

Owner Occupied Housing Rehab Loan Program

This application is for use in determining eligibility for the City of Davenport's Owner Occupied Housing Rehab Loan Program. Please review the attached program brochure as this program is funded by a federal grant with income, asset and property eligibility requirements. This is a loan program, if you are eligible and approved, you will have to pay back any money that is loaned to you. Your house will be secured with a mortgage.

This application must be submitted in person, if you are unable to bring in your application, please contact our office at 563-326-7765.

Step 1. Complete and sign the application.

Step 2. You must provide complete information regarding your mortgage(s) if applicable and insurance, including phone numbers and fax numbers.

Step 3. You must provide complete information regarding any employers, including phone numbers and fax numbers.

Step 4. If you have any account with Wells Fargo , checking, savings, mortgage, etc., complete the attached Wells Fargo form for asset verification.

Step 5. Review consents, any member of the household over 18 years of age will need to submit a copy of their photo id, social security card, and needs to sign all consents.

Step 6. All members of the household over 18 years of age must complete the student status form.

Step 7. With your application, submit the last 3 months of your mortgage payment statements.

Step 8. Review the application checklist, if you or any member of your household receives, SSI/SSDI, FIP, Zero Income, No Bank Account, or Child Support, please follow the

City of Davenport

Community Planning and Economic
Development, City Hall, 2nd Floor
226 West 4th Street
Davenport, Iowa 52801

Interpretive services are available at no charge. Servicios
interpretativos libres estan disponibles





Owner Occupied Housing Rehab Loan Program

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. DO NOT RETURN BY MAIL.
 Incomplete applications will not be accepted and will delay the application process. When you have completed this application, bring it along with any required attachments to the Community Planning & Economic Development Department Office on the second floor of City Hall. If you need accommodations, please call 563-326-7765.

◆ Current Address (including zip) _____

◆ Head of Household (first, middle, last name): _____

Did you recently, or do you now, call yourself by any other name? _____

If so, please provide name _____

Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated

- I am a:
- US Citizen (*provide social security card*)
 - Permanent Resident Alien (*provide supporting documentation*)
 - Other (*provide supporting documentation*)

◆ Co-Applicant (first, middle, last name): _____

Did you recently, or do you now, call yourself by any other name? _____

If so, please provide name _____

Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated

- I am a:
- US Citizen (*provide social security card*)
 - Permanent Resident Alien (*provide supporting documentation*)
 - Other (*provide supporting documentation*)

◆ Telephone: Home _____ Work _____ Cell _____

E-mail Address: _____

Household Members: (**include yourself** and **co-applicant** plus **all others** who will reside in the property being purchased, **regardless of relationship**)

NAME	D.O.B	AGE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD

- ♦ Is anyone in the household self-employed? _____ Yes _____ No
If yes, the self-employed person(s) must complete IRS Form 4506T (call 563-326-7765 to request)

If not self-employed:

- ♦ Employer (Head of Household) _____
Employer's Address _____
Employer's Phone # _____ Fax # _____ How long have you worked there? _____
Amount of Income: \$ _____ per (circle one) **week 2 weeks month year**

- ♦ Employer (Co-Applicant) _____
Employer's Address _____
Employer's Phone # _____ Fax # _____ How long worked there? _____
Amount of Income: \$ _____ per (circle one) **week 2 weeks month year**

♦ **Other Sources of Household Income:** Report all additional income of all persons in the household who are 18 or older. Report all income, earned and unearned. Other income includes: Social Security, SSI, FIP, Pension, Child Support, Alimony, Interest, Investment income, rent or royalty payments, self-employment, etc.
If you receive Social Security, SSI or Disability; you will need to bring us a copy of your Annual Income Statement.

