

East Central Development Corporation (ECDC)

Bear River Cottages Pocket Neighborhood Application



Submit your completed original application to:

**East Central Intergovernmental Association
Attention: ECDC Pocket Neighborhood Program
7600 Commerce Park
Dubuque, Iowa 52002
563-556-4166
1-800-942-4648**

For more information, visit: ecia.org/pocketneighborhood



ECDC POCKET NEIGHBORHOOD PROGRAM

Buyer Information:

Qualified applicants to the ECDC Pocket Neighborhood Program must be at or below 80% of Area Median Income (AMI) by household size established by HUD.

80% AMI for Jackson County:

County	1 person household	2 person household	3 person household	4 person household	5 person household	6 person household	7 person household	8 person household
Jackson	\$40,600	\$46,400	\$52,200	\$58,000	\$62,650	\$67,300	\$71,950	\$76,600

Income guidelines are subject to change.

All assisted homebuyers must be able to support a mortgage as demonstrated by a firm loan commitment. The home must remain the buyer's primary residence for the five-year retention period. All funds awarded to the homebuyer from the EIRHC Housing Trust Fund (\$10,000) and (\$15,000) from the Community Development Block Grant per house for down payment assistance, will be secured as a five-year forgivable lien against the property. This lien will decrease every month the buyer owns the property and is pro-rated for repayment if the home is sold during the five-year retention period. ECDC must have the first right of refusal to purchase the home if sold during the five-year retention period. If ECDC does not exercise the first right of refusal to purchase the home, the subsequent buyer must meet the 80% of the area Median Income guideline and ECDC will verify the buyer's income prior to closing and transfer of ownership. ECDC shall be named as an additional insurer on the grantee's homeowners' insurance.

Program Process:

The home purchased must be one of the homes in the Bear River Cottages Pocket Neighborhood location.

1. Complete the enclosed ECDC Pocket Neighborhood Application, supply required documentation and return to the address listed on the front page of the application package.

Listed below is a checklist of the items needed:

- Completed application.
- Loan Pre-Qualification Letter from an Approved FDIC Insured Lender.
- Copies of Social Security Cards for all members of the household.
- Copy of Driver's License or Birth Certificates for all members of the household.
- Signed applicant statement (page 6).
- Authorization for Release of Information Form signed by all adult members of the household (page 7).
- Recent Statement Showing Child Support Received, if applicable.
- Recent Statement Showing IRA, 401K, or Other Retirement Accounts, if applicable.
- Social Security Verification, if applicable

2. Property Selection - Eligible applicants will be selected in order by date of fully completed application package. Please note that house plans and house locations **cannot be modified or changed**. There will be limited selections to choose from.

3. Housing Counseling Sessions - Awarded applicants are required to participate in a housing counseling session. Applicants must complete all steps in the housing counseling process through the Eastern Iowa Regional Housing Authority (EIRHA).

4. Construction and Down payment assistance will be given during construction and at the time of closing. – Down payment assistance (\$25,000 per buyer) will be provided at closing. The down payment assistance is a five-year forgivable lien to the buyer and does not have to be repaid to ECDC as long as the home is the buyer's primary residence for five years. If the buyer sells in the first five years, the forgivable loan will be pro-rated decreasing the amount for every month the buyer owns the property.

ECDC Pocket Neighborhood Application

Please answer all of the questions on this application completely.
If a question does not apply write NA (Not Applicable) in the space provided.
Incomplete applications will be returned.

Name of Applicant (Head of Household): _____

Current Address: _____
Street

City

State

Zip

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Social Security #: _____

Email Address: _____ Date of Birth: _____

Check as Appropriate for Head of Household
(Statistical purposes ONLY)

Marital Status: () Married () Separated () Divorced () Widowed () Never Married
Race: () White () American Indian () Asian () Black () Native Hawaiian
Ethnicity: () Hispanic () Non-Hispanic
Citizenship: () U.S. Citizen () Non Resident Alien () Permanent Resident Alien

Name of Co-Applicant: _____

Current Address: _____
Street

City

State

Zip

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Social Security #: _____

Email Address: _____ Date of Birth: _____

LIST EVERYONE RESIDING IN THE HOUSEHOLD

Name	Date of Birth	Social Security #	Race

Attach an additional sheet if necessary

Financial:

In the spaces provided, please give an account of your finances, following the directions carefully above each box. Incomplete sections will cause your application to be returned.

Section 1: Income Data:

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.

Household Member Name	Gross Monthly Income	Source of Income & Complete Mailing Address

Attach an additional sheet if necessary

Section II: Assets:

List all assets including checking, savings accounts, stocks, bonds, trusts, IRA's, pension plans, etc.

Household Member Name	Amount	Interest Rate	Name of Bank/Source & Complete Mailing Address

Attach an additional sheet if necessary

If at any time during the application process and/or construction, there is a change in my household income, or family or household composition, I agree to report this change to ECDC. 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 statement 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."

