City of Davenport

Community Planning and Economic Development



Owner Occupied Housing Rehab Loan Program

This application is for use in determining eligibility for the City of Davenport's Owner Occupied Housing Rehab Loan Program. Please review the attached program brochure as this program is funded by a federal grant with income, asset and property eligibility requirements. This is a loan program, if you are eligible and approved, you will have to pay back any money that is loaned to you. Your house will be secured with a mortgage.

This application must be submitted in person, if you are unable to bring in your application, please contact our office at 563-326-7765.

- Step 1. Complete and sign the application.
- Step 2. You must provide complete information regarding your mortgage(s) if applicable and insurance, including phone numbers and fax numbers.
- Step 3. You must provide complete information regarding any employers, including phone numbers and fax numbers.
- Step 4. If you have any account with Wells Fargo, checking, savings, mortgage, etc., please request a Wells Fargo form for asset verification.
- Step 5. Review consents, any member of the household over 18 years of age will need to submit a copy of their photo id, social security card, and needs to sign all consents.
- Step 6. All members of the household over 18 years of age must complete the student status form.
- Step 7. With your application, submit the last 3 months of your mortgage payment statements.
- Step 8. Review the application checklist, if you or any member of your household receives, SSI/SSDI, FIP, Zero Income, No Bank Account, or Child Support, please follow the instructions for those benefits that apply.

If you application is not complete, we will return it to you, to allow you to gather the missing information. Once accepted, you will be provided with a program packet and will be asked to sign an acknowledgement of receipt of the packet.







COMMUNITY PLANNING AND ECONOMIC DEVELOPMENT

Second Floor, City Hall • 226 W 4th Street • Davenport, Iowa 52801-1398 563-326-7765 • (TDD) 326-6145 www.cityofdavenportiowa.com/homestead

Owner Occupied Housing Rehab Loan Program

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. DO NOT RETURN BY MAIL.

Incomplete applications will not be accepted and will delay the application process. When you have completed this application, bring it along with any required attachments to the Community Planning & Economic Development Department Office on the second floor of City Hall. If you need accommodations, please call 563-326-7765.

•	Current Address (including zip))					
•	Head of Household (first, middle, last name):						
	Did you recently, or do you now, call yourself by any other name?						
If so, please provide name							
	Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated I am a: US Citizen (provide social security card) Permanent Resident Alien (provide supporting documentation) Other (provide supporting documentation)						
•	Co-Applicant (first, middle, last	name):					
	Did you recently, or do yo	ou now, call yourse	If by any oth	er name?			
	If so, please provide nam	ıe					
	Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated I am a: US Citizen (provide social security card) Permanent Resident Alien (provide supporting documentation) Other (provide supporting documentation)						
•	Telephone: Home	Worl	<	Cell			
	E-mail Address:						
	Household Members: (include being purchased, regardless	le yourself and co			reside in the property		
	NAME	D.O.B	AGE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD		
-							
-							
-							
-							
1							

• Is	anyone in the household self-em If yes, the self-employed pe				506T (ca	all 563-3	326-7765 to re	equest)
If not	self-employed:							
• Em	nployer (Head of Household)					Paid to	o:	
	Employer's Address							
	Employer's Phone #	Fax #		_How long	j have yo	u worke	d there?	
	Amount of Income: \$	per (circle one)	we	ek 2 w	eeks r	nonth	year	
• Emp	oloyer (Co-Applicant)					Paid to	o:	
	Employer's Address							
	Employer's Phone #	Fax #		How	long wo	rked the	ere?	
	Amount of Income: \$	per (circle one)	we	ek 2 we	eks m	nonth	year	
Suppo If you	er. Report all income, earned and ort, Alimony, Interest, Investme receive Social Security, SSI or Di	ent income, rent or re sability; you will nee	oyalty pay d to bring	yments, se y us a copy	lf-employ of your	vment, e Annual	etc.	ment.
A.	Provider Address:							
	Provider City/State/Zip							
	Provider Phone #							
	Amount of Income: \$							
В.	Provider:					-		
Б.	Provider Address:							
	Provider City/State/Zip							
	Provider Phone #							
	Amount of Income: \$							
C	Provider:			Paid	to:			
	Provider Address:							
	Provider City/State/Zip							
	Provider Phone #							
	Amount of Income: \$							
D.	Provider:			Paid	to:			
	Provider Address:							
	Provider City/State/Zip							
	Provider Phone #							
	Amount of Income: \$							

