

Siouxland Interstate Metropolitan Planning Council (SIMPCO)

In Partnership With

Western Iowa Community Improvement Regional Housing Trust Fund

1122 Pierce St., Sioux City, IA 51105

Phone: 712-279-6286

Fax: 712-279-6920

Owner/Occupied Home Repair/Rehab Waitlist Registration

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 does not guarantee funding approval for your home.

Name	
Address, city, state & Zip	
Mailing Address	
Phone	
Email	
Total number of people in the home	

Annual Income

*Gross income is the total revenue before any deductions or allowances, such as taxes.

Please list **ALL** sources of income for **ALL** household members.

Source	Applicant	Co-Applicant	Other HH member 18 or older
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			
Child Support			
Unemployment			
Commission/Tips			
Other			
Other			

Asset Income			
Family Member	Asset Description Checking, Savings, Credit Union, Stocks, Retirement plans, Life Insurance...	Current Cash Value	Actual income from Assets

Primary Repair Need: _____

Secondary Repair Need: _____

Are repairs flood related: Yes No

	Initials
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 in order 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.	
I understand that I must be current with my mortgage and taxes in order to qualify for assistance.	
I understand that I must have and maintain homeowners insurance to be eligible for assistance.	

Applicant Printed Name

Signature

Date

Applicant Printed Name

Signature

Date

SIMPCO & WICIRHTF operate in compliance with the Fair Housing and 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 veteran. All applicable Federal, State, and local rules, regulations, and requirements of the funding agency(ies) will be followed.

