

# *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 Jumpstart Round 2. The income limits are as follows for Dubuque County:

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

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$43,800	\$50,000	\$56,300	\$62,500	\$67,500	\$72,500	\$77,500	\$82,500

### 150% County Median Income levels (2009) for State Jumpstart Round 2

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$65,700	\$75,000	\$84,450	\$93,750	\$101,250	\$108,750	\$116,250	\$123,750

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, 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

***Jumpstart Federal Housing Assistance Application***

***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.