 ◆ Property Information: How would you best describe th ☐ Single Family House ☐ Duple 		in one of the units)
*NOTE: Contract Sales (you are buy the Federal Guideline.	ing your house on contract	t) are not eligible for these programs per
 Does anyone in the household own (circle one) YES NO If so, what is the address? 		
Do you have a mortgage loan? YES	S NO Do you have a revers	e mortgage? YES NO
Where do you send your house (mo	rtgage) payment? (Provide nar	me of institution or person and address)
CompanyAddress	Phone #	uired)
 Do you have a (circle one) second n 	nortgage, home equity loan, or	an equity line of credit? YES NO
CompanyAddress	Phone #	equired)
Do you have homeowner's insurance	e? (circle one) YES NO (H	omeowner's Insurance is required)
CompanyAddressAgent	Phone #	quired)
Housing Expenses: (Report the aver	age cost the period covers)	
	Does this include taxe (circle one) half-yea (circle one) half-yea	r payment / monthly payment
Are utilities in your own name(s		me
Gas & Electric payment \$	Are you on a budget	payment plan? YES NO
Water payment \$	(circle one) quart	erly monthly other
Sewer payment \$	(circle one) quart	erly monthly other
15. Are you current on all housing exper Rent Insurance Gas		(if not, circle those that are behind): Sewer Cable Satellite
16. Other monthly expenses Provide r payments to doctors, hospitals, pharmac addresses for medical & childcare payme (use additional paper if necessary)	cies and child care payments, s	
a. Owe:		
b. Owe:	-	
c. Owe:		
d. Owe:	Payment: \$	Balance \$

• Savings and Assets: (List savings and checking accounts; stocks, bonds, savings certificates, money market funds; equity in real property, capital investments; trusts that are available to the household; IRA, Keogh, and similar retirement savings accounts; company retirement/pension funds that can be withdrawn without retiring or terminating employment; inheritances, capital gains, lottery winnings, insurance settlements; personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.; cash value of life insurance policies.) PROVIDE FULL AND ACCURATE ADDRESSES! Assets for all household members 18 and older must be listed here. Use additional sheets as necessary. If a household member has no assets, complete the No Financial Account Self-Affidavit (included with application). If a household member has an account at Wells Fargo, complete the Wells Fargo Verification Form included in application. Household City/State/Zip Member **Account Number** Bank/Company Asset Type Fax □ checking □ savings □ IRA □ 401K □ bonds □ stocks ☐ CDs □ other □ checking □ savings □ IRA □ 401K □ bonds □ stocks □ CDs □ other □ checking □ savings □ IRA □ 401K □ bonds □ stocks ☐ CDs □ other Disability: Are there any members of your household with a disability? YES NO If yes, explain below what housing rehabilitation is needed to accommodate the person(s) with a disability. Repairs Needed: (Remember to include any repairs needed to provide access for the handicapped.) Describe the repairs needed in your home. (FOR EXAMPLE: shingles worn, roof leaks, water in the basement, window sills rotted, poor water pressure, inadequate plumbing, electrical short, etc.) If chosen, pictures of your property will be used in brochures and other program materials. How did you hear about our program(s)? Friend/Family ____Mailing ____Newspaper ___Television __ Other (please specify) I/we hereby certify that all the information given is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected. **Head of Household** Date **Co-Applicant** Date Federal fair housing law and local civil rights ordinances bars discrimination in the sale, rental, or



Federal fair housing law and local civil rights ordinances bars discrimination in the sale, rental, or financing of dwellings based on race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, ancestry, sexual orientation, gender identity or disability. It also requires reasonable modification of dwellings and reasonable accommodation in policies for persons with disabilities.



