Inspector determines my property **not** to be clean and sanitary, I will be given two weeks notice to clean my property prior to the inspection. If after those two weeks, I have not cleaned my property, 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. I will allow the Housing Inspector to make all arrangements for the rehabilitation work.
3. There will be no rehabilitation work done unless I authorize it in writing.
4. Any rehabilitation work done on my home will be guaranteed for a minimum of one year by the contractor.
5. Any rehabilitation work done that is **not** authorized by Region XII Council of Governments will be done at my expense and Region XII Council of Governments 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 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".
7. 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.
8. 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.

---

Applicant

Date

---

Co-Applicant

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 712-792-9914.

Thank you,  
Stephanie Fisher  
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 this 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 renofified 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 as displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. 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

## NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS, RUS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property .
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 C.F.R. 301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

**NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION- CONTINUED**

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.

15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.

16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.

17. Rural Development, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.

18. Referral of names, home addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.

19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 168a(f) or the Federal Claims Collection Act (31U.S.C. 3701(a)(3)).

**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 Fisher/Housing Programs Assistant

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

Stephanie Fisher/Housing Programs Assistant