

Rehabilitation Programs Application Check List: The following documents will need to be submitted with your application:

- One year (most recent) tax return & W2s for everyone in the household over the age of 18.
 - If self-employed – two years of tax returns and W2s are required.
- Last six weeks of all employer check stubs for everyone in the household over the age of 18.
- Social Security Benefits - If you receive social security benefits, please provide a copy of your Award Letter as verification of benefit. You may contact the Social Security Administration office at 1-800-772-1213 to receive a copy of the letter.
- If anyone in the household is receiving child support, please submit documentation such as a divorce decree, Child Support Recovery Unit statement or other proof of support.
- If anyone in the household is receiving unemployment, a statement from the Iowa Workforce Development office is required. (We are also able to retrieve this information by submitting the authorization to release information form that you signed).
- If anyone in the household is receiving any other type of income (pension, FIP, rental income, etc.,) you will be required to submit appropriate documentation as well.
- Most recent bank statements from all banks and/or lenders that you are affiliated with for everyone in the household over the age of 18 including all retirement accounts. (computer printouts are only acceptable if they are an actual copy of the statement).
- Most recent mortgage statement (computer printouts are only acceptable if they are an actual copy of the statement).
- Copy of your homeowner's insurance Declaration Page(s).
- Completed and signed Income and Expense Analysis form included in application.
- Completed and signed Under \$5,000 Asset Certification form included in application – Please document all interest rates for all assets. For any life insurance policies or retirement plans, please include most current statement.

Please Note: Incomplete applications will not be accepted. All supporting documentation is required to be submitted for an application to be complete.

DO NOT PRINT APPLICATION AS A DUPLEX DOCUMENT



**Housing and Community Development
Housing Rehabilitation Program**
350 W. 6th Street, Suite 312
Dubuque, IA 52001
Office (563) 690-6094

LOAN APPLICATION:

Date: _____

APPLICANT INFORMATION

Legal First Name	Middle Initial	Last Name	Gender Identity
Date of Birth	Age	Social Security Number	Contact Phone
Street Address			How Long
City	State	Zip Code	Email Address
Employer PRIMARY	Phone Number	Monthly Gross Income	No. years employed
Employer SECONDARY	Phone Number	Monthly Gross Income	No. years employed

CO-APPLICANT OR SPOUSE

Legal First Name	Middle Initial	Last Name	GENDER
Relationship	Date of Birth	Age	Social Security Number
Contact Phone			
Employer PRIMARY	Phone Number	Monthly Gross Income	No. years employed
Employer SECONDARY	Phone Number	Monthly Gross Income	No. years employed

Number of Individuals living in household _____ **Number of Dependents under age 18** _____
Number of individuals living in household 62+ _____ **Number of Handicapped/Disabled** _____

HOUSEHOLD INFORMATION

List all other individuals living in your household: (attached additional sheet if needed)

NAME	AGE	RELATIONSHIP	EMPLOYMENT (if 18 or older)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you Hispanic? _____

What is the ethnic origin of the persons living in the household?

- White Black/African American Asian American Indian/Alaskan native
- Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White
- Asian & White Black/African American & White Other Multi-Racial

The U.S. Department of Housing and Community Development (HUD) requires the above information be collected for using this service. This information is confidential and for reporting purposes only.

Is the female the head of household? ___Yes ___NO

Are you: Single Married Divorced Widowed Separated Co-habiting

Do you have any dependents not residing in this household? Y/N If yes, please explain: _____

How did you hear about our Programs?: _____

Please list any other sources of income in your household and by whom it is received: (*Child support, FIP, Pension, Rental Income, Social Security, SSI/SSDI, Veteran's benefits, etc.*)

PERSON RECEIVING	TYPE OF INCOME	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever filed bankruptcy/foreclosure: ___ NO ___ YES When? Please explain: _____

If you have any collections, judgments or other liens (other than a mortgage), they will need to be addressed and/or paid before approval will be granted.

Ownership Status:

If you own: Please check the method of purchase:

_____ Mortgage (holder): _____

_____ Contract (holder): _____

NOTE: If your home is on land contract, you must send a copy of the recorded contract with this application.

Monthly Payment:

_____ Mortgage or Contract is paid in full

\$ _____

_____ Partnership _____
(name)

Date of Purchase: _____

Purchase Price: _____

Description of Building:

No. of bedrooms: _____ No. of Units: _____ No. of Stories: _____

Type of Construction: _____
Brick Frame

Requested Repairs: _____

Insurance Company Name _____

MONTHLY PAYMENTS/LOANS/CREDIT CARD EXPENSES

(ex. Car loans, Student loans, credit cards, child support, alimony, etc.)

