

*Jaron P. Rosien, Mayor  
Illa Earnest, City Clerk  
Kevin Olson, City Attorney  
Brent Hinson, City Administrator*



*215 East Washington Street  
Washington, Iowa 52353  
(319) 653-6584 Phone  
(319) 653-5273 Fax*

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**Memorandum**

January 4, 2019

To: Homeowners/Potential Grant Applicants

From: Brent Hinson  
City Administrator

A handwritten signature in blue ink, appearing to be "B. Hinson", written over the printed name of Brent Hinson.

Re: 2019 Owner-Occupied Housing Rehabilitation Program

Dear Homeowner:

Thank you for your interest in the City's housing rehabilitation program. Attached is detailed information, including a project application.

A public informational meeting on the program is scheduled for Wednesday, January 16 at 6:30 PM at the Washington Public Library, State Bank Room.

Please feel free to contact me or Mark Culver at ECICOG (319-365-9941 extension 124) with any questions.



EQUAL HOUSING  
OPPORTUNITY

East Central Iowa Council of Governments  
700 16<sup>th</sup> Street, NE, Suite 301  
Cedar Rapids, IA 52402

## CITY OF WASHINGTON HOUSING REHABILITATION PROGRAM APPLICATION

### APPLICANT INFORMATION

Applicant Name:	Co-Applicant:
Number of Years Living in Property:	Number of Years Living in Property:
Street Address City, State, Zip	Street Address City, State, Zip
E-MAIL:	E-MAIL:
Telephone #:	Telephone #:

### HOUSEHOLD INFORMATION

Names of Household Members (incl. Applicant )	Age	Disabled (Y or N)	Racial/Ethnic (see below)	Gender (M or F)	Name of: Employer or School

1 – White (non-Hispanic) 2 – Black (non-Hispanic) 3 – Native American 4 – Asian/Pacific Islander 5 – Hispanic (all races) 6-Other

### MORTGAGE & INSURANCE INFORMATION

Check method of home purchase:     Bank     Purchased on Contract     Other

Home is paid in full:     Yes     No

If No, payment made to : \_\_\_\_\_

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

**Homeowners insurance is required. Please provide a copy to ECICOG.**

List Name and Address of Insurance Agent: \_\_\_\_\_

\_\_\_\_\_

### INCOME TAX INFORMATION

Did you file a Federal Income Tax Return last year?     Yes     No, explain: \_\_\_\_\_

If Yes, please submit a copy of most recent Income Tax Return

**Applicant- please include the following:**

- \_\_\_\_ Housing Application
- \_\_\_\_ Copy of most recent Income Tax Return
- \_\_\_\_ Copy of Homeowners Insurance

**Return Application To:**

**ECICOG**  
700 16<sup>th</sup> Street NE, Suite 301  
Cedar Rapids, IA 52402

## SIGNATURE PAGE

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

The Applicant certifies that all information in this application, and all information furnished in support of this application, for the purpose of obtaining assistance under the Community Redevelopment Act of 1981, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further certifies that he/she is the owner of the property described in this application, and that the rehabilitation fund proceeds will be used only for the work and materials necessary to meet rehabilitation or code standards, as applicable. If ECICOG determines that the rehabilitation fund proceeds will not or cannot be used for the purpose described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the ECICOG, for deposit into the Revolving Loan Fund, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.

The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant agrees not to discriminate upon the basis of race, color, creed, sex or national origin in the use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private.

Verification of any of the information contained in this application may be obtained from any source named herein. Information provided in the application is confidential and will be used solely for the purpose of determining eligibility for the program

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

**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, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

# STATEMENT OF CURRENT INCOME AND EXPENSES

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

## A. NET HOUSEHOLD ASSETS

For Office Use  
Only

	Applicant	Co-App.
1. Amount in Savings accounts		
2. 6 Month Average in Checking Accounts		
3. Savings Bonds/stocks, Certificate of Deposit, IRA:		
4. Marketable Securities & Money Market Accounts:		
5. Net Value of Real Estate other than house:		
6. Other:		
<b>NET HOUSEHOLD ASSETS:</b>		

Projected Total  
Household Assets:

\$

## B. TOTAL HOUSEHOLD MONTHLY INCOME

	Applicant	Co-App.
7. Employment: <b>Gross</b> income, overtime, tips, bonus		
8. <b>Net</b> income from property:		
9. <b>Interest</b> income: (dividends, CDs, savings accounts)		
10. Social Security Income:		
11. Retirement Income:(VA, IPERS, Civil Serv., IRA, etc.)		
12. Welfare Assistance: (designated for shelter or utilities)		
13. Child Support & Alimony:		
14. Regular contributions and gifts (given to you):		
15. Net income from a business:		
16. Unemployment, severance pay, worker's comp:		
<b>TOTAL HOUSEHOLD MONTHLY INCOME:</b>		

