DALLAS COUNTY HOUSING TRUST FUND

OWNER-OCCUPIED REHABILITATION PROGRAM

Application

INSTRUCTIONS: Please answer the following questions as completely and accurately as you can. The information requested will only be used by the Dallas County Local Housing Trust Fund (DCLHTF) to determine your eligibility for the Program and will not be released without your written consent. When completed, please mail or deliver this application and the required documentation to: Dallas County Local Housing Trust Fund, Attn: Christine Gordon, 4200 Mills Civic Parkway Suite 2E, West Des Moines, IA 50265. If you need assistance in filling out the application or if you have questions, please contact the Dallas County Local Housing Trust Fund at (515) 273-0770.

Head of Household:_____
Last First Middle Initial

Address: _____City: _____Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Other Phone#: _____

HOUSEHOLD COMPOSITION

List all members of the household including children and adults.

Name of every household member	Relationship to head of household	Date of Birth	*Social Security Number	Male/ Female	*Ethnic Composition	Employed/ In School/ Retired/Other	Disabled (Y or N)
	HEAD						

*To assist the DCLHTF in evaluating our rehabilitation activities, we request that you provide your social security number(s) and household ethnic composition. Providing this information is voluntary and will not be used unlawfully in making decisions on rehabilitation assistance.

⇨ *Do you own your house outright, or are you making payments on it under a mortgage or contract?*

___ Own ____ Buying under Mortgage ____ Buying on Contract

INCOME OF MEMBERS OF THE HOUSEHOLD

For each household member age 18 or older, answer the questions below based on current and anticipated income for the 12-month period commencing or anticipated from date of application. Include all full time, part time, or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO
1	Wages, salaries (include overtime, tips, bonuses, commissions, self-employment)?		
2	Does any member work for someone who pays him/her cash?		
3	Regular pay for a member of the armed forces?		
4	Welfare or disability benefits (AFDC, SSDI, GA)?		
5	Worker's compensation?		
6	Unemployment benefits or Severance pay?		
7	Child Support?		
8	Alimony?		
9	Education grants, scholarships or VA student benefits?		
10	Social Security Payments?		
11	Pensions (PERA, railroad, etc)?		
12	Death benefits?		
13	Retirement benefits?		
14	Annuities or life insurance dividends?		
15	Lump sum payments (include inheritance, insurance settlements, lottery winnings, etc.)?		
16	Net income from rental property?		
17	Regular cash contributions or gifts from individuals not living in the unit?		
18	Other?		

For each question above you answered "YES", please provide more information below.

Question # _____
Household member 1: _____
Income Source (list all if more than one): _____
Address of Employer: _____ Telephone: _____
Position Held: _____ Supervisor's Name: _____
Date Employed: _____ GROSS salary/year : _____

Question # _____
Household member 2: _____
Income Source (list all if more than one): _____
Address of Employer: _____ Telephone: _____
Position Held: _____ Supervisor's Name: _____
Date Employed: _____ GROSS salary/year: _____

Question # _____
Household member : _____
Income Source (list all if more than one): _____
Address of Employer: _____ Telephone: _____
Position Held: _____ Supervisor's Name: _____
Date Employed: _____ GROSS salary/year:: _____

Question # _____
Household member : _____
Income Source (list all if more than one): _____
Address of Employer: _____ Telephone: _____
Position Held: _____ Supervisor's Name: _____
Date Employed: _____ GROSS salary/year:: _____

ASSETS OF MEMBERS OF THE HOUSEHOLD

For each household member age 18 or older, answer the questions below based on current and anticipated assets for the 12-month period commencing or anticipated from date of application.

	DO YOU HAVE MONEY HELD IN:	YES	NO
1	Checking accounts?		
2	Savings accounts?		
3	Stocks?		
4	Capital investments?		
5	Bonds?		
6	Trusts?		
7	Securities?		
8	IRA/KEOGH accounts?		
9	Certificates of Deposits (CD's)?		
10	Pension/Retirement Funds?		
11	Mutual funds?		
12	Treasury Bills?		
13	Safety Deposit Box?		
14	Insurance Settlement?		
15	Do you currently hold a contract for deed?		
16	Do you currently own real estate?		
17	Are any assets held jointly with another person?		
18	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?		

For each question above you answered "YES", please provide more information below.

Question # _____
Household Member's Name_____
Name of Bank or Financial Institution_____
Contact Name_____Telephone Number_____
Account Number #_____ Account Amount $_____
Does the account earn interest? ___Yes ___No If yes, how much interest is earned?_____

Question # _____
Household Member's Name_____
Name of Bank or Financial Institution_____
Contact Name_____Telephone Number_____
Account Number #_____ Account Amount $_____
Does the account earn interest? ___Yes ___No If yes, how much interest is earned?_____

Question # _____
Household Member's Name_____
Name of Bank or Financial Institution_____
Contact Name_____Telephone Number_____
Account Number #_____ Account Amount $_____
Does the account earn interest? ___Yes ___No If yes, how much interest is earned?_____

Question # _____
Household Member's Name_____
Name of Bank or Financial Institution_____
Contact Name_____Telephone Number_____
Account Number #_____ Account Amount $_____
Does the account earn interest? ___Yes ___No If yes, how much interest is earned?_____

⇨ *Have you ever been obligated on a mortgage which resulted in foreclosure, deed in lieu of foreclosure, or judgment?* ____ *No* ____ *Yes – If yes, provide the following:*

Property Address: _____

Name and Address of Lender: _____

⇨ *Do you presently have any liens on your property or any unpaid encumbrances on your property? (Example: property taxes, mechanic liens, etc.)*

____ *No* ____ *Yes – If yes, describe:*

_____

_____

What repair(s) are you requesting assistance for through this program?

1)_____

2)_____

3)_____

4)_____

CERTIFICATION BY APPLICANT(S)

The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a deferred/forgivable loan and is true and complete to the best of the applicant's knowledge and belief. The applicant(s) understands that any intentional misrepresentation may disqualify him/her from obtaining assistance from the Dallas County Local Housing Trust Fund, Inc.

The applicant(s) further certifies that he/she is the owner or mortgage holder of the property described in this application, and that the deferred/forgivable loan proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards, as applicable, which are prescribed for the property described in this application. If Dallas County Local Housing Trust Fund, Inc. determines that the deferred/forgivable loan proceeds will not or cannot be used for the purposed described herein, the applicant agrees that the proceeds shall be returned forthwith, in full, to Dallas County Local Housing Trust Fund, Inc., and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . .or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documentation knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Verification of any of the information in this application may be obtained from any source named herein.

Signature of Owner:_____ Date: _____

Signature of Owner: _____ Date: _____