

# Siouxland Interstate Metropolitan Planning Council (SIMPCO)

1122 Pierce Street, Sioux City, IA 51105

Phone: (712) 279-6286

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## Marcus Owner-Occupied Rehabilitation Housing Program

***PLEASE COMPLETE ALL QUESTIONS AND FILL IN ALL BLANKS. IF A QUESTION IS NOT APPLICABLE PLEASE MARK WITH "N.A." IF ANY QUESTIONS ARE LEFT BLANK, THIS APPLICATION WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.***

GENERAL INFORMATION	Applicant	Co-Applicant
Last Name:		
First Name:		
Middle Name:		
Social Security No.:		
Date of Birth:		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Type of Household: (Check All that Apply)	<input type="checkbox"/> Head of Household <input type="checkbox"/> Married Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years	<input type="checkbox"/> Head of Household <input type="checkbox"/> Married Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years
No. of Dependents:		
Present Address:		
City/State/Zip:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email Address:		



GENERAL INFORMATION	Applicant	Co-Applicant
Education:	<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equiv. <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters Degree	<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equiv. <input type="checkbox"/> Two-Year College <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Above Masters Degree
Current Housing Arrangement:	<input type="checkbox"/> Homeowner with Mortgage <input type="checkbox"/> Homeowner/Mortgage Paid Off	<input type="checkbox"/> Homeowner with Mortgage <input type="checkbox"/> Homeowner/Mortgage Paid Off
Number of Years at Residence	___ Years    ___ Months	___ Years    ___ Months

HOUSEHOLD COMPOSITION			
(List the head of your household and all members who live in your home. Give the relationship of each family member to the head of household.)			
Member No.	Full Name	Relationship to the Head of Household	Age
(Head of Household)			
2			
3			
4			
5			
6			
7			

**Household Type (please circle one):**    1. Single adult                                  2. Female headed single parent Household  
 3. Male headed single parent household    4. Married with children                  5. Married without children  
 6. Two or more unrelated adults              7. Other

Are there non-dependents who will be living in the home?                                  Yes                          No                          If yes, list below:

Relationship \_\_\_\_\_ Age \_\_\_\_\_                          Relationship \_\_\_\_\_ Age \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_



**HAVE YOU RECEIVED ANY HOME REPAIR or DOWN PAYMENT ASSISTANCE FOR THIS PROPERTY WITHIN THE PREVIOUS 5 YEARS?** Yes \_\_\_\_ Please identify below No \_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Insurance Claim Payment                                    | <input type="checkbox"/> Community Development Block Grant (CDBG) Homeowner Repair Assistance |
| <input type="checkbox"/> Weatherization Assistance                                  | <input type="checkbox"/> U.S. Dept of Agriculture (USDA) Housing                              |
| <input type="checkbox"/> Federal Home Loan Bank (FHLB) Homeowner Repair Assistance  | <input type="checkbox"/> Preservation Grant Assistance  |
| <input type="checkbox"/> Iowa Finance Authority Housing Trust Fund Assistance       | <input type="checkbox"/> U.S. Dept. of HUD HOME Assistance                                    |
| <input type="checkbox"/> Other Federal, State, or Private Housing Repair Assistance |   |

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosure satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

**Applicant**

- I do not wish to furnish this information

**Race:**

- White
- Black/African American
- Asian
- Hispanic or Latino
- American Indian/Alaskan Native and White
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & African American
- Asian and White
- Black/African American and White
- Other

**Foreign Born:** Yes No

**Sex:**  Female  
 Male

**Handicapped or Disabled?** Yes No

**Co-Applicant**

- I do not wish to furnish this information

**Race:**

- White
- Black/African American
- Asian
- Hispanic or Latino
- American Indian/Alaskan Native and White
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & African American
- Asian and White
- Black/African American and White
- Other

**Foreign Born:** Yes No

**Sex:**  Female  
 Male

**Handicapped or Disabled?** Yes No



<b>EMPLOYMENT (Primary)</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Employer:		
Employer Address:		
City/State/Zip:		
Position/Title:		
Date of Employment:		
<b>EMPLOYMENT (Secondary)</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Employer:		
Employer Address:		
City/State/Zip:		
Position/Title:		
Date of Employment:		
<b>Previous Employment</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Employer:		
Employer Address:		
City/State/Zip:		
Position/Title:		
Date of Employment:		
<b>Other Previous</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Employer:		
Employer Address:		
City/State/Zip:		
Position/Title:		
Date of Employment:		

