

Emergency Home Repair Application Form

Please call Doug Davidson, Southern Iowa Council of Governments, 641.782.8491, with any questions.

Instructions: Please complete the following and submit to: SICOG, PO Box 102, Creston, Iowa 50801.

Name of household head: _____ Household size (total living in home): _____

Current mailing address: _____ Street address: _____

City/State/Zip: _____ Phone: _____

If you are in the process of purchasing the home, please list the address here: _____

Please check the items you feel need repaired/replaced:

- _____ Roof, gutters and downspouts
- _____ Furnace/heating system
- _____ Water heater

How much money can you contribute toward the cost of these repairs? \$ _____

Please check "yes" or "no" to the following:

- Do you currently own this home by deed, contract, or mortgage? _____ yes _____ no
- If no, are you seeking financing for this home? _____ yes _____ no
- Do you own any other homes? _____ yes _____ no
- Are your taxes current on this property? _____ yes _____ no
- Are you aware of any liens against this property (other than mortgage)? _____ yes _____ no
- Do you have verifiable homeowner's insurance on your home? _____ yes _____ no
- If no, is it possible to get insurance? _____ yes _____ no
- If approved, would you be willing to attend a 2-hour homeowner class? _____ yes _____ no
- If approved, would you be willing to place a five-year lien on your home? _____ yes _____ no

Please attach the following items and check that they are included:

- _____ Copy of the "Assessor's Card" from your county courthouse (assessor's office) for any residential properties you own (even those not being included in repair application)
- _____ Copy of your current property tax statement from your county courthouse (treasurer's office)
- _____ Copy of the current mortgage and/or deed OR contract (if you are current owner)
- _____ Copy of the loan application (if you are in the process of purchasing the home)
- _____ Copy of current homeowner's insurance statement OR letter denying insurance with reason for denial
- _____ Copy of latest federal income tax return (if filed), any W-2s, and any other statements of income, including most recent statements from Social Security, child support services, pension offices, and other social service agencies
- _____ Copy of most recent 2 full months worth of pay stubs from ALL employers for all household members (people living in the home most of time, even if not related) aged 18 and older

Do you have any contractor of supplier preferences? If so, please name: _____

(Note: Naming a contractor does not mean that contractor will be used.)

Applicant signature: _____ Date: _____