

**Siouxland Interstate Metropolitan Planning Council (SIMPCO)**  
*in partnership with*  
**Western Iowa Community Improvement Regional Housing Trust Fund**  
Owner Occupied Home Repair/Rehab Waitlist Registration  
 6401 Gordon Drive, Sioux City, Iowa 51106 | Phone: 712-279-6286 | Fax: 712-279-6920

Please complete the following information as accurately and completely as possible. When funding becomes available in your area, you will be contacted at that time and provided with an application to complete and return. Please note that this waitlist registration does not guarantee funding.

<b>Applicant Name</b>	
<b>Property Address</b>	
<b>City/State/Zip/County</b>	
<b>Mailing Address</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Total Number of People in household</b>	
<b>Applicant Date of Birth</b>	

**Annual Income:**

Gross income is the total revenue before any deduction or allowances, such as taxes. Please list **ALL** sources of income for **ALL** household members.

<b>Source of Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Other HH member 18 years or older</b>
Gross Salary (Primary Job)	Hr. Wage \$ _____ Hrs. per week _____ Annual \$ _____	Hr. Wage \$ _____ Hrs. per week _____ Annual \$ _____	Hr. Wage \$ _____ Hrs. per week _____ Annual \$ _____
Gross Salary (Second Job)	Hr. Wage \$ _____ Hrs. per week _____ Annual \$ _____	Hr. Wage \$ _____ Hrs. per week _____ Annual \$ _____	Hr. Wage \$ _____ Hrs. per week _____ Annual \$ _____
Bonuses			
Social Security			
Retirement/Pension			
Child Support			
Unemployment			
Commission/Tips			
Other			

**Asset Income:**

Asset income refers to money generated by investments or holdings that an individual owns. Please list **ALL** assets including but not limited to checking, savings, credit unions accounts, stocks, bonds, annuities, retirement plans, pensions, and/or life insurance policies.

Family member	Asset Description	Current Cash Value	Actual Income from Assets
Applicant (Head of Household)			
1			
2			
3			

**Household Type (please check all that apply):** This information is collected for compliance reporting purposes only.

- Single adult
- Married
- Separated
- U.S. Veteran
- Widowed
- Divorced
- Single with Dependents
- Elderly
- Disabled
- Married with Dependents

**Primary repair need:** \_\_\_\_\_

**Secondary repair need:** \_\_\_\_\_

**Are the repairs flood related?**  Yes  No

**Please initial that you have read and agree to the following terms and conditions:**

I understand that this waitlist registration does not guarantee funds for the repair or rehab of my home.	
I understand that I will be asked to provide detailed financial information to be approved for any future funds.	
I understand that should I be awarded funds; a restriction of deed will be filed on my property for 5 years.	
I understand that I must be current with my mortgage & taxes to qualify for assistance.	
I understand that I must have & maintain homeowners' insurance to be eligible for assistance.	
I understand that manufactured/mobile homes are only eligible if applicant owns the home <b>and</b> the land (lot) is paid in full and not leased or subject to lot rent.	

\_\_\_\_\_  
**Applicant Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

SIMPCO & WICIRHTF operate in compliance with the Fair Housing & Equal Opportunity Employment Acts. Rules for acceptance and participation are without regard to race, color, creed, religion, gender, sexual orientation, gender identity, family or marital status, national origin, age disability, or status as a requirement of the funding agency(ies) will be followed.

