

Environmental Hazards Housing 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 do not yet own the home and it is at a different address, what is it: _____

What is the nature of the problem:

- _____ Lead poisoned or elevated blood level child
- _____ No test but I believe I have lead paint issues
- _____ Other environmental problems exist: _____

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 1-hour homeowner class near your home? ___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
- _____ 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 forms 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 of household members (people living in home most of time even if not related) aged 18 and older
- _____ Signed original of the attached employee verification form signed by each employer of adult household member, **if** employed (or ask employer(s) to send directly to SICOG)
- _____ If possible, provide a copy of a report showing you have lead hazards or a lead poisoned child.

Applicant signature: _____ Date: _____

Spouse or other adult occupant: _____ Date: _____