**ANNUAL INCOME**

Source	Applicant	Co-Applicant	Other Household Member 18 or Older	Household Annual Income
Salary (Primary Job)	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	
Salary (Secondary Job)	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	
Salary (Third Job/Overtime Pay)	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	Hr. Wage: _____ Hr. Per Week: _____ Annual: _____	
Bonuses				
Commissions				
Child Support				
Alimony				
Interest and/or Dividends				
Net Income from Business				
Lease/property income				
Social Security				
Pensions, Retirement				
Unemployment Benefits				
Workers Compensation, etc.				
Welfare Payments				
Other				
<b>TOTALS:</b>				
<b>Asset Income from "Asset Income Table" (from following page)</b>				
<b>TOTAL HOUSEHOLD INCOME:</b>				



	<b>Applicant</b>	<b>Co-Applicant</b>
Can you document your child support/alimony income? If yes, how long will it continue?	Yes    No _____	Yes    No _____
If your child or a family member receives SSI, how many more years will the payments continue?	_____	_____
If you receive disability income, is it for a permanent disability?	Yes    No	Yes    No
Regarding other employment, have you worked in this field for two years or more?	Yes    No	Yes    No

<b>ASSET INCOME</b>				
<b>Family Member</b>	<b>Asset Description</b> <small>Checking ~ Savings~ Credit Union Accounts ~ Stocks ~Retirement Plans ~ Life Insurance</small>	<b>Current Cash Value of Assets</b>	<b>Actual Income from Assets</b>	
<b>Do you own any real estate property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you own any property other than primary address? If yes, please list: <b>ADDRESS</b>	<b>USE OF PROPERTY</b> <small>(Ex: Residential, Commercial, etc.)</small>	<b>WHO RESIDES AT PROPERTY</b>	<b>IF PROPERTY IS LEASED MONTHLY LEASE AMOUNT</b>	If leased, provide a copy of lease agreement



	<b>Applicant</b>		<b>Co-Applicant</b>	
Do you have any outstanding judgments?	Yes	No	Yes	No
Have your payments been made on time?	Yes	No	Yes	No
Are you in a Chapter 13 bankruptcy?	Yes	No	Yes	No
If yes, when did it begin?	_____			
If yes, when will it be paid out?	_____		If yes, how much is the payment?	
Have you had a Chapter 7 bankruptcy?	Yes	No	Yes	No
If yes, when was it discharged?	_____			
Are you a party in a lawsuit?	Yes	No	Yes	No

## Required Documentation

The following documentation is required for determining eligibility for assistance. We must have these documents for each person who will be living in the household regardless of whether or not they will be on the loan. Please provide copies of these items at time of application.

- \_\_\_\_\_ 1. Previous 1 year federal tax return and W-2's. IF SELF EMPLOYED previous 3 years federal tax return and W-2's.
- \_\_\_\_\_ 2. Previous 2 months bank statements from all accounts.
- \_\_\_\_\_ 3. Most recent 6 consecutive pay stubs (must equal at least two months' time period) from current employment of all wage earners in the household.
- \_\_\_\_\_ 4. Divorce Decree / Child Support Order, if applicable.
- \_\_\_\_\_ 5. Social Security benefit documents, if applicable.
- \_\_\_\_\_ 6. Life insurance cash value records, if applicable.
- \_\_\_\_\_ 7. Most recent investment statements, if applicable.
- \_\_\_\_\_ 8. Verification of Homeowners insurance.

# Authorization

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification.

