

OWNER-OCCUPIED REHABILITATION

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

PERSONAL INFORMATION

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

Social Security: _____ Date of Birth _____ Age _____

Address: _____ How Long ? _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Work Phone # _____

Check as Appropriate for Head of Household (Statistical purposes ONLY)

Marital Status Married Separated Divorced Widowed Never Married

Race White American Indian Asian Black Native Hawaiian

Ethnicity Hispanic Non-Hispanic

Citizenship US Citizen Non Resident Alien Permanent Resident Alien

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

Social Security: _____ Date of Birth _____ Age _____

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

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Work Phone # _____

OTHER LIVING AT THIS ADDRESS

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

EMPLOYMENT

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

1. Head of Household

Present Employer: _____ Start Date: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Gross Monthly Income: _____

Previous Employer: _____ Start Date: _____

Gross Monthly Income: _____ End Date: _____

2. Co-Head

Present Employer: _____ Start Date: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ Gross Monthly Income: _____

Previous Employer: _____ Start Date: _____

Gross Monthly Income: _____ End Date: _____

OTHER SOURCES OF INCOME

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

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

ASSETS

Include Banks, Credit Unions, and Saving & Loans

1. Name of Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Checking Account # _____ Balance: _____
Savings Account # _____ Balance: _____
Other Account #s _____ Balance: _____

2. Name of Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Checking Account # _____ Balance: _____
Savings Account # _____ Balance: _____
Other Account #s _____ Balance: _____

3. Name of Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Checking Account # _____ Balance: _____
Savings Account # _____ Balance: _____
Other Account #s _____ Balance: _____

OTHER ASSETS

Cash Value of Stocks, Bonds, Securities: _____

Cash Value of Life Insurance: _____

Retirement Funds: _____

Value of Personal Property: _____

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

VEHICLES (include boats, campers, & trailers)

Year: _____ Make/Model: _____ Value: _____

Year: _____ Make/Model: _____ Value: _____

Year: _____ Make/Model: _____ Value: _____

Year: _____ Make/Model: _____ Value: _____

LIABILITIES

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

Attach additional sheets if Necessary

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

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

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

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

OTHER MONTHLY EXPENSES

Expenses That You Pay

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

HOUSING INFORMATION

Age of Home: _____ Date of Purchase: _____

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

CURRENT MONTHLY HOUSING COST

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

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

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

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

Funding Requested:

Amount of Funding Requested from EIRHC HTF: \$ _____

OTHER ELIGIBILITY CONSIDERATIONS

YES NO

Do you have other Funds available to pay for any portion of the Repairs or Rehabilitation? () ()

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

Amount: \$ _____ Source: _____

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

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

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

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

Applicant

Date

Co-Applicant

Date