- A. **Provider:** _____ **Paid to:** _____
Provider Address: _____
Provider City/State/Zip _____
Provider Phone # _____ Provider Fax # _____
Amount of Income: \$ _____ per (circle one) week / 2 weeks / month / year

- B. **Provider:** _____ **Paid to:** _____
Provider Address: _____
Provider City/State/Zip _____
Provider Phone # _____ Provider Fax # _____
Amount of Income: \$ _____ per (circle one) week 2 weeks month year

- C. **Provider:** _____ **Paid to:** _____
Provider Address: _____
Provider City/State/Zip _____
Provider Phone # _____ Provider Fax # _____
Amount of Income: \$ _____ per (circle one) week 2 weeks month year

- D. **Provider:** _____ **Paid to:** _____
Provider Address: _____
Provider City/State/Zip _____
Provider Phone # _____ Provider Fax # _____
Amount of Income: \$ _____ per (circle one) week 2 weeks month year

◆ Property Information:

How would you best describe this property (circle one):

- Single Family House Duplex (you are the owner and live in one of the units)

***NOTE: Contract Sales (you are buying your house on contract) are not eligible for these programs per the Federal Guideline.**

- ◆ Does anyone in the household own any real estate (including a mobile home)?
(circle one) YES NO

If so, what is the address? _____

- ◆ Do you have a mortgage loan? YES NO Do you have a reverse mortgage? YES NO

- ◆ Where do you send your house (mortgage) payment? (Provide name of institution or person and address)

Company _____ Loan # **(required)** _____
Address _____ Phone # _____
_____ Fax# _____

- ◆ Do you have a (circle one) second mortgage, home equity loan, or an equity line of credit? YES NO

Company _____ Loan # **(required)** _____
Address _____ Phone # _____
_____ Fax# _____

- ◆ Do you have homeowner's insurance? (circle one) YES NO **(Homeowner's Insurance is required)**

Company _____ Policy # **(required)** _____
Address _____ Phone # _____
Agent _____ Fax# _____

- ◆ Housing Expenses: (Report the average cost the period covers)

Monthly House Payment \$_____ Does this include taxes and insurance? YES NO
Property Taxes \$_____ (circle one) half-year payment / monthly payment
Insurance \$_____ (circle one) half-year payment / monthly payment

Are utilities in your own name(s)? YES NO If not, list name _____

Gas & Electric payment \$_____ Are you on a budget payment plan? YES NO
Water payment \$_____ (circle one) quarterly monthly other _____
Sewer payment \$_____ (circle one) quarterly monthly other _____

15. Are you current on all housing expenses? YES NO (if not, circle those that are behind):
Rent Insurance Gas & electric Water Sewer Cable Satellite

16. Other monthly expenses -- Provide name of party owed, the monthly payment & current balance. Include payments to doctors, hospitals, pharmacies and child care payments, student loans, car payments (provide addresses for medical & childcare payments, please). EXAMPLE: JC PENNEY, \$15.00 payment, \$354.00 balance (use additional paper if necessary)

- a. Owe: _____ Payment: \$ _____ Balance \$ _____
b. Owe: _____ Payment: \$ _____ Balance \$ _____
c. Owe: _____ Payment: \$ _____ Balance \$ _____
d. Owe: _____ Payment: \$ _____ Balance \$ _____

♦ **Savings and Assets:** (List savings and checking accounts; stocks, bonds, savings certificates, money market funds; equity in real property, capital investments; trusts that are available to the household; IRA, Keogh, and similar retirement savings accounts; company retirement/pension funds that can be withdrawn without retiring or terminating employment; inheritances, capital gains, lottery winnings, insurance settlements; personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.; cash value of life insurance policies.)
PROVIDE FULL AND ACCURATE ADDRESSES!

Assets for all household members 18 and older must be listed here. Use additional sheets as necessary. If a household member has no assets, complete the No Financial Account Self-Affidavit (included with application). If a household member has an account at Wells Fargo, complete the Wells Fargo Verification Form included in application.