Total Household  
Yearly Income:

\$

## C. MONTHLY ALLOWABLE EXPENSES

	Applicant	Co-App.
17. Mortgage Payment:		
18. Property Taxes, Special Assess. (if separate from 17):		
19. Mortgage Insurance (if separate from 17):		
20. Homeowners Insurance (if separate from 17):		
21. Heat & Utilities:		
22. Child Care:		
<b>TOTAL HOUSEHOLD ALLOWABLE EXPENSES:</b>		

Yearly Allowable  
Expenses

\$

## D. MONTHLY MEDICAL HOUSEHOLD EXPENSES (only for those 62+ or disabled)

	Applicant	Co-App.
23. Medicaid Premium:		
24. Dental Insurance Premium:		
25. Medical Insurance Premium:		
26. Medicare Premium:		
27. Other:		
<b>TOTAL MONTHLY MEDICAL EXPENSES:</b>		

Yearly Medical  
Household Expenses

\$

ANNUAL INCOME VERIFICATION

Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_

List contact name and addresses for verification as applicable:

1. Applicant's employer: \_\_\_\_\_  
\_\_\_\_\_

2. Co-Applicant's employer: \_\_\_\_\_  
\_\_\_\_\_

3. Employer of other person  
(over 18) living in household: \_\_\_\_\_  
\_\_\_\_\_

5. Military employer \_\_\_\_\_  
\_\_\_\_\_

8. Office for Retirement Income:  
(IPERS, Civil Service, Pensions,  
including Disability Pensions or other  
Insurance payments) \_\_\_\_\_  
\_\_\_\_\_

9. Social Security Income:  
**Include a copy of one of the following:**  
Benefit letter, award letter, a SSA-1099,  
cost of living adjustment notice, bank  
statement or actual benefit check. \_\_\_\_\_  
\_\_\_\_\_

10. VA Benefits Office \_\_\_\_\_  
\_\_\_\_\_

11. Public Assistance Office \_\_\_\_\_  
\_\_\_\_\_

12. Alimony, Child Support,  
Maintenance Office \_\_\_\_\_  
**Include case number for child support**

13. Source of Regular Gifts or Cash  
Contributions \_\_\_\_\_  
\_\_\_\_\_

14. Office for: Unemployment, Workers  
Compensation, or Severance \_\_\_\_\_  
\_\_\_\_\_

15. Child Care provider \_\_\_\_\_  
\_\_\_\_\_

16. Other (specify) \_\_\_\_\_  
\_\_\_\_\_

# ASSETS VERIFICATION

Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_

## List contact name and address for verification as applicable:

1. Checking Accounts

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

2. Savings Accounts

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

3. CD's and Money Market Accounts

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

4. Stocks

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

5. IRA's

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

6. Real Estate owned  
(other than the house listed on the  
Application)

Street Address:

Town & State:

Gross Value:

-Minus Debt:

Net Value of Real Estate:

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

## UTILITIES PROVIDER VERIFICATION

### List contact name and address for verification as applicable:

1. Electric Provider

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

2. Gas Provider

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

3. City Provider  
(water, sewer, garbage)

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

# RELEASE OF INFORMATION

East Central Iowa Council of Governments  
700 16<sup>th</sup> St NE, Suite 301  
Cedar Rapids, IA 52402

Applicant: \_\_\_\_\_

City: \_\_\_\_\_

To determine eligibility for a Housing Rehabilitation program, the East Central Iowa Council of Governments needs to verify income, assets, and expenses of its applicants. Please provide information to ECICOG's address as shown above.

I/We authorize the persons or offices listed: Annual Income Verification sheet, and Assets Verification sheet, to release the information required by ECICOG, and agree that photocopies of those forms may be used for the purposes stated above. This authorization also includes the release of information regarding utility and mortgage (house) payments.

SS#: \_\_\_\_\_  
(Applicant)

SS#: \_\_\_\_\_  
(Co-Applicant)

\_\_\_\_\_  
(Applicant's Signature)