Applicant Name - Head of Household (printed or typed)

Co-Applicant Name (printed or typed)

Applicant Signature Date

Applicant Signature Date

Please indicate where you heard about this program: _____

Applicant Statement:

As an applicant to the ECDC Pocket Neighborhood, I (we) understand the following:

- 1). The home purchased through the program must be one of the identified properties.
- 2). I (we) acknowledge that identified properties **cannot be modified** and understand that there will be limited design, interior and exterior choices.
- 3). I (we) acknowledge that the home purchased through the program will remain my (our) **owner-occupied primary residence** for five years following closing and secured with a five-year forgivable lien. ECDC must be notified immediately if for some reason the home must be sold in the five-year period. If the home is sold in the five-year time-frame, it must be sold to an income qualified buyer.
- 4). I (we) acknowledge if I sell and purchase another residential property within the 5-year period, the funds awarded to me for down payment assistance at the time of original purchase will be secured by a five-year forgivable lien against the property which decreases for every month that I (we) owns the property and is pro-rated for repayment if the home is sold during the five-year retention period. ECDC must have the first right of refusal to purchase the home if sold during the five-year retention period. I (we) acknowledge that all applicants must meet the income eligibility criteria previously stated in this application.
- 6). I (we) also acknowledge that eligible applicants will select a home in the date order that the fully completed application was returned to ECDC.
- 7). I (we) also acknowledge that awarded applicants must complete all steps in the housing counseling process that is provided by Eastern Iowa Regional Housing Authority.
- 8). I (we) acknowledge that ECDC does not guarantee applicants will receive assistance.
- 9). I (we) acknowledge that applicants receiving down payment assistance and construction assistance must be a U.S. Citizen or a "qualified alien" and that I (we) will be required to provide proof of citizenship or immigration status.
- 10). I (we) acknowledge that the assistance received under this program will be in the form of a forgivable loan, and a lien will be placed on the property for the five-year period following the closing.
- 11). I (we) acknowledge the purchase price cannot exceed the listed purchase price. The homes under this program are custom-built homes; however, the ECDC will offer some limited choices within the budget.
- 12). I (we) acknowledge that ECDC will carry the construction loan on the property until construction is complete and a closing occurs, where the property will be financed into my name as the buyer.

I (we) authorize ECDC and any participating lenders in this program to obtain and share information, including all documentation necessary to determine my (our) eligibility and application status for this program. I (we) release the aforementioned institutions to obtain information regarding my (our) financial standing from government entities, asset holdings institutions and employers with whom I (we) currently participate.

I (we), the undersigned, certify that I (we) have read and understand the entire Applicant Statement and that the information in this application is true and correct. I (we) also acknowledge that I (we) have read and understand all aspects of this program's guidelines as outlined in this application.

Applicant Name - Head of Household (printed or typed)

Co-Applicant Name (printed or typed)

Applicant Signature

Date

Applicant Signature

Date

AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorize the source listed on this form, without liability, information regarding employment, income, and/or assets to ECDC, for the purposes of verifying information provided as part of determining eligibility for assistance under the ECDC Pocket Neighborhood. I/We understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I/We understand that previous or current information may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/ savings accounts, stocks, bonds, certificated of deposits, individual retirement accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We have the right to review this file and correct any information found to be incorrect.

This consent form expires 15 months after signed.

<u>X</u> _____	<u>X</u> _____
Applicant Name	Address City State Zip
<u>X</u> _____	<u>X</u> _____
Applicant Signature	Applicant Social Security Number Date
<u>X</u> _____	<u>X</u> _____
Applicant Name	Address City State Zip
<u>X</u> _____	<u>X</u> _____
Applicant Signature	Applicant Social Security Number Date
<u>X</u> _____	<u>X</u> _____
Applicant Name (other household member 18 or older)	Address City State Zip
<u>X</u> _____	<u>X</u> _____
Applicant Signature	Applicant Social Security Number Date
<u>X</u> _____	<u>X</u> _____
Applicant Name (other household member 18 or older)	Address City State Zip
<u>X</u> _____	<u>X</u> _____
Applicant Signature	Applicant Social Security Number Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD)/ECDC is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member. Purpose: Your income and other information are being collected by HUD/ECDC to determine your eligibility. Other Uses: HUD/ECDC uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD/ECDC, except as permitted or required by law. Penalty: You must provide all of the information requested by the ECDC, including all Social Security Numbers you, and all other household members have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval

Bear River Cottages Pocket Neighborhood Program Homes:

Below is a summary of the homes available for the ECDC Pocket Neighborhood Program. For more information regarding home floor plans please visit <https://ecia.org/pocketneighborhood/>

Homes 1-10 (1064 sq. ft.)	\$150,000
2 or 3-bedroom, 2 bath, one car garage with an option for a second, unfinished basement, no appliances)	
Closing Cost Assistance	(\$ 3,500)
HTF Down payment assistance	(\$10,000)
CDBG Down payment assistance	(\$15,000)
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Total cost of home after assistance	\$121,500

