

Dear Applicants,

Thank you for your interest in our **Critical Home Repair program!** Critical home repair is designed to help keep people in their homes by alleviating critical health, life, and safety issues or code violations. In the past, we have completed projects like replacing windows and doors, building a ramp to make the home wheelchair accessible, or replacing a broken furnace or water heater. We want to help homeowners who are affected by age, disability, or family circumstances, and struggle to maintain the integrity of their homes.

Here are a few of the requirements to be selected to this program:

1. You live in Marion County and have owned your home for a minimum of one year.
2. You are willing to give a little time volunteering on your project or with another non-profit organization (depending on your abilities).
3. Your home requires a repair that you are unable to pay for.
4. You meet our income requirements by being under 80% of the local median income:
 - a. Households of 1 or 2: Make under \$77,200/year.
 - b. Households of 3 to 5: Make under \$88,780/year.
 - c. Households of 6: Make under \$88,950/year.
 - d. Households of 7: Make under \$95,050/year.
 - e. Households of 8 or more: Make under \$101,200/year.
5. You are open and honest with all information provided in this application.

All projects are subject to availability of awarded grant funding

Call 641-828-8844 or email director@marionhfh.org with questions.

Please check boxes as you submit the following documents:

Check when completed	Required Documents
	A full and complete application packet <i>(all pages signed, even if not applicable)</i>
	Income verification: 3 mos. of paycheck stubs, annual social security letter for all members in the household, or most current tax return
	Three months of recent bank statements for all bank accounts
	Proof of child support or alimony <i>(if applicable)</i>
	Declarations page from your Homeowners Insurance Policy covering property
	Copy of one utility bill in homeowner's name to verify occupancy

Please describe your top three needed house repairs. If you have acquired any estimates or bids for the repairs, please include that info:



Application

for Critical Home Repair

Please send completed application & required documents to:
Habitat for Humanity of Marion County, Inc.
 2004 Hempstead Drive
 Pella, IA 50219
 (641) 828-8844

Dear Applicant:

Please complete this application to determine if you qualify for Critical Home Repair. Please fill out the application as completely and accurately as possible. All information you include in this application will be kept confidential.

APPLICANT INFORMATION			
Applicant		Co-Applicant	
Applicant's Name _____	Date of Birth _____	Co-Applicant's Name _____	Date of Birth _____
Social Security Number _____	Primary Phone _____	Social Security Number _____	Primary Phone _____
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Email Address _____		Email Address _____	
Dependents and others who will live with you:			
Name _____	Social Security Number _____	Birth Date _____	Male <input type="checkbox"/> Female <input type="checkbox"/>

Present Address (street, city, state, ZIP) _____		Present Address (if different from Applicant) _____	
How long have you owned your current home? _____			
What is your current mortgage payment? _____ Unpaid mortgage balance _____			
Do you own land, other than what your house is located on? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe _____			
Do you have animals in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Can they be kept separate from where contractors are working? <input type="checkbox"/> YES <input type="checkbox"/> NO			



EMPLOYMENT INFORMATION																								
Applicant		Co-Applicant																						
Name and Address of current employer	Years on This Job	Name and Address of current employer	Years on This Job																					
	Monthly (gross) Wages \$		Monthly (gross) Wages \$																					
Type of Business	Business Phone	Type of Business	Business Phone																					
If working at current job less than one year, complete the following information:																								
Name and Address of last employer	Years on This Job	Name and Address of last employer	Years on This Job																					
	Monthly (gross) Wages \$		Monthly (gross) Wages \$																					
MONTHLY INCOME AND COMBINED MONTHLY BILLS																								
Monthly Gross Income	Applicant	Co-Applicant	Others in Household ²	¹ Self-employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements. ² List additional household members over 18 who receive income: <table border="0"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Monthly Income</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> ³ Please attach a copy of a utility bill to show proof of occupancy.	Name	Monthly Income	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Monthly Income																							
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_____	_____																							
_____	_____																							
_____	_____																							
Base Employment Income ¹	\$	\$	\$																					
TANF																								
Food Stamps																								
Social Security																								
SSI																								
Disability																								
Alimony																								
Child Support																								
Other																								
total	\$	\$	\$																					

Are you willing to partner with HFHMCI in the form of sweat equity or volunteering in the community? YES NO