Household Member	Asset Type	Account Number	Bank/Company	City/State/Zip	Fax
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> IRA <input type="checkbox"/> real estate <input type="checkbox"/> bonds <input type="checkbox"/> stocks <input type="checkbox"/> CDs <input type="checkbox"/> other				
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> IRA <input type="checkbox"/> real estate <input type="checkbox"/> bonds <input type="checkbox"/> stocks <input type="checkbox"/> CDs <input type="checkbox"/> other				
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> IRA <input type="checkbox"/> real estate <input type="checkbox"/> bonds <input type="checkbox"/> stocks <input type="checkbox"/> CDs <input type="checkbox"/> other				

Disability: Are there any members of your household with a disability? YES NO

If yes, explain below what housing rehabilitation is needed to accommodate the person(s) with a disability. _____

- ♦ Repairs Needed: (Remember to include any repairs needed to provide access for the handicapped.)
Describe the repairs needed in your home. (FOR EXAMPLE: shingles worn, roof leaks, water in the basement, window sills rotted, poor water pressure, inadequate plumbing, electrical short, etc.)

If chosen, pictures of your property will be used in brochures and other program materials.

How did you hear about our program(s)?

___ Friend/Family ___ Mailing ___ Newspaper ___ Television ___ Website

Other (please specify) _____

I/we hereby certify that all the information given is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected.

Head of Household

Date

Co-Applicant

Date



Federal fair housing law and local civil rights ordinances bars discrimination in the sale, rental, or financing of dwellings based on race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, ancestry, sexual orientation, gender identity or disability. It also requires reasonable modification of dwellings and reasonable accommodation in policies for persons with disabilities.



226 West 4th Street
 Davenport, IA 52801
 Phone: 563-326-7748

HUD PROGRAM ELIGIBILITY RELEASE FORM

Purpose: Your signature on this HUD Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Housing Rehabilitation programs administered by the City of Davenport.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HUD Program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefits.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506-T, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Authorization: I authorize the above-named HUD Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation Program.

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- 3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household – Signature, Printed Name, and Date:
 Family Member: HEAD OF HOUSEHOLD

X

Other Adult Member of the Household – Signature, Printed Name, and Date:
 Family Member #2

X

Other Adult Member of the Household – Signature, Printed Name, and Date
 Family Member #3

X

Other Adult Member of the Household – Signature, Printed Name, and Date
 Family Member #4

X

Community Planning and Economic Development
226 West Fourth Street • Davenport, Iowa 52801
Telephone 563-326-7765 • TDD: 563-326-6145
www.cityofdavenportiowa.com

Equal Credit Opportunity Act

APPLICATION NO:

PROPERTY ADDRESS:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, sexual orientation, or disability; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with the law concerning this Mortgage Company is the Federal Trade Commission, Pennsylvania and 6th Street N.W., Washington, D.C. 20580.

We are required to disclose to you that this program qualifies as a Special Purpose Credit Program under 12 CFR 1002.8 of the Equal Credit Opportunity Act for the benefit of low to moderate income persons. Pursuant to 12 CFR 1002.8 (c) information on alimony, child support, and separate maintenance payments may be requested and considered.

Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

(Applicant)

(Date)

(Applicant)

(Date)

(Applicant)

(Date)

(Applicant)

(Date)



Student Status Self Affidavit

List all members of the household who are either:

- currently enrolled in college, vocational, technical or other post-high school formal training; OR
- will be enrolled within the next 12 months in college, vocational, technical or other post-high school formal training.

Name	Age	Institution	Status (Circle)
1 _____			Full Time/Part Time
2 _____			Full Time/Part Time
3 _____			Full Time/Part Time
4 _____			Full Time/Part Time

For each individual attending college, vocational, technical, or other post-high school formal training, please complete the information below:

Household Member 1 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

Household Member 2 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

Household Member 3 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

Household Member 4 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

If no one in the household is enrolled in (nor will become enrolled in) these types of programs during the next 12 months, please check "No" below and sign and date the form.

