



# CHARITON VALLEY

REGIONAL HOUSING TRUST FUND, INC.

APPANOOSE • LUCAS • MONROE • WAYNE

## GRANT & LOAN APPLICATION FORM

**Purpose:** The purpose of Chariton Valley Regional Housing Trust Fund is to improve housing by providing grants or loans for home improvements or repairs.

**Eligible Projects:** Projects that are eligible for these funds are those that improve the condition of existing housing through rehabilitation and repair of structures in the four county area. All assisted households must have incomes that are at or below 80% of the median income for the area. At least 30% of the distributions will be used to benefit extremely low income households (households that are at or below 30% of the median income for the area).

**Application Procedure:** Applications will be accepted on a continuous basis. A visual inspection of the property will be completed prior to final approval. Applicants will be formally notified of approval, contingency approval or denial in writing from the CVRHTF Director.

**CVRHTF reserves the right** to act as sole judge of the content of the applications submitted and may, at its sole discretion, reject any or all applications.

**CVRHTF will not be liable** for any cost incurred in connection with preparation and submittal of any application or requesting paperwork.

### Program Criteria:

1. Manufactured and mobile homes are eligible for assistance if the applicant owns the property on which the mobile home is located and must be attached to real estate, taxed as real estate.
2. Applicants must occupy the property and maintain the improvements during the life of grant or loan (5 years).
3. Property must be in compliance with health and safety codes.
4. Applicants must have title at the time of application. Persons purchasing on contract will not be eligible for this program.
5. Taxes and insurance must be current.
6. No applicant will be funded more than once in five years and then, only if there is no other applicants on the waiting list for that County.
7. Loans will be re-paid in full in the event that occupancy or ownership conditions change during the term of the loan.
8. Inspections will be required prior to approval. CVRHTF will provide the inspections.
9. Before and after pictures will be taken of the project.
10. All applicants will be required to show proof of income such that their income is at or below 80% of the median income for the area.
11. Applicants will be required to obtain TWO detailed estimates for the requested work from contractors registered with the State of Iowa.
12. CVRHTF reserves the right to recall any loan or grant if the above requirements are not met.

**Non Discrimination Statement:** In accordance with Federal law, this institution is prohibited from discrimination based on family status. This is an Equal Opportunity Program.

**Please submit the following information with your completed Application:**  
**(Please call Rachel at 641-436-1775 if you have questions.)**

- Photo copy of driver's license or state issued photo ID **and** copy of Social Security Card.
- Copies of Latest Bills paid for utilities, water, cable, telephone, cell or auto to show that you are current in your payments. (Choose three)
- Proof of Ownership
  - Proof of Mortgage, **if applicable, and/or Deed,**
  - Real estate tax documentation, **and**
  - Proof from County Treasurer's Office that property taxes are paid to date.
- Proof of Homeowners Insurance
- Two months of bank statements for Savings and Checking
- Most Recent Tax Return
- Employment verification ( Consecutive paystubs for 30 days)
- Verification of other monthly/quarterly benefits:
  - Retirement income (If retirement income is received by automatic deposit, submit at least 2 current bank statements showing the automatic deposit or your Annual Benefit Letter)
  - Child support/Alimony - Submit Divorce Decree or Support Order
  - Pensions and/or widows pensions
  - Food stamps (Annual Declaration of Assistance)
  - SSI or SSDI
  - Any other form of income such as 401k, investment account, etc.
- If you are self-employed or earn commissions, provide two years tax returns including all schedules
- **Two** written estimates from contractors for work to be completed with CVRHTF funds
  - Note: contractors must be registered with the State of Iowa
- Completed Under \$5000 Asset sheet (attached) – if applicable
- Completed "ZERO Income Form" (attached) – if applicable
- \$15.00 Application Fee

Note: Persons at or below 30% of the Median Income for the area will be eligible for a "grant". Persons in the 31% to 50% of Median Income for the area will be eligible for a "forgivable loans" and persons between 51% and 80% will be eligible for "repayable loans". See guidelines below:

**INCOME GUIDELINES as of 6/10/24**

<b>Household Size</b>	<b>80% of Median</b>	<b>50% of Median</b>	<b>30% of Median</b>
1 and 2 Member	\$77,200	\$48,250	\$28,950
3 to 6 Members	\$88,780	\$55,487	\$33,292
7 Members	\$88,780	\$55,487	\$33,292
8 Members	\$91,550	\$57,218	\$34,331

[illegible]



5.									
6.									