Do you understand that a small payment to HFHMCI is required in exchange for Critical Home Repair? YES NO
**Payment plans are available-please inquire with HFHMCI staff*

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for Critical Home Repair, my ability to repay the no-interest loan (if required) and other expenses of the Critical Home Repair program and my willingness to be a partner family. I understand that the evaluation will include personal visits, a background check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive Critical Home Repair, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and Applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed on the first page of the application to such an inquiry. I further understand that by completing this application, I am submitting myself and all persons listed on the first page of the application to a criminal background check and credit check.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

APPLICATION FOR ASSISTANCE

Address of Assisted Unit*:	
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Applicant Name*	Telephone Number	Email Address
Current Address*	City*	State* Zip Code*

HOUSEHOLD COMPOSITION*

Provide information for all household members below.

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Gender	Optional			Marital Status	Last 4 digits of SSN#
					Race	Ethnicity	Disabled		
1.	Self								
2.									
3.									
4.									
5.									
6.									

Relationship to HOH: H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; L-Live-in caretaker; or N-None of the above

Gender: M –Male; F –Female NR –chose not to respond

Marital Status: M-Married; S-Single; D-Divorced; SP-Separated; W-Widowed

Race: 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6 –Other; or 8 –Chose not to respond

Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 -Chose not to respond

Disabled: 1-Yes; 2-No; NR -chose not to respond -. See Fair Housing Act for definition of handicap (disability)

http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201

QUESTIONS – Please check **YES** or **NO** to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

1. Do you expect any additions to the household within the next 12 months*? Yes No

If Yes, explain: _____

2. Is there anyone living with you now who won't be living with you at this property*? Yes No

If Yes, explain: _____

3. Do you have any minor children*? Yes No

4. Are there any absent household members who normally would live with you*? Yes No

If Yes, explain: _____

5. Do any of the following statements apply to you*:

a. I have filed for bankruptcy Yes No

b. I have been convicted of property damage Yes No

c. I have been evicted from a rental unit (including an apartment, home, mobile home or trailer) Yes No

6. Will you or anyone in your household require a live-in care attendant*? Yes No

Name of Current Landlord

Phone Number

How long have you resided at your current address? _____ Years _____ Months Amt. of Rent/Payment: \$ _____

PREVIOUS HOUSING STATUS (Provide information on 2 previous addresses where you have resided)

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord		_____ Phone Number	

_____ Previous Address	_____ City	_____ ST	_____ Zip Code
How long did reside at your this address?	_____ Years	_____ Months	Amt. of Rent/Payment: \$ _____
_____ Name of Previous Landlord		_____ Phone Number	

HOUSEHOLD INCOME INFORMATION* (NOTE: All information will be verified by a third party)

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1.	Social Security, SSI or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Employment pensions or retirement benefits, veteran's benefits or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions and cash	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Unemployment benefits or workman's compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Alimony or child support (either court ordered or paid directly from the payor)?	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Regular payments from a severance package from a previous employer	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Regular payments from any type of settlement (insurance settlement/award from lawsuit)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Regular payments from disability, death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Regular payments from lottery winnings or inheritances	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	Regular payments from rental property (land contracts or other real estate transactions	<input type="checkbox"/>	<input type="checkbox"/>	\$
15.	Educational grants, scholarships or other student benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
16.	Any other sources of income not listed	<input type="checkbox"/>	<input type="checkbox"/>	\$
17.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	If Yes, Please _____			
18.	If you have answered no to questions 1-17, Are you claiming that you have ZERO Income	<input type="checkbox"/>	<input type="checkbox"/>	N/A

The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval for assistance. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, <u>AND</u> ADDRESS, PHONE & FAX NUMBERS (i.e. employers, public assistance office, social security, pension fund, etc.)				
	Name:				Address:
	Start Date:	Phone:			Fax:
	Name:				Address:
	Start Date:	Phone:			Fax:
	Name:				Address:
	Start Date:	Phone:			Fax:
	Name:				Address:
	Start Date:	Phone:			Fax:

HOUSEHOLD ASSETS* (NOTE: All information will be verified by a third party)