226 West 4th Street Davenport, IA 52801 Phone: 563-326-7748

HUD PROGRAM ELIGIBILITY RELEASE FORM

Purpose: Your signature on this HUD Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Housing Rehabilitation programs administered by the City of Davenport.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HUD Program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefits.

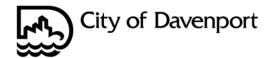
NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506-T, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Authorization: I authorize the above-named HUD Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation Program.

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household – Signature, Printed Name, and Date: Family Member: HEAD OF HOUSEHOLD	Other Adult Member of the Household – Signature, Printed Name, and Date: Family Member #2
X	X
Other Adult Member of the Household – Signature, Printed Name, and Date Family Member #3	Other Adult Member of the Household – Signature, Printed Name, and Date Family Member #4
X	X

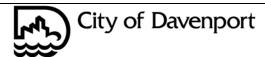


Community Planning and Economic Development 226 West Fourth Street • Davenport, Iowa 52801 Telephone 563-326-7765 • TDD: 563-326-6145 www.cityofdavenportiowa.com

Equal Credit Opportunity Act

PROPERTY ADDRESS:					
The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, sexual orientation, or disability; 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 the law concerning this Mortgage Company is the Federal Trade Commission, Pennsylvania and 6th Street N.W., Washington, D.C. 20580.					
We are required to disclose to you that this program qualifies as a Special Purpose Credit Program under 12 CFR 1002.8 of the Equal Credit Opportunity Act for the benefit of low to moderate income persons. Pursuant to 12 CFR 1002.8 (c) information on alimony, child support, and separate maintenance payments may be requested and considered.					
Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.					
(Applicant)	(Date)	(Applicant)	(Date)		
(Applicant)	(Date)	(Applicant)	(Date)		

APPLICATION NO:



Community Planning and Economic Development • 226 West Fourth Street • Davenport, Iowa 52801
Telephone 563-326-7765 • TDD: 563-326-6145
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Student Status Self Affidavit

List all members of the household who are either:

- currently enrolled in college, vocational, technical or other post-high school formal training;
 OR
- will be enrolled within the next 12 months in college, vocational, technical or other posthigh school formal training.

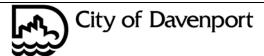
	Name	Age	Institution	Status (Circle)
1				Full Time/Part Time
2				Full Time/Part Time
3				Full Time/Part Time
4				Full Time/Part Time
Fo	or each individual at			ical, or other post-high school formal
		training, please comple		
Housel	nold Member 1 (Name)		House	hold Member 2 (Name):
Ш	This person is under		Ш	This person is under 24 years of age.
	This person is not a		Ш	This person is not a military veteran.
Ш	This person is unmar			This person is unmarried.
	This person had no o	lependent children.		This person had no dependent children.
	This person has no d	lisabilities.		This person has no disabilities.
	This person is claime	d as a dependent of		This person is claimed as a dependent of
	another person of ho	ousehold.		another person of household.
Housel	nold Member 3 (Name)):	House	hold Member 4 (Name):
	This person is under			This person is under 24 years of age.
百	This person is not a		一	This person is not a military veteran.
Ħ	This person is unmar		Ħ	This person is unmarried.
Ħ	This person had no c		H	This person had no dependent children.
Ħ	This person has no d		H	This person has no disabilities.
H	This person is claime		H	This person is claimed as a dependent of
			Ш	
	another person of ho	ousenoia.		another person of household.
		-		me enrolled in) these types of
progr	ams during the ne	ext 12 months, please	e check "N	o" below and sign and date the form.
	By checking this bo	ox, I certify that no men	nber of this	household is a full or part time student at
	-	_		other formal training program, and no
	3 .	<u> </u>		ogram during the next 12 months.
	member of this not	aseriola will be efficiled	iii sucii a pi	ogram during the next 12 months.
I/we h	ereby certify that all in	formation given is true an	d correct to t	the best of my/our knowledge. I/we
		mplete or false application		
	understand that mee	p.oto or raico application	.ea, 20 . e,	00.04.
Signati	ure of Applicant			 Date
- 9				24.5
Signati	ure of Co-Applicant			 Date
Jigilatt	are or on Applicant			Date