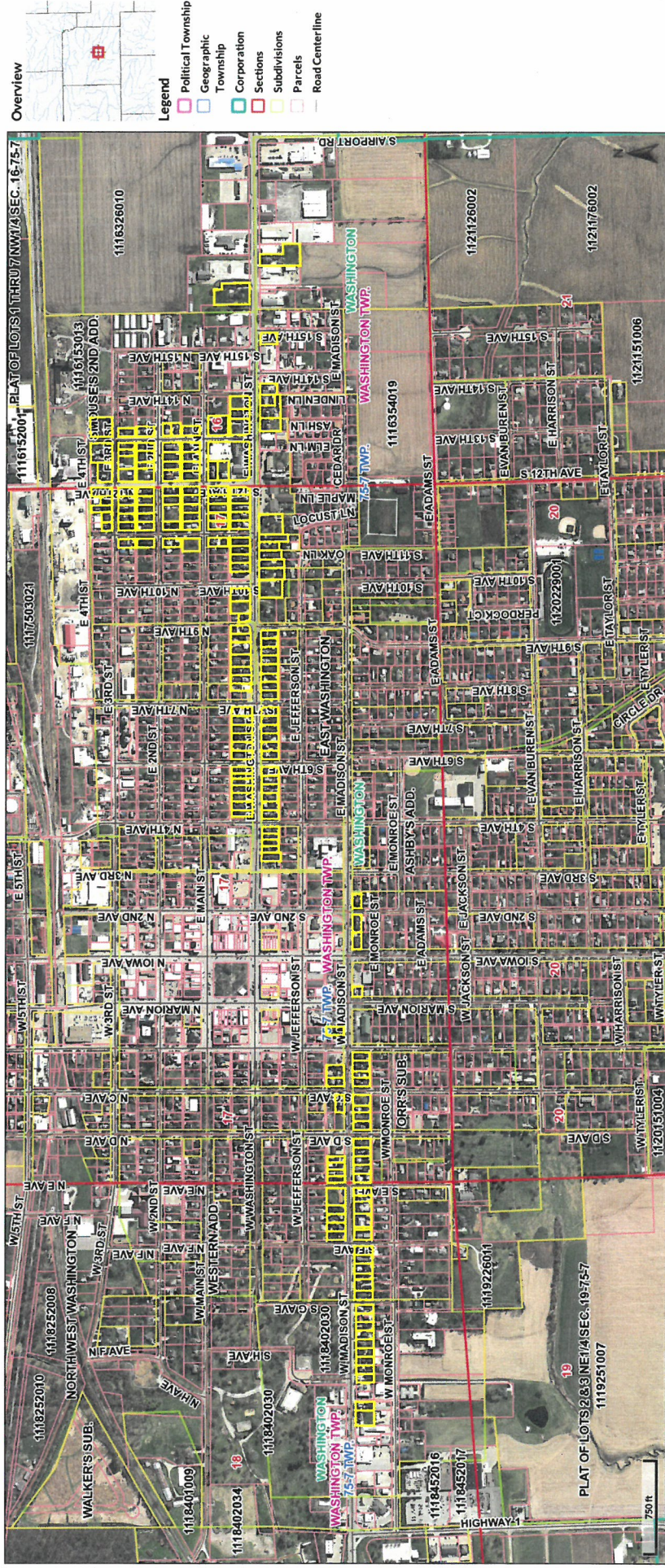
\_\_\_\_\_  
(Co-Applicant's Signature)

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

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

2019 City of Washington Owner-Occupied Housing Rehab Program  
 Project Area Properties Outlined in Yellow

Created by: City of Washington







# AN OVERVIEW OF THE REHABILITATION PROCESS



## 2019 Washington Owner-Occupied Housing Rehabilitation Program

### Step 1: Homeowner Submits Application to ECICOG

- Mail to: ECICOG, 700 16<sup>th</sup> Street NE, Suite 301, Cedar Rapids, IA 52402
- Include completed and signed application, copy of most recent income tax return, and copy of homeowner's insurance policy

### Step 2: ECICOG Checks Owner Eligibility, Verifies Income, and Ranks Applications

- Must be owner (including new purchaser) of residential property within eligible zone that is the applicant's primary residence
- Must have household income at or below the program thresholds
- Applications ranked based on verified income and assets, in compliance with Fair Housing laws and guidelines

### Step 3: ECICOG and Homeowner Coordinate on Inspection & Bid Specifications Process

- ECICOG Inspector will come to the home to complete an inspection report as well as work specifications that contractors will bid on

### Step 4: City Council Approves Contracts for Top-Ranked Applications

- City and Homeowner sign contracts, with provision for 5-year forgivable lien on property for the grant amount (1/5 is forgiven for each year homeowner owns the house after final paperwork is filed)
- Contracts set maximum amount of grant award for each property- typically \$15,000

### Step 5: Homeowner and ECICOG Coordinate on Bidding

- Homeowner can select the contractors they would like bid specifications sent to or pick from a list
- From this point forward there is to be no work done on the home by the homeowner
- ECICOG assists with reviewing bids; Homeowner can select any bid, but City will only pay up to the maximum grant
- City Council approves contracts for each property

### Step 6: ECICOG, Contractor and Homeowner Hold Pre-Construction Meeting

- All contracts are signed at this meeting
- Construction begins a minimum of 14 days after this meeting
- Contractors are required to complete the work in 90 days

### Step 7: Contractor Constructs Improvements

### Step 8: City Makes Progress Payments Based on Pay Applications Approved by ECICOG

### Step 9: ECICOG Verifies Work is Completed to Specifications

### Step 10: Filing Lien Papers and Final Papers

- The project is complete and final paperwork is filed
- City pays final 5% retainage to contractor