	DO YOU HAVE MONEY HELD IN:	YES	NO	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or treasury bills	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Any capital gains (assets sold in excess of purchase price) during the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	IRA, KEOGH or other retirement accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Cash on hand over \$500 (other than money previously reported in checking or savings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Have you sold, disposed or given away any property in the last two years? (i.e., charitable)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Personal property held as an investment (such as paintings, coins, art work or antiques)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Whole or universal life insurance policies (not including term policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
13.	Pre-Paid Debit Card (Store Value/EBT Card/Reliacard)	<input type="checkbox"/>	<input type="checkbox"/>	\$
14.	A safe deposit box with a monetary content of \$500 or more	<input type="checkbox"/>	<input type="checkbox"/>	\$

The following section must be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval for assistance. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/FAX NUMBER (i.e. employers, public assistance office, social security, pension fund, etc.)						
	Institution:					Address:	
	Account No.:	Interest Rate:		Phone:		Fax:	
	Institution:					Address:	
	Account No.:	Interest Rate:		Phone:		Fax:	
	Institution:					Address:	
	Account No.:	Interest Rate:		Phone:		Fax:	
	Institution:					Address:	
	Account No.:	Interest Rate:		Phone:		Fax:	

*If **Yes** was answered to Question 10, Please complete the following:

I/we certify that I/we have or have not sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)

APPLICANT RESPONSIBILITIES*:

All Questions that were answered "Yes" will need to be verified through the appropriate third-party sources. It will be your responsibility to provide the SHTF Grantee will all the necessary information to properly process your application. You will be asked to provide the names, addresses, phone number and fax numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information Grantee receives, you will be provided with a separate verification form for each source that requires verification that you will need to sign and date. You will not be asked to sign a blanket verification form nor will you be asked to sign any blank verification forms.

SIGNATURE*:

I understand that the Grantee is relying on this information to prove my household's eligibility which is required by the funding sources for the program to which I am applying. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have the Grantee verify the information contained in this application for the purposes of proving my eligibility for assistance. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility. I will provide all necessary information and expedite this process in any way possible.

Applicant Signature

Date

HOUSEHOLD CERTIFICATION OF INCOME – TAX RETURN

LHTF or PBHP #								
HOUSEHOLD COMPOSITION								
Last Name	First Name	Middle Initial	Relationship to Head of Household*	Race	Ethnicity	Disabled	Date of Birth	Last 4 digits of SSN
1.			H					
2.								
3.								
4.								
5.								
6.								
7.								

*See instructions for guidance on filling out this Section.

IRS FORM 1040, LINE 11 ADJUSTED GROSS INCOME The household's most recent IRS Form 1040 must be attached to this certification.	\$
ARE ALL ADULT HOUSEHOLD MEMBERS LISTED ABOVE INCLUDED ON THE ATTACHED IRS FORM 1040 TAX RETURN? If no, must complete separate income verification for all additional adult household members.	<input type="checkbox"/> Yes <input type="checkbox"/> No

In addition to providing IRS Form 1040, all adult household members must complete a self-certification affirming no changes to household composition or income have taken place or are expected to take place within the next 12 months.

The information on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information presented in this self-certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Head of Household Signature

Date

Household Composition

List all occupants of the unit. State each household member’s relationship to the head of household by using one of the following coded definitions:

H	Head of Household	C	Child
S	Spouse	F	Foster child(ren)/adult(s)
A	Adult co-tenant	L	Live-in caretaker
O	Other family member	N	None of the above

Enter the date of birth, student status and last four digits of the Social Security Number of each occupant. If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the re-certification document.

Race:

1	White	5	Native Hawaiian/Other Pacific Islander
2	Black/African American	6	Other
3	American Indian/Alaska Native	8	Choose not to respond
4	Asian		

Ethnicity:

1	Hispanic or Latino
2	Not Hispanic or Latino
3	Chose not to respond

Disabled*:

1	Yes
2	No
3	Chose not to respond

*See Fair Housing Act for definition of handicap (disability)

http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201

Gross Annual Income

Income is determined on the annual gross income a household anticipates it will receive during the next 12 month re-certification period. All household members age 18 and older, persons under the age of 18 who are treated as adults because they are the head of household, or co-head/spouse, and unearned income of minor children must be included in order to establish annual income.

Both IRS Form 1040 showing Line 11 Adjusted Gross Income and the self-certification must be maintained with recipient files.

SELF-CERTIFICATION OF INCOME – TAX RETURN

I, _____, am an applicant for assistance through funding provided under the State Housing Trust Fund, a program funded by the state of Iowa and administered by the Iowa Finance Authority.

