

# DALLAS COUNTY LOCAL HOUSING TRUST FUND, INC.

## An Owner-Occupied Rehabilitation Program

To provide and expand safe and affordable housing to low-income residents of Dallas County. Assisting homeowners within Dallas County with housing repairs and correcting code violations.

### To qualify for assistance from this program, the homeowner must meet the following requirements:



The property must be located within Dallas County.



The property must be owner-occupied and the homeowner's primary residence.



Property taxes, mortgage payments and homeowner's insurance must be current.



The property must be a single-family residence, condominium or townhouse, and taxed as real property. \*Houses being purchased under contract are not eligible.



Income limits of the household must fall at or below 80% of the area median household income, based on the State Housing Trust Fund Annual Income Limits. (see chart below)

Number of Persons in Household	1	2	3	4	5	6	7	8+
Maximum Total Gross Household Income for Program	\$90,400	\$90,400	\$103,960	\$103,960	\$103,960	\$104,900	\$112,100	\$119,350

### 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 will be in the form of a forgivable loan with a maximum loan amount \$15,000 and a minimum loan amount \$500.
- The loan will be recorded as a mortgage on the property, with a term of five (5) years, decreasing 20% each year, and bearing no interest.
- The loan only comes due if the homeowner sells within the five years following the time of participation.

### Program Eligible Activities Include:



#### Basic structural repairs:

- (a) Exterior Walls (b) Roof and roof structure  
(c) Foundation (d) Floor joists and ceilings



#### Building Systems:

- (a) Electrical (b) Plumbing (c) Heating



#### Weatherization:

- (a) Insulation (b) Windows (c) Siding



#### Handicap Accessibility:

- (a) Exterior ramp (b) Bathroom facilities



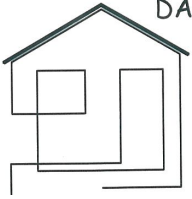
#### Sump Pump:

- Sump pump installation & connection to storm sewer

To apply, scan the QR code or visit  
[midiowaplanningalliance.com/dclhtf/](https://www.midiowaplanningalliance.com/dclhtf/)



Questions? Call (515) 304-3524 or email  
[housing@midiowaplanning.org](mailto:housing@midiowaplanning.org)



## **OWNER-OCCUPIED REHABILITATION PROGRAM**

### **Application**

**INSTRUCTIONS:** Please answer the following questions as completely and accurately as you can. The information requested will be used by the Dallas County Local Housing Trust Fund (DCLHTF) to determine your eligibility for the Program. When completed, please mail this application to: Dallas County Local Housing Trust Fund, 939 Office Park Road, Suite 306, West Des Moines, IA 50265. If you need assistance in filling out the application or if you have questions, please contact the Dallas County Local Housing Trust Fund's program administrator, Mid-Iowa Planning Alliance (MIPA) at (515) 304-3524 or [housing@mid-iowaplanning.org](mailto:housing@mid-iowaplanning.org).

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Head of Household: \_\_\_\_\_

Last

First

Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### **HOUSEHOLD COMPOSITION**

**List all members of the household including children and adults.**

Name of every household member	Relationship to head of household	Date of Birth	*Last 4 of Social Security Number	Male/ Female	*Ethnic Composition	Employed/ In School/ Retired/Other	Disabled (Y or N)
	HEAD						

\*To assist the DCLHTF in evaluating our rehabilitation activities, we request that you provide your social security number(s) and household ethnic composition. Providing this information is voluntary and will not be used unlawfully in making decisions on rehabilitation assistance.

⇒ Do you own your house outright, or are you making payments on it under a mortgage or contract?

\_\_\_\_\_ Own Outright      \_\_\_\_\_ Buying under Mortgage      \_\_\_\_\_ Buying on Contract

## 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.

	<b>DO YOU RECEIVE OR EXPECT TO RECEIVE ANY OF THE FOLLOWING?</b>	<b>YES</b>	<b>NO</b>
<b>1</b>	Wages, salaries (include overtime, tips, bonuses, commissions, self-employment)?		
<b>2</b>	Does any member work for someone who pays him/her cash?		
<b>3</b>	Regular pay for a member of the armed forces?		
<b>4</b>	Welfare or disability benefits (AFDC, SSDI, GA)?		
<b>5</b>	Worker's compensation?		
<b>6</b>	Unemployment benefits or Severance pay?		
<b>7</b>	Child Support?		
<b>8</b>	Alimony?		
<b>9</b>	Education grants, scholarships or VA student benefits?		
<b>10</b>	Social Security Payments?		
<b>11</b>	Pensions (IPERS, railroad, etc)?		
<b>12</b>	Death benefits?		
<b>13</b>	Retirement benefits?		
<b>14</b>	Annuities or life insurance dividends?		
<b>15</b>	Lump sum payments (include inheritance, insurance settlements, lottery winnings, etc.)?		
<b>16</b>	Net income from rental property?		
<b>17</b>	Regular cash contributions or gifts from individuals not living in the unit?		
<b>18</b>	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	Insurance Settlement?		
14	Do you currently own real estate in addition to your primary residence?		
15	Are any assets held jointly with another person?		

**For each question above you answered "YES", please provide more information below.**

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? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

⇒ 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: \_\_\_\_\_

# Consent to Release Information Form

This is a consent for release of information regarding: \_\_\_\_\_  
*Household Name(s)*

I, as the undersigned, understand that the funds for the program are provided by MIPA and the Iowa Finance Authority. As part of my request for funding, I authorize MIPA to release my application and corresponding verification documents to Iowa Finance Authority, as needed.

By my signature below, I affirm that I have read this release, and I understand its content.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_