By checking this box, I certify that no member of this household is a full or part time student at any post-high school college, technical, vocational, or other formal training program, and no member of this household will be enrolled in such a program during the next 12 months.

I/we hereby certify that all information given is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected.

Signature of Applicant

Date

Signature of Co-Applicant

Date

ZERO INCOME VERIFICATION

APPLICANT NAME: _____ SSN: _____

ADDRESS: _____

I, _____, HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. Wages from any type of employment (including commission and fees).
2. Income from the operation of a business. (Self-employment -Avon, Mary Kay, etc.)
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment
7. Public Assistance: Family Investment Program (FIP),
General Assistance (GA),
Supplemental Assistance (MSA), etc.
8. Alimony or Child Support
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
10. Regular monthly cash contributions from an outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

PRINT NAME

SOCIAL SECURITY#

SIGNATURE

DATE

PHONE NUMB

WARNING:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



No Financial Account Self Affidavit

I, _____, do not have any type of checking, savings, IRA, real estate, bonds, stocks, CDs or other types of accounts at any financial institutions.

Name _____

Date _____

APPLICATION CHECKLIST

Complete this checklist before turning in your application. Incomplete applications will not be accepted.

___ COMPLETED APPLICATION – Fill in phone numbers, fax numbers, and account numbers where needed.

___ SIGNED APPLICATION – Must be signed by the applicant and spouse / co-applicant

___ SIGNED HUD PROGRAM ELIGIBILITY FORM - Must be signed by all household members 18 years of age & over

___ SIGNED EQUAL CREDIT OPPORTUNITY ACT - Must be signed by all household members 18 years of age & over

___ SOCIAL SECURITY CARDS/PROOF OF LEGAL US RESIDENCY – Bring in the original Social Security Card and/or immigration documentation for all household members 18 years of age and over to be photocopied.

___ PHOTO ID – Bring a Photo ID/Driver's License for all household members of 18 years of age and over to be copied.

___ STUDENT STATUS – Complete the student status form for all household members, 18 year of age and over. If no students in the household check appropriate box, sign, and return.

___ MORTGAGE STATEMENTS - Bring the last 3 months of mortgage payment statements for your property, if you currently have a mortgage on your property.

DOCUMENTATION OF INCOME – ONLY CHECK ONES THAT APPLY TO YOUR HOUSEHOLD

___ SOCIAL SECURITY OR SSI STATEMENT OF ANNUAL INCOME- Provide the Statement of Annual Income for any member of the household that receives Social Security, SSI or Disability payment.

___ FIP – Provide the Annual Notice of Decision for any household member receiving FIP.

___ SELF-EMPLOYED PROOF OF INCOME – Sign the IRS form 4506-T (available at our office) so we may request a transcript of your tax returns. (Do not bring in your tax returns, we cannot accept them.)

___ ZERO INCOME – Complete the Zero Income Form for all members of the household, 18 years of age and over who do not receive any income. (Included with this application, but only complete if this applies to a household member)

___ NO BANK ACCOUNT – Complete the No Financial Account Self Affidavit form for each member of the household 18 years of age and over who does not have any of the assets listed. (Included with this application, but only complete if this applies to a household member)

___ CHILD SUPPORT – Please include the CA number for each child on page 2 (please see "Other sources of income.")

If you have questions regarding your application or any of the supporting documentation, please call 563-326-7765.

29565

**WELLS
FARGO**

Verification of Deposit Housing Assistance Agencies

For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To.....1-336-796-8722
Online Instructions.....www.wellsfargo.com/biz/vod
Balance Confirmation Services.....1-540-563-7323

SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City State Zip

Requester Email (optional)

- -

Requester Phone Number Return Fax Number

SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

- -

Customer One Social Security Number

/ / 20

Month Day Year

Account Number(s) (Required)

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date