

Jumpstart Housing Assistance

FINANCIAL DETERMINATION FORM

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

1. To be considered eligible, my gross household income of all income earning persons must be less than or equal to 100% of the area median for household size for Federal Jumpstart or 150% of the area median for household size for State 2 Jumpstart. The income limits are as follows for Cedar County:

100% County Median Income levels (2009) (Jumpstart Federal)

| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| \$44,200 | \$50,500 | \$56,800 | \$63,100 | \$68,100 | \$73,200 | \$78,200 | \$83,300 |

150% County Median Income levels (2008) (Jumpstart State Round 2)

| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|------------------|
| \$66,300 | \$75,750 | \$85,200 | \$94,650 | \$102,150 | \$109,800 | \$117,300 | \$124,950 |

2. I will allow inspections of my home to determine eligibility and cost. If the Project Manager determines my property **not** to be clean and sanitary, the Project Manager will give me two weeks notice to clean my property prior to his inspection. If after those two weeks, I have not cleaned my property, I will be ineligible for assistance.
3. If found eligible, the contractor to complete the work will be chosen on a competitive basis. I will allow the Project Manager to make all arrangements for the work.
4. There will be no work done unless I authorize it in writing.
5. Any work done on my house will be guaranteed for a minimum of one year.
6. Any work done that is **not** authorized by the Project Manager will be done at my expense and the County and/or ECIA will not be responsible for the workmanship of unauthorized work.
7. If at anytime during the application process, construction or grant period, there is a change in my household income, or family or household composition, I agree to report this change to the ECIA. 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, or imprisoned not more than five years, or both."
8. I reserve the right to withdraw from this program at any time prior to contract signing. I may withdraw after contract signing only with the consent and agreement of the ECIA and the Contractor and all costs incurred to that point have been paid by the owner.
9. I acknowledge that all income and asset information received from this application

will be kept confidential.

10. I will allow access to my home to representatives of the ECIA, the State of Iowa and HUD.

Printed name of applicant _____ Signature _____ Date _____

My signature affirms that I understand and will comply with the above listed requirements.

Complete the enclosed application (answer all questions completely with full addresses - answer Not Applicable (N/A) if the question does not pertain to you) and return the application as soon as possible to:

Nicole Turpin, ECIA
7600 Commerce Park
Dubuque, IA 52002

HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE #: _____

CELLUAR TELEPHONE #: _____

SOCIAL SECURITY #: _____

AGE: _____ RACE: _____

ALL OTHER PERSONS LIVING AT THIS ADDRESS:

| | NAME | AGE | SOCIAL SECURITY # | RACE |
|----|-------|-------|-------------------|-------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ | _____ |
| 9 | _____ | _____ | _____ | _____ |
| 10 | _____ | _____ | _____ | _____ |

**** If more lines are needed, please list on a separate sheet of paper.**

Do any of these people receive compensation from Social Security because of a doctor diagnosed handicap or disability? YES or NO

If yes, please provide written proof of this statement (a letter from Social Security) with this application.

INCOME AND ASSET INFORMATION

Please provide total income from **all** persons living in the household. (Include employment income, rental income, welfare, VA benefits, child support, social security benefits, pensions, retirement funds, and any other source of income)

| NAME | MONTHLY INCOME | SOURCE OF INCOME AND FULL ADDRESS |
|-------|----------------|-----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| ASSETS/INVESTMENTS | AMOUNT | INTEREST RATE | NAME OF BANK/SOURCE and Complete Address |
|--------------------|--------|---------------|--|
| Savings Account | _____ | _____ | _____ |
| Savings Account | _____ | _____ | _____ |
| Checking Account | _____ | _____ | _____ |
| Stocks/Bonds | _____ | _____ | _____ |
| CDs/Other | _____ | _____ | _____ |

IF YOU FILE AN INCOME TAX RETURN, PLEASE PROVIDE A COPY WITH THIS APPLICATION.

HOUSING INFORMATION

Age of Home: _____ Date of Purchase: _____

Do you have a mortgage on the home? YES/NO If yes, what is the *name and address* of the lender? _____

Do you have a land contract on the home? YES/NO If yes, what is the *name and address* of the contract? _____

Do you own any other property other than your home? YES/NO If yes, where is it located? _____

HOUSING EXPENSES:

Monthly Mortgage Payment: _____

Annual Property Tax: _____

Annual Property Insurance: _____

Are you current on your payment of Property taxes? Yes or No

How many bedrooms are there in your house? _____

COMMENTS: _____

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

Please provide the following information with your application:

1. A copy of your house Insurance policy
2. Copies of all Social Security cards
3. A copy of your most recent federal income tax return.
4. A copy of your most recent heating gas and electrical bills

PLEASE! Fill out the application completely. Especially completed mailing addresses!

If you have questions regarding the completion of this application, please call Nicole Turpin or Mark Schneider at 563-556-4166.