**Relationship to HOH:** H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; L-Live-in caretaker; or N-None of the above

**Gender:** M -Male; F -Female NR -chose not to respond

**Marital Status:** M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed

**Race:** 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6 -Other; or 8 -Chose not to respond

**Ethnicity:** 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 -Chose not to respond

**Disabled:** 1-Yes; 2-No; NR -chose not to respond - See Fair Housing Act for definition of handicap (disability)

[http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201)

**QUESTIONS** – Please check **YES** or **NO** to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

1. Do you expect any additions to the household within the next 12 months\*? Yes No If Yes, explain:

2. Is there anyone living with you now who won't be living with you at this property within the next 12 months\*? Yes No If Yes, explain:

3. Do you have any minor children\*? Yes No

4. Are there any absent household members who normally would live with you\*? Yes No If Yes, explain:

5. Do any of the following statements apply to you\*:

a. I have filed for bankruptcy Yes No

b. I have been convicted of property damage Yes No

c. I have been evicted from a rental unit (including an apartment, home, mobile home or trailer Yes No

6. Will you or anyone in your household require a live-in care attendant\*? Yes No

## B. Project Information

Please check the appropriate box before the repair that best describes your project:

☐ Plumbing Repair

☐ Roof

☐ Windows/Doors

☐ Other (please explain) \_\_\_\_\_

☐ Wiring/Electrical

☐ Furnace/Heat Source Replacement

☐ Water Heater Replacement

**CVRHTF requires two estimates for each project. Contractors MUST be registered in the State of Iowa. Estimates are not required until after the application has been approved by CVRHTF.**

### C. Employment and Income Information

Gross Household Income on Income Tax Return: \_\_\_\_\_

(If you don't have to file a tax return, please list gross income for a year.)

Applicant's Employer: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_ Contact Name \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours worked in a week \_\_\_\_\_ Annual Salary \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_ Contact Name \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours worked in a week \_\_\_\_\_ Annual Salary \_\_\_\_\_

Other sources of income, please fill in the information below for all that apply

**Enclose proof of dollar amounts received- for example; include a copy of the Social Security Benefits letter.**

<u>Source:</u>	<u>Monthly Amount Received:</u>	<u>Received By:</u>
Social Security	_____	Applicant ___ Spouse ___ Other ___
Social Security Disability	_____	Applicant ___ Spouse ___ Other ___
Pension/Retirement	_____	Applicant ___ Spouse ___ Other ___
Unemploy/Worker's Comp	_____	Applicant ___ Spouse ___ Other ___
Child Support/Alimony	_____	Applicant ___ Spouse ___ Other ___
Veteran's Benefits	_____	Applicant ___ Spouse ___ Other ___
Rental Income	_____	Applicant ___ Spouse ___ Other ___
Interest/Annuity/IRA Income	_____	Applicant ___ Spouse ___ Other ___
Food Stamps	_____	Applicant ___ Spouse ___ Other ___
Other	_____	Applicant ___ Spouse ___ Other ___
Other	_____	Applicant ___ Spouse ___ Other ___

Please list the employer & address for any other household members 18 or older, who are not full-time students: \_\_\_\_\_

### D. Asset Information For All Adult Household Members

*Include verification of all assets listed, attach separate sheet if additional space is required.*

	<u>Location- Name and Address</u>	<u>Approximate Balance</u>
Checking:	_____	_____
Checking:	_____	_____
Savings:	_____	_____
Cash:	_____	_____
Investments/IRA's:	_____	_____
Life Insurance: (cash value)	_____	_____
Other Real Estate	_____	_____
Investments	_____	_____

## E. Mortgage and Property Insurance Information

Mortgage Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

**Please attach a copy of your homeowner's insurance policy or Declarations Page with the application.**  
**You must have homeowners insurance.**

## F. Expenses-Monthly

Mortgage payment: \_\_\_\_\_  
Real Estate Insurance: \_\_\_\_\_  
Real Estate Taxes: \_\_\_\_\_  
Auto payment: \_\_\_\_\_  
Auto payment: \_\_\_\_\_  
Auto Insurance: \_\_\_\_\_  
Credit Cards: \_\_\_\_\_  
Credit Cards: \_\_\_\_\_  
Credit Cards: \_\_\_\_\_

