

# Siouxland Interstate Metropolitan Planning Council Owner-Occupied Rehabilitation Program



1122 Pierce Street,  
Sioux City, IA 51105  
Phone: (712) 279-6286  
Fax: (712) 279-6920

PLEASE COMPLETE ALL QUESTIONS AND FILL IN ALL BLANKS. IF A QUESTION IS NOT APPLICABLE PLEASE MARK WITH "NA."

What is your primary repair need? \_\_\_\_\_

What is your secondary repair need? \_\_\_\_\_

Have you received a nuisance abatement letter from your City? \_\_\_\_\_

	Applicant Information	Co-Applicant Information
Last Name:		
First Name:		
Middle Name:		
Social Security No.:		
Date of Birth:		
No. of Dependents:		
Present Address:		
City/State/Zip:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email Address:		

**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"/> Weatherization Assistance <input type="checkbox"/> Federal Home Loan Bank (FHLB) Homeowner Repair Assistance <input type="checkbox"/> Iowa Finance Authority Housing Trust Fund Assistance <input type="checkbox"/> Other Federal, State, or Private Housing Repair Assistance	<input type="checkbox"/> Community Development Block Grant (CDBG) Homeowner Repair Assistance <input type="checkbox"/> U.S. Department of Agriculture (USDA) Housing Preservation Grant Assistance <input type="checkbox"/> U.S. Department of HUD HOME Assistance
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How did you hear about this program?



GENERAL INFORMATION	Applicant	Co-Applicant
Education: (check highest level achieved)	<input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma/Equivalent <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/Equivalent <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	<input type="checkbox"/> Homeowner with Mortgage <input type="checkbox"/> Homeowner/Mortgage Paid
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	DOB
(Head of Household)		SELF	
2			
3			
4			
5			
6			
7			

**Household Type (please check all that apply):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Single adult          | <input type="checkbox"/> Female headed single parent household | <input type="checkbox"/> U.S. Veteran            |
| <input type="checkbox"/> Married               | <input type="checkbox"/> Male headed single parent household   | <input type="checkbox"/> Widow of a U.S. Veteran |
| <input type="checkbox"/> Married with Children | <input type="checkbox"/> Widowed                               |  |
| <input type="checkbox"/> Divorced              | <input type="checkbox"/>                                       |  |
| <input type="checkbox"/> Separated             |  |  |

**\*Special Needs Classifications Information is provided voluntarily and will be kept in strict confidence.**

(This information is collected for compliance reporting purposes only.

Your name will not be released in conjunction with the reporting)

(check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>E</b> – Elderly                       | <input type="checkbox"/> <b>A</b> – Recovering from Abuse (physical, alcohol, drug) |
| <input type="checkbox"/> <b>D</b> – Disabled (mental or physical) | <input type="checkbox"/> <b>H</b> – HIV or AIDS                                     |



**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, not Hispanic or Latino
- White, Hispanic or Latino
- Black/African American
- Asian
- 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

**MORTGAGE INFORMATION**

What date did you purchase/build your house? (month/year) _____				
Check method of home purchase:	<input type="checkbox"/> Bank Loan	<input type="checkbox"/> Purchased on Contract	<input type="checkbox"/> Cash	<input type="checkbox"/> Other
Home is paid in full:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are your property taxes current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**Applicant**

**Co-Applicant**

Are you in a Chapter 13 bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was it discharged?	_____			
Are you a party in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



<b>EMPLOYMENT (Primary)</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Employer		
Employer Address		
City/State/Zip		
Position/Title		
Start and End Dates of Employment		
Number of Years / Months Employed:		
<b>EMPLOYMENT (Secondary)</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Employer		
Employer Address		
City/State/Zip		
Position/Title		
Start and End Dates of Employment		
Number of Years / Months Employed:		
<b>Previous Employment</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Employer		
Employer Address		
City/State/Zip		
Position/Title		
Start and End Dates of Employment		
Number of Years / Months Employed:		
<b>Other Previous Employment</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Employer		
Employer Address		
City/State/Zip		
Position/Title		
Start and End Dates of Employment		
Number of Years / Months Employed:		

## ANNUAL INCOME

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

*\*\*Net income is the total revenue after deductions or allowances are taken out, such as taxes or insurance.*

Source	Applicant	Co-Applicant	Other Household Member 18 or Older	Gross* Household
Gross* Salary (Primary Job)	Hr. Wage: _____ Hr. Per Week: _____ <b>Annual:</b> _____	Hr. Wage: _____ Hr. Per Week: _____ <b>Annual:</b> _____	Hr. Wage: _____ Hr. Per Week: _____ <b>Annual:</b> _____	
Gross* Salary (Secondary Job)	Hr. Wage: _____ Hr. Per Week: _____ <b>Annual:</b> _____	Hr. Wage: _____ Hr. Per Week: _____ <b>Annual:</b> _____	Hr. Wage: _____ Hr. Per Week: _____ <b>Annual:</b> _____	
Gross* Salary (Third Job/Overtime Pay)	Hr. Wage: _____ Hr. Per Week: _____ <b>Annual:</b> _____	Hr. Wage: _____ Hr. Per Week: _____ <b>Annual:</b> _____	Hr. Wage: _____ Hr. Per Week: _____ <b>Annual:</b> _____	
Bonuses				
Commissions				
Child Support				
Alimony				
Interest and/or Dividends				
Net** Income from Business				
Lease/property income				
Social Security				
Pensions, Retirement (VA, IPERS, 401(k), IRA, etc.)				
Unemployment Benefits				
Workers Compensation, etc.				
Welfare Assistance				
Other Regular Contributions and/or gifts given to you				
<b>TOTALS:</b>				



