

## CITY OF WASHINGTON HOUSING REHABILITATION PROGRAM <u>APPLICATION – PILOT PROGRAM</u>

APPLICANT INFORMATION	PPLICAN	T INFOR	RMA	TT	ON
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Applicant Name:	Co-Applicant:
Number of Years	Number of Years
Living in Property:	Living in Property:
Street Address	Street Address
City, State, Zip	City, State, Zip
E-MAIL:	E-MAIL:
Telephone #:	Telephone #:

## HOUSEHOLD INFORMATION

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

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

## TOTAL HOUSEHOLD MONTHLY INCOME

	Applicant	Co-App.
Employment: Gross income, overtime, tips, bonus		
Net income from property or from a business		
Interest income: (dividends, CDs, savings accounts)		
Social Security Income:		
Retirement Income:(VA, IPERS, Civil Serv., IRA, etc.)		
TANF Assistance: (designated for shelter or utilities)		
Child Support & Alimony:		
Unemployment, severance pay, worker's comp:		
TOTAL HOUSEHOLD MONTHLY INCOME:		

## **NET HOUSEHOLD ASSETS**

	Applicant	Co-App.
Amount in Savings accounts		
6 Month Average in Checking Accounts		
Savings Bonds/stocks, Certificate of Deposit, IRA, Money Market Accounts		
Net Value of Real Estate other than house:		
NET HOUSEHOLD ASSETS:		

MORTGAGE INFORMATION			
Check method of home purchase:	Bank Pu	archased on Contract	Other
Home is paid in full: Yes	No		
REPAIRS			
Please describe needed home repairs to be of	completed:		
RETURN APPLICATION TO:			
ECICOG		Drop off at:	
700 16 <sup>th</sup> Street NE, Suite 301 Cedar Rapids, IA 52402	OR	Washington City Hall 215 East Washington Str	·eet
		213 Dust Washington St.	
Or EMAIL: tracey.achenbach@ecicog.org			
Questions about the program? Please call 3	319-289-0072 o	r email tracey.achenbach@	vecicog.org
The Applicant certifies that all information in this appurpose of obtaining assistance under the Communi knowledge and belief.			
The Applicant further certifies that he/she is the own proceeds will be used only for the work and materia determines that the rehabilitation fund proceeds will the proceeds shall be returned forthwith, in full, to the with respect to such proceeds so returned, he/she shall be returned.	ls necessary to me l not or cannot be u he ECICOG, for de	et rehabilitation or code standar used for the purpose described he eposit into the Revolving Loan	rds, as applicable. If ECICOG nerein, the Applicant agrees tha
The Applicant covenants and agrees that he/she will Secretary of Housing and Urban Development effect agrees not to discriminate upon the basis of race, co rehabilitated with assistance of the community and of	tuating Title VI of lor, creed, sex or n	the Civil Rights Act of 1964 (7 ational origin in the use or occur	78 Stat. 252). The Applicant
Verification of any of the information contained in the provided in the application is confidential and will be			
Date	Signature of A	Applicant	
Date	Signature of 0	Co-Applicant	

PENALTY FOR FALSE OF 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."