

# Siouxland Interstate Metropolitan Planning Council (SIMPCO)

*In Partnership With*

## Western Iowa Community Improvement Regional Housing Trust Fund

6401 Gordon Drive  
Sioux City, Iowa 51106  
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
<b>Gross* Salary (Primary Job)</b>	Hr. Wage _____ Hrs. per week _____ Annual \$ _____	Hr. Wage _____ Hrs. per week _____ Annual \$ _____	Hr. Wage _____ Hrs. per week _____ Annual \$ _____
<b>Gross* Salary (Second Job)</b>	Hr. Wage _____ Hrs. per week _____ Annual \$ _____	Hr. Wage _____ Hrs. per week _____ Annual \$ _____	Hr. Wage _____ Hrs. per week _____ Annual \$ _____
<b>Bonuses</b>			
<b>Social Security</b>			
<b>Retirement</b>			
<b>Child Support</b>			
<b>Unemployment</b>			
<b>Commission/Tips</b>			
<b>Other</b>			
<b>Other</b>			

### 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.	

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Applicant Printed Name

Signature

Date

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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.