Type of debt:	Original Amount:	Monthly Payment:	Balance:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSETS OF HOUSEHOLD:

Checking Account

(Name all institutions)

Institution: _____

Balance: _____

Institution: _____

Balance: _____

Savings Account

(Name all institutions)

Institution: _____

Balance: _____

Institution: _____

Balance: _____

Applicant Certification:

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining some type of rehab assistance is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of the application/loan.

Printed Name

Signature

Date

Printed Name

Signature

Date



Housing and Community Development
 Housing Rehabilitation Program
 350 W. 6th Street, Suite 312
 Dubuque, IA 52001
 Office (563) 690-6094

ASSET SELF-CERTIFICATION

Applicant's Name _____ Social Security Number _____

Financial Institution _____ Account Number _____

Please complete all that apply:

My Assets Include: **(ALL INTEREST RATES MUST BE DOCUMENTATED BELOW)**

	NAME OF FINANCIAL INSTITUTION	AMOUNT	% OF INTEREST PAID	PENALTY FOR EARLY WITHDRAWAL
Checking Account Balance			%	
Checking Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Certificate of Deposit			%	
Certificate of Deposit			%	
Stocks/Bonds			%	
Annuity			%	
IRA			%	
IRA			%	
401K			%	
401K			%	
Life Insurance Policy			%	
Life Insurance Policy			%	
Equity in Real Estate other than your Home			%	
Other (list)			%	

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Signature _____ Date _____

Signature _____ Date _____



EXPENSE ANALYSIS

NAME: _____

ADDRESS: _____

MONTHLY HOUSING EXPENSES: Please leave blank if applying for down-payment assistance

Mortgage:		
1st Mortgage		\$
Mortgage Insurance		\$
Property Taxes		\$
House Insurance		\$
HOA Fees		\$
City Loan		\$
Utilities:		
Water/Sewer/Trash		\$
Heat		\$
Electrical		\$
House Maintenance		\$
Other (explain)		\$
TOTAL		\$

MONTHLY EXPENSES:

Auto Payment(s)		\$
Note/Loan Payments (unsecured)		\$
Mortgage Payments (other property)		\$
Credit Card Payments		\$
Student Loan Payments		\$
Child Support/Alimony Payments		\$
Insurance Premiums:		
Auto		\$
Health		\$
Dental/Vision		\$
Medical Bills (Co-Pays/Out of pocket expenses)		\$
TOTAL		\$

OTHER MONTHLY EXPENSES:

Food (groceries, etc.)		\$
Personal:		
Clothing		\$
Entertainment (including dining out)		\$
School/Education Expenses		\$
Auto Expenses (gas and repairs)		\$
Child Care (day care)		\$
Cable TV, High Speed Internet, Netflix		\$
Telephone (regular and cell)		\$
Other (ex: animal care, etc.)		\$
TOTAL		\$

TOTAL MONTHLY EXPENSES:

\$ _____

Signature _____

Date _____

Please note if you receive any assistance such as food stamps \$ _____ WIC \$ _____ Fuel Assistance \$ _____

***Note: By signing above, I certify that the information I provided above is true.**



AUTHORIZATION FOR THE RELEASE OF INFORMATION

Organization requesting release of information:
City of Dubuque Housing and Community Development Department
350 West 6th Street, Suite 312
Dubuque IA 52001
(563) 690-6094
(563) 690-6695 (fax)

Purpose: I/We have applied for a Program with the City of Dubuque Housing and Community Development Department. As part of the application process, the City may verify information contained in my/our application and in other documents required in connection with the Program at any given time or as part of its' quality control program.

Authorization: I/We authorize you to provide the City of Dubuque with any and all information and documentation that they request.

Inquiries may be made about, but not limited to the following:

- Employment History and Income
- Income from Child Support, Unemployment, Alimony, etc.
- Bank Information
- Credit Report/History
- Retirement accounts, pension funds, life insurance, money markets, etc.

I, _____, authorize the PHA (City of Dubuque Assisted Housing Program) to disclose my EIV income information to other Programs of the Housing and Community Development Department. I understand that the PHA is not responsibility for any misuse or subsequent disclosure of my EIV income information to the above named or any other person that may obtain my EIV income information from me or the above-named. I am approving release of my gross income, including asset income, from the most recent reexamination for calendar year 2021-2022.

Conditions:

I agree that photocopies of this authorization may be used for the purpose stated above. This release shall remain in effect for 12 months or until revoked in writing, whichever comes first.

Full Legal Name: _____

Address: _____

Date of Birth: _____

Social Security # _____

Signature

Date

Full Legal Name: _____

Address: _____

Date of Birth: _____

Social Security # _____

Signature

Date