

DALLAS COUNTY LOCAL HOUSING TRUST FUND, INC.

TO: Homeowner

RE: Dallas County Local Housing Trust Fund Owner-Occupied Rehabilitation Program  
Application Request

Thank you for your interest in the Dallas County Local Housing Trust Fund (DCLHTF) Owner-Occupied Rehabilitation Program. Enclosed is a flyer about the program and a copy of the application you requested.

To qualify for assistance from the DCLHTF, you must meet all of the following requirements:

- The property to be assisted must be located within the Dallas County
- Proof of homeownership of the applicant must be provided.
- Property taxes and/or mortgage payments must be current and paid-to-date and there cannot be any mechanics liens on the property to be assisted.
- Income limits of the household must fall at or below 80% of the median family income for Polk County.

After completing the application, submit your application to:

**Dallas County Local Housing Trust Fund**  
**Attn: Christine Gordon**  
**4200 Mills Civic Parkway, Suite 2E**  
**West Des Moines, Iowa 50265**

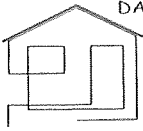
If you have any questions or would like more information about the DCLHTF, please feel free to call me at 273-0770.

Sincerely,

Christine Gordon  
Housing Planner

Providing and expanding safe and affordable housing to low income residents of Dallas County.

4200 Mills Civic Parkway • Suite 2E • West Des Moines, Iowa 50265 • 515-273-0770 • FAX 515-273-0603



## Dallas County Local Housing Trust Fund Owner-Occupied Rehabilitation Program

The Dallas County Local Housing Trust Fund (DCLHTF) has a mission "to provide and expand safe and affordable housing to low income residents of Dallas County." The Dallas County Local Housing Trust Fund has an Owner-Occupied Rehabilitation Program to assist homeowners within Dallas County with housing repairs and correcting code violations.

*To qualify for assistance from this program, the homeowner must meet all of the following requirements:*

- The property to be assisted must be located within Dallas County.
- Income limits of the household must fall at or below 80% of the median family income.

Number of Persons in Household	1	2	3	4	5	6	7	8+
Maximum Total Gross Household Income for Program	\$60,400	\$60,400	\$69,460	\$69,460	\$69,640	\$69,460	\$72,300	\$77,000

- The property must be a single family residence.
- The property must be owner occupied.
- The property to be assisted must be the homeowner's primary residence.
- Property taxes and/or mortgage payments must be current and paid-to-date and there cannot be any mechanics liens on the property to be assisted.

### **WHAT ARE THE FINANCIAL IMPLICATIONS TO THE HOMEOWNER?**

The work is paid for by the Program through funding from the Dallas County Local Housing Trust Fund, Inc., the participating cities and other contributors. The financial assistance from the Program is in the form of a forgivable loan. The maximum loan is \$10,000 and the minimum loan is \$500 per household. The loan will be recorded as a mortgage to the property, with a term of five (5) years, decreasing proportionately with the passage of time, bearing no interest. The loan only comes due if the homeowner sells the house in the five years following the time of participation.

### **Program Eligible Activities Include:**

- 1) Basic structural repairs: (a) Exterior walls; (b) Roof and roof structure; (c) Foundation; (d) Floor joists and ceilings
- 2) Building Systems: (a) Electrical; (b) Plumbing; (c) Heating
- 3) Weatherization: (a) Insulation; (b) Windows; (c) Siding
- 4) Handicap accessibility: (a) Exterior ramp; (b) Bathroom facilities

If you have questions or would like to request an application, please contact Christine Gordon or Kay Schoon at 515-273-0770.



## 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, etc.)?		
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.**

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

**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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 Household Member's Name \_\_\_\_\_  
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 Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
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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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⇒ Have you ever been obligated on a mortgage which resulted in foreclosure, deed in lieu of foreclosure, or judgment? \_\_\_\_\_ No \_\_\_\_\_ Yes – If yes, provide the following:

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

Name and Address of Lender: \_\_\_\_\_

⇒ Do you presently have any liens on your property or any unpaid encumbrances on your property? (Example: property taxes, mechanic liens, etc.)

\_\_\_\_\_ No \_\_\_\_\_ Yes – If yes, describe:

What repair(s) are you requesting assistance for through this program?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**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 from the Dallas County Local Housing Trust Fund, Inc.

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 Dallas County Local Housing Trust Fund, Inc. 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 Dallas County Local Housing Trust Fund, Inc., 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: \_\_\_\_\_