My/Our signature on accepting the terms and conditions of this application will serve as authorization for SIMPCO and/or the City of Marcus on behalf of the Marcus Owner Occupied Rehabilitation Program to obtain all information and documents that they request. In submitting this application, I agree to and acknowledge the following:

1. I will allow inspections of my home to determine eligibility and probable cost. If the Siouxland Interstate Metropolitan Planning Council (SIMPCO) Program Administrator or Inspector determines my property not to be clean and sanitary, SIMPCO Program Administrator will give me a two week notice to clean my property. If after those two weeks, I have not cleaned my property, I will be determined ineligible for assistance.
2. If I am determined eligible, a contractor will be procured for on a competitive basis by the SIMPCO Program Administrator and approved by SIMPCO. I will allow the SIMPCO Program Administrator to make all arrangements for the rehabilitation work.
3. There will be no rehabilitation work done unless I authorize it in writing.
4. Any rehabilitation work done on my home will be guaranteed for one year by the contractor.
5. Any rehabilitation work done that is not authorized by SIMPCO will be done at my expense. SIMPCO will not be responsible for the workmanship of any unauthorized rehabilitation work.
6. If at any time during the application process or the construction period, there is a change in my household income, or family or household composition, I agree to report this change to the Program Administrator.
7. I reserve the right to withdraw from this program at any time prior to signing the contract with SIMPCO and the contractor.
8. I allow access to my home to representatives of SIMPCO and the SIMPCO Program Administrator.
9. I understand that a lien/deed restriction will be placed on my property for the amount of the funding I received for five years and that The City of Marcus will be listed as a loss payee on my homeowner's insurance.
10. I acknowledge that the Program Administrator does not guarantee all applicants will receive assistance.
11. I/We specifically authorize, if requested, SIMPCO, for the sole purpose of determining program eligibility to obtain a copy of the Verification of Employment Documents or Verification of Income Documents from employers, lenders and all relative income sources.
12. I/We specifically authorize, if requested, SIMPCO, for the sole purpose of determining program eligibility to obtain a copy of the Verification of Asset Documents from any related source to verify assets such as, but not limited to 401k, IRA's, other investment statements, checking and savings and life insurance with a cash value.
13. I acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by SIMPCO and its administrative personnel. I release the aforementioned institutions to obtain information regarding my financial standings from government entities, asset holding institutions, and employers with whom I currently participate.



I (we), the undersigned, certify that I (we) have read and understand the entire Homeowner Application and that the information in this application is true and correct. **The penalty for false or fraudulent statements: USC Title 18, Section 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined not more that \$10,000, or imprisoned not more than five years, or both.”**

A written notice of income eligibility will be provided to all applicants that are deemed income eligible after reviewing income documents. In the event an applicant is not eligible, a written notice will be provided to the applicant disclosing the reason for non-selection.

THIS AUTHORIZATION ALSO SERVES AS ACKNOWLEDGMENT THAT THE HOME I/WE REHABILITATE UTILIZING THE PROGRAMS OFFERED BY THE CITY OF MARCUS, IA WILL REMAIN OWNER-OCCUPIED AS MY/OUR PRINCIPAL RESIDENCE FOR THE DURATION OF THE DEED RESTRICTION PERIOD.

I HAVE READ THE ABOVE STATEMENTS AND AGREE TO FOLLOW THE TERMS AND CONDITIONS.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



## Client Agreement

Receipt of this letter is not a guarantee of funding approval. Once SIMPCO has received the requested information, the income verification process will be completed and staff will call you to set up a date and time for the Housing Rehabilitation Technician to come to your home for an initial inspection. After the inspection, a work write-up and cost estimates will be prepared for your review. A deed restriction will be prepared for you to sign as well. The deed restriction will be filed with your county recorder. The restriction will be filed for a term of (5) five years, will be for the total amount of assistance received, and will name the City of Marcus as the "Lender".

❖ Please check one:

- I/We am unable or unwilling to sign the Deed Restriction OR Forgivable Mortgage and Forgivable Loan Promissory Note documents and wish to discontinue participation in this program.
- I/we understand and agree to a Deed Restriction or Forgivable Mortgage and Forgivable Loan Promissory Note documents and wish to continue participation in this program.

**All parties listed on Deed must sign.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN ALL ITEMS REQUESTED, PLUS THIS SIGNED AND DATED CLIENT AGREEMENT AT YOUR EARLIEST  
CONVENIENCE TO: SIMPCO, ATTN: Amanda Harper  
1122 Pierce St., Sioux City, IA 51105**

This is an equal opportunity program. Rules for acceptance and participation are without regard to race, creed, color, gender, sexual orientation, disability, marital status, national origin, age, physical handicap, or status as a veteran.

