



Creston I&I Hardship Assistance Program SICOGHTF Application Form

The purpose of the **I&I Hardship Assistance Program** is to facilitate physical rehabilitation of privately owned sewer laterals for incorporated areas within the City of Creston. The City has created the program to encourage property owners to remove illegal connections to the sanitary sewer through the issuance of a forgivable loan to qualifying homeowners, thereby contributing to the protection of public health and the environment through the reduction of Inflow and Infiltration. Undesirable connections can allow rain and ground water to make its way into the sanitary sewer. The sewer system is not designed to handle this additional water flow, which can overtax the system and contribute to sewer overflows into streams and/or lakes. Proper maintenance also eliminates the possibility of sewer lateral overflows caused by line defects and blockages, which can result in significant wastewater damage both inside and outside a property. The city’s program is being implemented consistent with Section 95 of the Creston Code of Ordinances.

Applicants for the forgivable loan program must:

- Own their home outright or have it financed through a lending institution.
- Live in the home where the repairs will be made.
- Have notification from the City of Creston as to the issue with the sewer lateral.
- Be at or below 80% of the HUD Income Limit in Union County per household size (updated annually).

The following is the maximum income limits as of June 15, 2018:

Persons in Household	Income Limit in Total Gross (pre-tax) Dollars Union County
1	\$58,480
2	\$58,480
3	\$67,252
4	\$67,252
5	\$67,252
6	\$67,252
7	\$67,300
8	\$71,650

Source: State Housing Trust Fund 80% Area Median Income Limits for Owner-occupied Projects. **June 15, 2018 – Subject to change without notice; contact SICOG HTF to verify.**

The forgivable loan available for each house is not to exceed \$5,000. All loans will be made based on the lowest competitive bid from a minimum of two contractors that are pre-approved by the City of Creston to perform the sewer repairs.

The loan will be made in the form of a 5-year receding forgivable loan. On the yearly anniversary of the loan 20% is forgiven until the balance of the loan is forgiven. If the homeowner sells, rents, moves out, or the home is no longer the owner’s primary residence, the homeowner is required to repay any outstanding balance to the SICOGHTF.

Please call Timothy Ostroski, Southern Iowa Council of Governments, 641-782-8491, with any questions.

NOTE: *The Creston I&I Hardship Assistance Program is a first come, first serve program and may end without cause.*



Southern Iowa COG Housing Trust Fund
101 E Montgomery Street
Creston, IA 50801

Phone: 641-782-8491
Fax: 641-782-8492

Instructions: Please complete the following and submit to: SICOG HTF, 101 E. Montgomery Street, Creston, Iowa 50801.
All incomplete applications will be returned without review.

Applicant(s): _____ Household size (total living in home): _____

Address: _____

City/State/Zip: _____ Phone: _____

Please list all sources of income for persons living in the home who are 18 and older:

Please attach the following items.

- _____ Copy of the letter from the City of Creston stating that your home is not compliant.
- _____ Copy of a minimum of two bids from licensed contractors. (*preapproved by the City of Creston to perform the sewer repairs*)
- _____ Copy of the "Assessor's Card" for the property. *This can be picked up at the Assessor's Office in the Courthouse.*
- _____ Copy of your current property tax statement. *This can be picked up at the Treasurer's Office in the Courthouse.*
- _____ Copy of the current mortgage or deed. *This can be picked up at the Recorder's Office in the Courthouse.*
- _____ Copy of current homeowner's insurance statement.
- _____ Copy of latest federal income tax return(s) and any **W-2s**
- _____ Copy of the most recent **2 full months' worth of pay stubs** from ALL employers of household members (people living in home even if not related) aged 18 and older
- _____ Copy of *any and all* statements of income, including but not limited to; **Social Security, child support, pension, interest, unemployment, alimony, and other household income**
- _____ Signed original(s) of the attached Employment Verification Form
- _____ Signed original of the attached Request for Verification of Mortgage Account



Creston I&I Hardship Assistance Program
SICOGHTF Application Release Form

In submitting this application, I agree to and acknowledge the following:

1. I will allow inspections of my property by the Southern Iowa COG Housing Trust Fund, the City of Creston and their agents.
2. I agree to submit at least two bids from licensed contractors for the same scope of work. I agree to use only contractors that have been preapproved by the City of Creston to perform the sewer repairs. Furthermore, I agree that the lowest bidder will perform the work.
3. Any rehabilitation work done that is not authorized by SICOGHTF will be done at my expense and SICOGHTF will not be responsible for the workmanship of any unauthorized rehabilitation work.
4. If at any time during the application process or the construction period, there is a change in my household income, or family or household composition, I agree to report this change to SICOGHTF. The penalty for false or fraudulent statements: USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00, or imprisoned not more than five years, or both".
5. I acknowledge that all income and asset information received concerning this application will be kept confidential by SICOGHTF and its administrative personnel.
6. I agree to abide by all of the rules and regulations established for this program, including; I, hereby authorize the SICOG and affiliated partners to have access to all necessary information concerning my financial condition, including but not limited to, mortgage account status, matters such as income, employment, bank accounts, and other assets. I, also understand (1) that receipt of this application by the Southern Iowa Council of Governments in no way implies approval of the application or acceptance of the applicant for assistance; and (2) that approval of the application will depend upon eligibility requirements and the availability of program funds.
7. I agree to have a deed restriction/mortgage placed on my property for 5 years.

I, hereby verify that the information submitted in the application is true and accurate to the best of my knowledge and that I have truly and accurately declared all my income and resources available to me.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____



VERIFICATION OF EMPLOYMENT FORM

(to be completed by all workers in the household aged 18 and above, regardless of relationship)

INSTRUCTIONS:

Applicant: Please fill in the blanks above the large black line.

Employer: Please fill in the blanks below the large black line.

Name of Applicant/Employee: _____

I hereby authorize the release of my employment information.

Signature of Applicant/Employee: _____ Date: _____

Name and address of Employer: _____

Please answer the following questions fully and honestly. The information will be used along with 2 months worth of pay-stubs to determine eligibility for program assistance. Note: unsigned forms cannot be accepted. Thank you for assisting this applicant. Contact SICO at 641-782-8491 if you have any questions.

Employer's name (individual or company): _____

Employee's Name: _____ Occupation: _____

Employed since (mm/dd/yyyy): _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly monthly yearly

Effective date of last pay increase: _____

Total base pay earnings for the past twelve months: \$ _____

Total overtime earnings for the past twelve months: \$ _____

Year-to-date earnings: \$ _____ through ____/____/____

Base pay rate: \$ _____/hour; or \$ _____/week; or \$ _____/month

Average # of regular hours worked per week: _____

Overtime rate: \$ _____ per hour Average number of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

Commission, bonuses, tips, other: \$ _____

Is pay received for vacation? _____ If yes, how many days are allowed? _____

How much pay is provided/day? \$ _____ Is that pay included in the above YTD? _____

If the employee's work is seasonal, please indicate the layoff period(s): _____

List any anticipated changes in the employee's rate of pay within the next 12 months: _____

Effective date: ____/____/____

Number of weeks projected to work during the next 12 months: _____

Expected average number of overtime hours to be worked per week during the next 12 months: _____

Other information that may be helpful in verifying income: _____

Signed by Employer's authorized representative: _____

Printed name of authorized representative: _____ Title: _____

Date: _____ Phone number: _____



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Signature of Applicant/Employee: _____ Date: _____

Name and address of Employer: _____

Please answer the following questions fully and honestly. The information will be used along with 2 months worth of pay-stubs to determine eligibility for program assistance. Note: unsigned forms cannot be accepted. Thank you for assisting this applicant. Contact Lucas Young at 641-782-8491 if you have any questions.

Employer's name (individual or company): _____

Employee's Name: _____ Occupation: _____

Employed since (mm/dd/yyyy): _____

Current Wages/Salary: \$ _____ (circle one) hourly weekly bi-weekly monthly yearly

Effective date of last pay increase: _____

Total base pay earnings for the past twelve months: \$ _____

Total overtime earnings for the past twelve months: \$ _____

Year-to-date earnings: \$ _____ through ____/____/____

Base pay rate: \$ _____/hour; or \$ _____/week; or \$ _____/month

Average # of regular hours worked per week: _____

Overtime rate: \$ _____ per hour Average number of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

Commission, bonuses, tips, other: \$ _____

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Expected average number of overtime hours to be worked per week during the next 12 months: _____

Other information that may be helpful in verifying income: _____

Signed by Employer's authorized representative: _____

Printed name of authorized representative: _____ Title: _____

Date: _____ Phone number: _____



VERIFICATION OF ASSETS FORM

INSTRUCTIONS:

Applicant: Please fill in the blanks above the large black line.