	<b>Applicant</b>		<b>Co-Applicant</b>	
Can you document your child support/alimony income? If yes, how long will it continue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regarding other employment, have you worked in this field for two years or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**INCOME TAX INFORMATION**

Did you file a Federal Income Tax Return last year? <input type="checkbox"/> Yes <input type="checkbox"/> No ,explain _____
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<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>

**Please return completed application and required documents to:**

**SIMPCO**  
**Attn: Housing Department**  
**1122 Pierce Street**  
**Sioux City, IA 51105**  
**Phone: 712-279-6286**  
**Fax: 712-279-6920**  
**Email: [simpco@simpco.org](mailto:simpco@simpco.org)**



## 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 the Siouxland Interstate Metropolitan Planning Council (SIMPCO) to obtain all information and documents that they request as they relate to my application for assistance. In submitting this application, I agree to and acknowledge the following:

I/We authorize SIMPCO for the purpose of determining program eligibility to obtain Verification of Employment or Verification of Income Documents from employers, lenders and all relative income sources.

I/We authorize SIMPCO for the purpose of determining program eligibility to obtain Verification of Assets from any related source such as, but not limited to 401k, IRA's, other investment statements, checking and savings and life insurance with a cash value.

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 the information in this application is true and correct. I (we) understand 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 than \$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 WILL REMAIN OWNER-OCCUPIED AS MY/OUR PRINCIPAL RESIDENCE. I UNDERSTAND THAT A RECEEDING DEED RESTRICTION WILL BE FILED ON MY PROPERTY FOR A 5 YEAR TERM.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

# United States Citizenship Attestation Form

I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act. My immigration status and alien number are as follows: \_\_\_\_\_ . In addition to this Form, I have included a current and legible copy of the front and back of one or more of the available USCIS forms, (listed below), required for verification.

1. I-327 (Reentry Permit)
2. I-551 (Permanent Resident Card)
3. I-571 (Refugee Travel Document)
4. I-766 (Employment Authorization Card)
5. Certificate of Citizenship
6. Naturalization Certificate
7. Machine Readable Immigrant Visa (with Temporary I-551 Language)
8. Temporary I-551 Stamp (**on passport or I-94**)
9. I-94 (Arrival/Departure Record)
10. **Unexpired** Foreign Passport (**must include an I-94**)
11. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
12. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

Print Name: \_\_\_\_\_  
(First, Middle, Last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**MORTGAGEE/LOSS PAYEE REQUEST**

I hereby request the additional of a MORTGAGEE/LOSS PAYEE to my Property Insurance for the below-identified property. Property must be covered by property insurance (Homeowner’s hazard and liability insurance) in an amount equal to, or greater than, the replacement cost of the unit/property (including detached buildings). Property insurance must be maintained throughout the duration of the Deed Restriction/Mortgage Loan/Promissory Note period.

**INSURED INFORMATION**

Insured Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Property Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

**MORTGAGEE OR LOSS PAYEE INFORMATION**

Mortgagee/Loss Payee Name Siouxland Interstate Metropolitan Planning Council (SIMPCO)

Mortgagee/Loss Payee Address Line 1 1122 Pierce St.

Mortgagee/Loss Payee Address Line 2 \_\_\_\_\_

Mortgagee/Loss Payee City/State/Zip Sioux City, IA 51105

Mortgagee/Loss Payee Phone Number 712-224-8912

Mortgagee/Loss Payee Fax Number 712-279-6920

Other Instructions to Insurance Company:

Please provide evidence of insurance annually by regular mail to the Mortgagee/Loss Payee address listed above.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Insured \_\_\_\_\_

Date \_\_\_\_\_



# Siouxland Interstate Metropolitan Planning Council (SIMPCO)

1122 Pierce St., Sioux City, IA 51105

Phone: (712) 279-6286

Fax: (712) 279-6920

## Client Agreement

Receipt of this letter is not a guarantee of funding approval. Once SIMPCO has received the above 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 and will be for the total amount of assistance received.

❖ 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: Jenny Anderson  
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.



## REQUIRED INCOME VERIFICATION 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 your application cannot be processed until all documents are received.

**INCOME DOCUMENTS NEEDED**

- Identity Verification Documents - Provide a copy of the Driver's License and Social Security cards for each adult age 18+ that will be living in the home.
- Copies of previous one (1) year complete **federal** income tax returns including federal forms, W-2s, attachments, etc. IF SELF EMPLOYED - Copies of previous three (3) years complete **federal** income tax returns including federal forms, **W-2s, attachments**, etc. Please do not provide copies of state income tax returns.
- Most recent six (6) consecutive pay stubs covering at least two (2) month time period from current employment of all wage earners age 18+ in the household. OR request a Verification of Employment form.
- Copy of unemployment benefits and/or workers compensation benefits, if applicable.
- Copy of Verification (Benefits Letter) of Social Security, Disability, and other Federal and State income.

**ASSET DOCUMENTS NEEDED** - If your total assets are less than \$5,000 the only thing needed is the UNDER \$5,000 ASSET CERTIFICATION FORM if they are over \$5,000 please submit the applicable documents

- Copies of most recent two (2) months bank statements from all accounts (checking, savings, etc).
- Copy of all life insurance cash value and retirement account statements (401k, etc.).
- Copy of all investment account statements such as stocks, bonds, annuities, etc.

**OTHER DOCUMENTS THAT ARE NEEDED TO PROCESS YOUR APPLIATION**

- Copy of divorce decree/child support order, if applicable.
- Copy of legal description for deed.
- Proof of homeowners insurance
- Verification mortgage is current
- Proof of U.S. veteran status (official U.S. military ID or VA benefits photo ID card)