

UNDERWOOD OWNER-OCCUPIED REHABILITATION PROGRAM
APPLICATION FOR PROGRAM ASSISTANCE

In submitting this application, I agree to and acknowledge the following:

1. I allow inspections of my home to determine eligibility and probable cost. If the Program Administrator / Rehabilitation Technician determines my property **not** to be clean and sanitary, he/she will give me two weeks notice to clean my property prior to his/her initial inspection. If after those two weeks, I have not cleaned my property, I will be determined ineligible for assistance.
2. There will be no rehabilitation work done unless I authorize it in writing.
3. Any rehabilitation work done on my home will be guaranteed for a minimum of one year by the contractor.
4. Any rehabilitation work done that is **not** authorized by the Community's Housing Rehabilitation Committee will be done at my expense and the Community will not be responsible for the workmanship of any unauthorized rehabilitation work.
5. If at anytime during the application process or the construction period, there is a change in my household income, or family or household composition, I agree to report this change to the Community.
6. I reserve the right to withdraw from this program at any time prior to contract signing.
7. I acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by the Community and its administrative personnel.

Complete the enclosed application (answering all questions). Answer "Not Applicable" or "N/A" if the question does not pertain to you. Return the completed application to:

**Underwood City Hall
218 2nd Street
Underwood, IA 51576**

UNDERWOOD OWNER-OCCUPIED REHABILITATION PROGRAM

HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD NAME:

ADDRESS:

CITY / STATE / ZIP CODE:

TELEPHONE #:

SOCIAL SECURITY #:

AGE: _____ RACE: _____

OTHER PERSONS LIVING AT THIS ADDRESS:

NAME	AGE	SOCIAL SECURITY #	RACE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of these people have a diagnosed handicap or disability? YES / NO

If yes, please explain: _____

If you have planned child care expenses, please list the name and address of the child care provider: _____

If you have monthly medical expenses, please list the billing agency and address:

INCOME AND ASSET INFORMATION

Please provide total gross income (the amount prior to any deductions) from **all** persons living in the household. (Include any rental income, welfare benefits received, Veteran's Administration benefits, Social Security benefits, pension(s) payment(s), retirement fund(s) payment(s), unemployment compensation, child support, alimony, etc.):

HOUSEHOLD MEMBER'S NAME	ANNUAL INCOME	SOURCE OF INCOME AND ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS OR INVESTMENTS	AMOUNT	INTEREST RATE	NAME OF BANK / SOURCE AND THEIR ADDRESS
Savings Account	_____	_____	_____
Savings Account	_____	_____	_____
Checking Account	_____	_____	_____
Stocks / Bonds	_____	_____	_____
CDs / Other	_____	_____	_____

IF YOU FILE AN INCOME TAX RETURN, PLEASE PROVIDE A COPY (BOTH FEDERAL AND STATE) WITH THIS APPLICATION.

HOUSING INFORMATION

Age of Home: _____ Date of Purchase: _____

Do you have a mortgage on the home? YES / NO If yes, what is the name and address of your mortgage lender? _____

Do you have a land sales contract on the home? YES / NO If yes, what is the name and address of the of the lands sales contract seller? _____

Is your home a manufactured home? YES / NO

Do you own any other real property other than your home? YES / NO If yes, where is it located? _____

Name and address of your housing (property) insurance agent: _____

HOUSING EXPENSES

Monthly Mortgage Payment (principal and interest): _____

Annual Real Estate Property Taxes: _____

Annual Property Insurance: _____

Monthly Average Utilities Expense *: _____

* (Heat, electricity, water, sewer & trash only)

Who is your Natural Gas, LP Gas or Fuel Oil supplier? _____

Who is your Electricity supplier? _____

Who is your Water supplier? (Indicate if it is a private well)? _____

How many bedrooms are there in your home? _____

COMMENTS: _____

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____