



# NORWALK REHABILITATION ASSISTANCE PROGRAM APPLICATION

705 North Avenue, Norwalk, IA 50211

INSTRUCTIONS: Please answer the following questions as completely and accurately as you can. The information requested will only be used by the Norwalk Rehabilitation Assistance Program to determine your eligibility for the Program and will not be released without your written consent. When completed, please mail or deliver this application to: Norwalk Rehabilitation Assistance Program, 705 North Avenue, Norwalk, IA 50211. If you need any assistance in filling out the application or if you have any questions, please contact the Norwalk Rehabilitation Assistance Program at (515) 981-9530.

Head of Household: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

## 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	Employed/ In School/ Retired/Other
	HEAD		

Title Holder(s) of Residence

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Do you have a mortgage on the property?  Yes  No, own outright

Mortgagee: \_\_\_\_\_

Are you currently in default?  Yes  No

## 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, e		
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: \_\_\_\_\_  
 Income Source (list all if more than one): \_\_\_\_\_  
 Address of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Date Employed: \_\_\_\_\_ GROSS salary/year: \_\_\_\_\_

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## 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
<b>1</b>	Checking accounts?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b>	Stocks?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	Capital investments?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Bonds?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Trusts?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Securities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b>	IRA/KEOGH accounts?	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	Certificates of Deposits (CD's)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	Pension/Retirement Funds?	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Mutual funds?	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasury Bills?	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b>	Safety Deposit Box?	<input type="checkbox"/>	<input type="checkbox"/>
<b>14</b>	Insurance Settlement?	<input type="checkbox"/>	<input type="checkbox"/>
<b>15</b>	Do you currently hold a contract for deed?	<input type="checkbox"/>	<input type="checkbox"/>
<b>16</b>	Do you currently own real estate?	<input type="checkbox"/>	<input type="checkbox"/>
<b>17</b>	Are any assets held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>
<b>18</b>	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	<input type="checkbox"/>	<input type="checkbox"/>

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

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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? \_\_\_\_\_

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## ADDITIONAL DOCUMENTATION CHECKLIST

**In addition to the application, the following items must be obtained and submitted along with the completed application form.**

1. Current Certificate of Insurance \_\_\_\_\_
2. Current Statement from Mortgage Holder showing current amount \_\_\_\_\_
3. Copy of most recent Income Tax Return \_\_\_\_\_
4. Copy of Year-to-Date paycheck stubs \_\_\_\_\_
5. Copy of Bank and/or Asset Statements for verification \_\_\_\_\_

## REQUESTED ASSISTANCE

What repair(s) are you requesting assistance for through the Norwalk Rehabilitation Assistance Program?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## ELIGIBLE ACTIVITIES

Eligible repairs will be reviewed and approved by the City Council via a Rehabilitation Assistance Program Contract. Eligible items may include:

1. Exterior Structural Repairs
  - a. Siding (new or painting of old)
  - b. Soffits
  - c. Windows (new or repair of existing)
  - d. Doors (exterior and garage doors)
  - e. Roofing (new or repair of existing)
  - f. Chimney repair
  - g. Other repairs deemed acceptable and necessary by the Community Development Department
2. Exterior Site Repairs
  - a. General property clean up
  - b. Clean up of overgrown landscaping
  - c. Removal of dead or dying trees/branches
  - d. Sidewalk and driveway repairs
  - e. Other repairs deemed acceptable and necessary by the Community Development Department
3. Interior Structural Repairs
  - a. Foundation Repair
  - b. Electrical
  - c. Heating and Cooling
  - d. Plumbing
  - e. Drywall repairs necessary for other structural repairs (plumbing, electrical, HVAC, etc.) or health concerns, such as remediating a mold concern.
  - f. Insulation
  - g. Other repairs deemed acceptable and necessary by the Community Development Department

## 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 under Norwalk Rehabilitation Assistance Program.

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 the Norwalk Rehabilitation Assistance Program 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 the Norwalk Rehabilitation Assistance Program, 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: \_\_\_\_\_