I hereby attest that:

- The IRS form 1040 that I have provided is an accurate reflection of current income for all adult members of my household; and
- My household income is expected to be substantially the same over the next 12 months; and
- No changes to my household composition have occurred or are expected to occur within the next 12 months.

I further understand and acknowledge that providing false, misleading, or incomplete information for the purpose of obtaining assistance through a state agency is a criminal offense.

Head of Household Signature

Date

Typed Name of Head of Household:

Adult Household Member 2 Signature

Date

Typed Name of Adult Household Member 2:

Adult Household Member 3 Signature

Date

Typed Name of Adult Household Member 3:

Adult Household Member 4 Signature

Date

Typed Name of Adult Household Member 4:

ALIMONY/CHILD SUPPORT SELF-CERTIFICATION

Complete one form per household member who is eligible to receive alimony and/or child support.
Please attach any court documentation you have that supports your position.

Household Name: _____	SHTF or PBHP #: _____
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Case Number(s) _____
List Covered Dependent(s) (if applicable) _____

		Amount	Frequency
1.	<input type="checkbox"/> I certify that I have been <u>awarded</u> the following amount of alimony and/or child support.	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
2.	<input type="checkbox"/> I certify that I <u>receive</u> the following amount of alimony and/or child support. <i>Please provide proof of payment (i.e. printout from DHS).</i>	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
3.	<input type="checkbox"/> I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded. <i>Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.</i>		
4.	<input type="checkbox"/> I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.		

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant Signature

Date

ZERO INCOME CERTIFICATION

Must complete one form per adult household member reporting zero income during the Application Process

Household Name:	LHTF or PBHP #:
-----------------	-----------------

1. I hereby certify that I **do not** receive income from any of the following sources. (Check each box as you review each statement):

a.	Wages from employment (including commissions, tips, bonuses, fees, etc.)	<input type="checkbox"/>
b.	Income from the operation of a business	<input type="checkbox"/>
c.	Rental income from real or personal property	<input type="checkbox"/>
d.	Interest or dividends from assets	<input type="checkbox"/>
e.	Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits	<input type="checkbox"/>
f.	Unemployment or disability payments	<input type="checkbox"/>
g.	Public assistance payments	<input type="checkbox"/>
h.	Periodic allowances such as alimony, child support, or gifts received from persons not living in my household	<input type="checkbox"/>
i.	Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);	<input type="checkbox"/>
j.	Any other source not named above	<input type="checkbox"/>

2. Which of the following descriptions best describes your current situation? (Select only one response)

a.	I currently have no income of any kind and no change in my financial status or employment status is likely to occur during the next 12-month period. OR	<input type="checkbox"/>
b.	I currently am actively looking for employment, although I have no source of employment at this time	<input type="checkbox"/>

Below, please provide information on the sources of funds to be used to pay for living expenses in the next twelve months. If it is not filled out in its entirety, the form will be considered incomplete, and the unit considered out of compliance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud.

Applicant Signature Date

Under \$5,000 Asset Certification*



For households who combined NET assets DO NOT exceed \$5,000.
 Complete one form per household; include assets from children of the household
 *May not be used for HOME/National Housing Trust Fund Full Recertification Requirements

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

1. My/our assets include:

(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source	(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account				Checking Account
			Cash on Hand				Safety Deposit Box
			Certificates of Deposit				Money Market Funds
			Stocks				Bonds
			IRA Accounts				401K Accounts
			Keogh Accounts				Trust Funds
			Equity in Real Estate				Land Contracts
			Lump Sum Receipts				Capital Investments

(Name of Asset)

			Whole Life Insurance Policies	
			Other Retirement/Pension Funds	
			Personal Property held as an investment***	
			Any account only accessed through a debit card [#]	
			Other (Attach list if necessary)	

PLEASE NOTE: Certain Funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:

** Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

*** Personal property held as an investment may include, but is not limited to, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.

Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

2. Disposed Assets

(YES) (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

3. No Assets

(YES) I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CRF 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family asset is: \$ _____. This amount is included in the total Gross Annual Income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Demographics Information for Government Monitoring Purposes

Please read this statement before completing the box below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-Applicant
<p><u>Race/National Origin:</u></p> <p>White/Caucasian</p> <p>Black/African American</p> <p>American Indian/Alaskan Native</p> <p>Asian</p> <p>Native Hawaiian/Other Pacific Islander</p> <p>Other</p> <p>Prefer not to answer</p> <p><u>Ethnicity:</u></p> <p>Hispanic/Latino Non-Hispanic/Latino</p> <p>Prefer not to answer</p> <p><u>Gender:</u></p> <p>Female Male</p> <p>Prefer not to answer</p> <p><u>Marital Status:</u></p> <p>Married Single</p> <p>Divorced Separated</p> <p>Widowed Prefer not to answer</p> <p><u>Disabled:</u></p> <p>Yes No</p> <p>Prefer not to answer</p>	<p><u>Race/National Origin:</u></p> <p>White/Caucasian</p> <p>Black/African American</p> <p>American Indian/Alaskan Native</p> <p>Asian</p> <p>Native Hawaiian/Other Pacific Islander</p> <p>Other</p> <p>Prefer not to answer</p> <p><u>Ethnicity:</u></p> <p>Hispanic/Latino Non-Hispanic/Latino</p> <p>Prefer not to answer</p> <p><u>Gender:</u></p> <p>Female Male</p> <p>Prefer not to answer</p> <p><u>Marital Status:</u></p> <p>Married Single</p> <p>Divorced Separated</p> <p>Widowed Prefer not to answer</p> <p><u>Disabled:</u></p> <p>Yes No</p> <p>Prefer not to answer</p>

Did someone help you complete this form? Yes No (if yes, enter information below)	
<p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face Interview</p> <p><input type="checkbox"/> By Mail</p> <p><input type="checkbox"/> By Telephone</p>	<p>Interviewer's Name (print or type):</p> <hr/> <p>Interviewer's Signature: Date:</p> <hr/> <p>Interviewer's Phone Number:</p>

I do not want to use email communication or do not have an email address (please check box and sign/print name below)

We are pleased you have made it this far in the homeowner/critical home repair selection process. It is often quicker to communicate electronically compared to paper copies through the mail. Please review this document and provide your consent.

1. Scope of Communications to be provided in electronic form. Habitat for Humanity will continue to meet you in person and use paper copies for all contracts and legally binding agreements. The purpose for electronic communication will be restricted to scheduling appointments, confirming appointments, and planning and organizing dedication events including but not limited to invitation lists, programs, schedules, and deadlines. If at any time it is deemed better for communications sake to discuss these things in person an appointment will be made to meet in person.

2. Method of communications in electronic form. By providing your consent you are granting us permission to contact you via email and texts to your personal device.

3. How to withdraw your consent. You may withdraw your consent to receive communications in electronic form by contacting us at our office. At our option, we may treat your provision of an invalid email address, or the subsequent malfunction of a previously valid email address, as a withdrawal of your consent to receive electronic communications. We will not impose any fee to process the withdrawal of your consent to receive electronic communications. Any withdrawal of your consent to receive electronic communications will be effective only after we have a reasonable period of time to process your withdrawal.

Applicant's Signature

Co-Applicant's Signature

Print Name

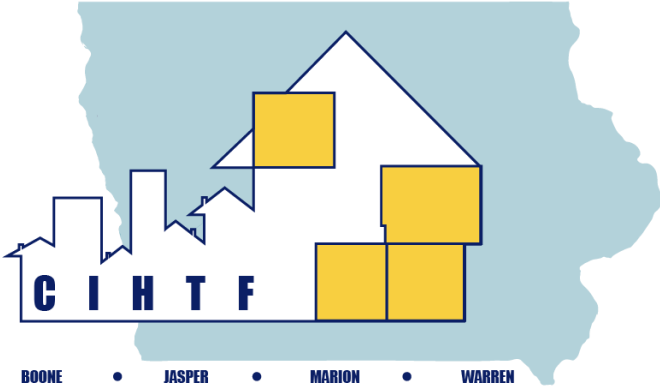
Print Name

Email Address

Email Address

Date

Date



Consent to Release Information Form

This is a consent for release of information regarding: _____
Household Name(s)

I, as the undersigned, understand that the funds for the program are provided by the Central Iowa Housing Trust Fund and the Iowa Finance Authority. As part of my request for funding, I authorize _____ to release my application and corresponding verification documents to the Central Iowa Housing Trust Fund and the Iowa Finance Authority, as needed.

By my signature below, I affirm that I have read this release, and I understand its content.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____