ZERO INCOME VERIFICATION

APPLICANT NAME:		SSN:	
ADDRESS:			
I, ANY OF THE FOLLOWIN	, HEREB IG SOURCES:	SY CERTIFY THAT I DO N	IOT RECEIVE INCOME FROM
 Wages from any type 	of employment (including com	mission and fees).	
2. Income from the ope	ration of a business. (Self-emplo	oyment -Avon, Mary Ka	y, etc.)
3. Rental income from r	eal or personal property.		
4. Interest or dividends	from assets.		
5. Social Security, annui	ties, insurance policies, retireme	ent funds, pensions, dis	sability or death benefits.
6. Unemployment			
Ge	mily Investment Program (FIP), neral Assistance (GA), oplemental Assistance (MSA), et	С.	
8. Alimony or Child Sup	oort		
_	nd/or scholarships or Veteran Be tion, fees, and books.	enefits available for sub	sistence after deducting
10. Regular monthly cas	h contributions from an outside	source.	
And, that I have no inco source within the next t	me of any kind whatsoever at th welve months.	is point in time and do	not anticipate income from an
PRINT NAME		SOCIAL SECURITY	#
SIGNATURE		DATE	PHONE NUMB

WARNING:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



No Financial Account Self Affidavit

I,	, do not have any type of checking, savings, IRA, real estate
bonds, stocks, CDs or other ty	ypes of accounts at any financial institutions.
Name	Date



APPLICATION CHECKLIST

Complete this checklist before turning in your application. Incomplete applications will <u>not</u> be accepted.
COMPLETED APPLICATION – Fill in phone numbers, fax numbers, and account numbers where needed.
SIGNED APPLICATION – Must be signed by the applicant and spouse / co-applicant
SIGNED HUD PROGRAM ELIGIBILITY FORM - Must be signed by all household members 18 years of age & over
SIGNED EQUAL CREDIT OPPORTUNITY ACT - Must be signed by all household members 18 years of age & over
SOCIAL SECURITY CARDS/PROOF OF LEGAL US RESIDENCY – Bring in the original Social Security Card and/or immigration documentation for all household members 18 years of age and over to be photocopied.
PHOTO ID – Bring a Photo ID/Driver's License for all household members of 18 years of age and over to be copied.
STUDENT STATUS – Complete the student status form for all household members,18 year of age and over. If no students in the household check appropriate box, sign, and return.
MORTGAGE STATEMENTS - Bring the last 3 months of mortgage payment statements for your property, if you currently have a mortgage on your property.
DOCUMENTATION OF INCOME - ONLY CHECK ONES THAT APPLY TO YOUR HOUSEHOLD
SOCIAL SECURITY OR SSI STATEMENT OF ANNUAL INCOME- Provide the Statement of Annual Income for any member of the household that receives Social Security, SSI or Disability payment.
FIP – Provide the Annual Notice of Decision for any household member receiving FIP.
SELF-EMPLOYED PROOF OF INCOME – Sign the IRS form 4506-T (available at our office) so we may request a transcript of your tax returns. (Do not bring in your tax returns, we cannot accept them.)
ZERO INCOME – Complete the Zero Income Form for all members of the household,18 years of age and over who do not receive any income. (Included with this application, but only complete if this applies to a household member)
NO BANK ACCOUNT – Complete the No Financial Account Self Affidavit form for each member of the household 18 years of age and over who does not have any of the assets listed. (Included with this application, but only complete if this applies to a household member)
CHILD SUPPORT – Please include the CA number for each child on page 2 (please see "Other sources of income.")
If you have questions regarding your application or any of the supporting documentation, please call 563-326-7765.