Electric and Gas: \_\_\_\_\_  
Water: \_\_\_\_\_  
Garbage: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cable/Satellite TV \_\_\_\_\_  
Food/Groceries: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_  
Prescriptions: \_\_\_\_\_  
Childcare: \_\_\_\_\_

## G. Ethnicity:

☐ American Indian or Alaskan Native  
☐ Hispanic/Latino  
☐ White

☐ Asian  
☐ African American  
☐ Native Hawaiian/Pacific Islander  
☐ Other \_\_\_\_\_

**PLEASE MAKE SURE YOU SIGN THIS APPLICATION ON THE NEXT PAGE.**

**\*Questions can be directed to Rachel Mathews at 641-436-1775.\***



## H. Authorization

I understand that this Loan/Grant Application may serve as the first step of a loan/grant application process and that Chariton Valley Regional Housing Trust Fund (CVRHTF) may request supporting documents to verify the information provided. As part of the application process, I authorize CVRHTF to investigate and verify all of the above information including verification of my identity, employment, and any information that is pertinent to the eligibility of Chariton Valley Regional Housing Trust Fund Program. I also allow CVRHTF to share information as needed with IFA for compliance monitoring purposes. **I am aware that all adult household members that will be living in my home must sign the release form and cooperate with the verification process. Failure by any adult member may result in the disqualification of my application.** *(an adult household member includes anyone age 18 or older who is not currently enrolled in high school or college.)*

I authorize CVRHTF to perform a credit check, including obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors, from time to time, as authorized by law including retrieving a copy of my personal credit report. I also understand that the information provided on this form or on my credit report may be used by CVRHTF to either approve or decline my request for credit and that I may be required to provide other information in addition to this application. The release in any manner of all information by CVRHTF is hereby authorized whether such information is of record or not, and I hereby release all persons, agencies, firms, companies, etc., from any damages resulting from such information.

As the applicant(s), I understand that my commitment to live in, and maintain property insurance on the repaired home is five years. If such commitment is terminated I understand that I will be responsible for paying the remaining balance of the grant/loan to CVRHTF.

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ DATE: \_\_\_\_\_

Other Adult Household Member Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ DATE: \_\_\_\_\_

***Return completed application and \$15.00 application fee to:  
Rachel Mathews, CVRHTF  
15703 Hwy J29  
Centerville, Iowa 52544***

## UNDER \$5,000 ASSET CERTIFICATION

Project Name:	Chariton Valley Regional Housing Trust Fund	IFA Project #	SHTF 11-28	Date:	
Applicant/Tenant:		SSN:			

For households whose combined net assets do not exceed \$5,000.  
Complete only one form per household; include assets of children.

**Complete all that apply for 1 through 4:**

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$	%	\$	Savings Account	\$	%	\$	Checking Account
\$	%	\$	Cash on Hand	\$	%	\$	Safety Deposit Box
\$	%	\$	Certificates of Deposit	\$	%	\$	Money market funds
\$	%	\$	Stocks	\$	%	\$	Bonds
\$	%	\$	IRA Accounts	\$	%	\$	401K Accounts
\$	%	\$	Keogh Accounts	\$	%	\$	Trust Funds
\$	%	\$	Equity in real estate	\$	%	\$	Land Contracts
\$	%	\$	Lump Sum Receipts	\$	%	\$	Capital investments
\$	%	\$	Life Insurance Policies (excluding Term)				
\$	%	\$	Other Retirement/Pension Funds not named above:				
\$	%	\$	Personal property held as an investment** :				
\$	%	\$	Other (list):				

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$\_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).
3. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$\_\_\_\_\_. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant	Date	Applicant	Date
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NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



# ZERO INCOME SELF AFFIDAVIT

(To be completed by adult household members only, if appropriate.)

Project Name:	IFA Project #	Date:	
Applicant/Tenant	SSN:	Apt. #:	

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.    ☐ Yes    ☐ No

I will be using the following sources of funds to pay for rent and other necessities:

3. I will be actively looking for employment, although I have no source of employment at this time.  
☐ Yes    ☐ No

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date

Subscribed and sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.