Financial Institution: Please fill in the blanks below the large black line.

Name of Applicant: _____

I hereby authorize the release of my asset information.

Signature of Applicant: _____ Date: _____

Name and address of Financial Institution: _____

Please answer the following questions fully and honestly. The information will be used to determine eligibility for program assistance. Please note that unsigned forms cannot be accepted. Thank you for assisting this applicant. Contact SICOG at 641-782-8491 if you have any questions.

Checking Accounts _____ _____	Average Monthly Balance for the Last 6 Months _____ _____	Current Interest Rate _____ _____	
Savings Accounts _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	
Certificate of Deposit Accounts _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
IRA, Keogh, Retirement Accounts: (If additional space is needed, please attach a separate sheet.)			
IRA, Keo, Etc. Accounts _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____	
_____ (Signature of Authorized Representative) _____ (Printed Name)		Title: _____ Date: _____ Telephone: _____	



VERIFICATION OF ASSETS FORM

INSTRUCTIONS:

Applicant: Please fill in the blanks above the large black line.

Financial Institution: Please fill in the blanks below the large black line.

Name of Applicant: _____

I hereby authorize the release of my asset information.

Signature of Applicant: _____ Date: _____

Name and address of Financial Institution: _____

Please answer the following questions fully and honestly. The information will be used to determine eligibility for program assistance. Please note that unsigned forms cannot be accepted. Thank you for assisting this applicant. Contact SICOG at 641-782-8491 if you have any questions.

Checking Accounts _____ _____	Average Monthly Balance for the Last 6 Months _____ _____	Current Interest Rate _____ _____	
Savings Accounts _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	
Certificate of Deposit Accounts _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
IRA, Keogh, Retirement Accounts: (If additional space is needed, please attach a separate sheet.)			
IRA, Keo, Etc. Accounts _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____	
_____ (Signature of Authorized Representative) _____ (Printed Name)		Title: _____ Date: _____ Telephone: _____	



REQUEST FOR VERIFICATION OF MORTGAGE ACCOUNT

Instructions: SICOG - Complete items 1 through 7
 Homeowner - Complete item 8
 Creditor / Mortgage Holder - Complete items 9 through 15

Part I - Request

1) To: (Name and Address of Creditor)		2) From: Southern Iowa Council of Governments 101 East Montgomery Street Creston, IA 50801	
I certify that this verification has been sent directly to the creditor and has not passed through the hands of the applicant or any other party.			
3) Signature of SICOG	4) Title	5) Date	
6) Information to be Verified:			
Property Address:	Account in the name of:	Account Number:	
I / we have applied for assistance through SICOG. My / our signature(s) below authorize(s) verification of my / our mortgage information.			
7) Name and Address of Applicant(s):		8) Signature of Applicant(s):	
		X	
		X	

Part II - To Be Completed by Creditor

SICOG has received a request for assistance from the above, to whom we understand that you have extended a loan. In addition to the information requested below please furnish us with any additional information that you feel will help us in assisting them.

9) Mortgage Information:	10) Interest Rate:
Date Account Opened: _____	Fixed Rate ? _____
Original Loan Amount: _____	FHA ? _____
Current Loan Balance: _____	Conv ? _____
Monthly Payment (P & I only): _____	ARM ? _____
Payment with taxes & ins.: _____	VA ? _____
Is account current? _____	Other ? _____
Is account satisfactory? _____	11) Terms of Loan:
Number of Late Payments: _____	
(past 12-months payment history)	
10-days _____	Balloon ? _____
30-days _____	Due Date ? _____
more than 30 _____	

Part III - Authorized Signature

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement(s) to any department of the U.S. Government.

12) Signature of Creditor Representative	13) Title
14) Print or Type Name (signed in item 12)	15) Date