



CHARITON VALLEY

REGIONAL HOUSING TRUST FUND, INC.

APPANOOSE · LUCAS · MONROE · WAYNE

Grant Loan Application for Home Improvements and Repairs \$15.00 Application fee

Mobile and Manufactured Homes Do Not Qualify for this program

A. Summary

Applicant Name: _____

Current Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____ Email: _____

Social Security # _____ Date of Birth _____

Number in Household: _____ Disabled Head of House or Spouse: Y/N _____

List ALL members of your household. If more space is needed, use the backside.

Name	DOB	Relationship to you
1.		
2.		
3.		
4.		

Grant/Loan Amount Requested: \$ _____
(There is a \$15.00 grant/loan application fee)

Have you applied for a grant or loan from CVRHTF in the past? Y/N _____

What year? _____ Were you accepted? Y/N _____

B. Project Information

Please check the appropriate box before the repair that best describes your project:

- | | | | |
|--------------------------|------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Plumbing Repair | <input type="checkbox"/> | Wiring/Electrical |
| <input type="checkbox"/> | Roof | <input type="checkbox"/> | Furnace/Heat Source Replacement |
| <input type="checkbox"/> | Windows/Doors | <input type="checkbox"/> | Water Heater Replacement |
| <input type="checkbox"/> | Other (please explain) _____ | | |

CVRHTF requires two estimates for each project. Contractors MUST be registered in the State of Iowa. Estimates are not required until after the application has been approved by CVRHTF.

C. Employment and Income Information

Gross Income on Income Tax Return: _____
(If you don't have to file a tax return, please list gross income for a year.)

Applicant's Employer: _____

Employer Address: _____

Employer Phone: _____ Contact Name _____

Hourly Wage _____ Hours worked in a week _____ Annual Salary _____

Co-Applicant's Employer: _____

Employer Address: _____

Employer Phone: _____ Contact Name _____

Hourly Wage _____ Hours worked in a week _____ Annual Salary _____

Other sources of income, please fill in the information below for all that apply

Enclose proof of dollar amounts received- for example; include a copy of the Social Security Benefits letter.

<u>Source:</u>	<u>Monthly Amount Received:</u>	<u>Received By:</u>
Social Security	_____	__Applicant __Spouse __Other
Social Security Disability	_____	__Applicant __Spouse __Other
Pension/Retirement	_____	__Applicant __Spouse __Other
Unemploy/Worker's Comp	_____	__Applicant __Spouse __Other
Child Support/Alimony	_____	__Applicant __Spouse __Other
Veteran's Benefits	_____	__Applicant __Spouse __Other
Rental Income	_____	__Applicant __Spouse __Other
Interest/Annuity/IRA Income	_____	__Applicant __Spouse __Other
Food Stamps	_____	__Applicant __Spouse __Other
Other	_____	__Applicant __Spouse __Other
Other	_____	__Applicant __Spouse __Other

Please list the employer & address for any other household members 18 or older, who are not full-time students: _____

D. Asset Information For All Adult Household Members

Include verification of all assets listed, attach separate sheet if additional space is required.

	<u>Location- Name and Address</u>	<u>Approximate Balance</u>
Checking:	_____	_____
Checking:	_____	_____
Savings:	_____	_____
Cash:	_____	_____
Investments/IRA's:	_____	_____
Life Insurance: (cash value)	_____	_____
Other Real Estate	_____	_____
Investments	_____	_____

E. Mortgage and Property Insurance Information

Mortgage Company Name: _____

Address: _____

City, State, Zip: _____

Insurance Company Name: _____

Address: _____

City, State, Zip: _____

Policy No.: _____

Please attach a copy of your homeowner's insurance policy or Declarations Page with the application.
You must have homeowners insurance.

F. Expenses-Monthly

Mortgage payment: _____

Real Estate Insurance: _____

Real Estate Taxes: _____

Auto payment: _____

Auto payment: _____

Auto Insurance: _____

Credit Cards: _____

Credit Cards: _____

Credit Cards: _____

Electric and Gas: _____

Water: _____

Garbage: _____

Phone: _____

Cable/Satellite TV _____

Food/Groceries: _____

Health Insurance: _____

Prescriptions: _____

Childcare: _____

G. Ethnicity:

- American Indian or Alaskan Native
- Hispanic/Latino
- White

- Asian
- African American
- Native Hawaiian/Pacific Islander
- Other _____

PLEASE MAKE SURE YOU SIGN THIS APPLCATION ON THE NEXT PAGE.

H. Authorization

I understand that this Loan/Grant Application may serve as the first step of a loan/grant application process and that Chariton Valley Regional Housing Trust Fund (CVRHTF) may request supporting documents to verify the information provided. As part of the application process, I authorize CVRHTF to investigate and verify all of the above information including verification of my identity, employment, and any information that is pertinent to the eligibility of Chariton Valley Regional Housing Trust Fund Program. **I am aware that all adult household members that will be living in my home must sign the release form and cooperate with the verification process. Failure by any adult member may result in the disqualification of my application.** (*an adult household member includes anyone age 18 or older who is not currently enrolled in high school or college.*)

I authorize CVRHTF to perform a credit check, including obtaining consumer and/or commercial credit reports and to exchange information about credit experience with other creditors, from time to time, as authorized by law including retrieving a copy of my personal credit report. I also understand that the information provided on this form or on my credit report may be used by CVRHTF to either approve or decline my request for credit and that I may be required to provide other information in addition to this application. The release in any manner of all information by CVRHTF is hereby authorized whether such information in of record or not, and I hereby release all person, agencies, firms, companies, etc., from any damages resulting from such information.

As the applicant(s), I understand that my commitment to live in the repaired home is five years. If such commitment is terminated I understand that I will be responsible for paying the remaining balance of the grant/loan to CVRHTF.

Applicant Signature: _____ Date: _____

Printed Name: _____

Address: _____

Social Security Number: _____

Co- Applicant Signature: _____ Date: _____

Printed Name: _____

Address: _____

Social Security Number: _____

Return completed application and \$15.00 application fee to:

***Linda Allen, CVRHTF
115 South Main Street, City Hall
Chariton, Iowa 50049***