

MEMORANDUM

TO: Homebuyer Applicants

FROM: Jeremy Middents, SWIPCO Housing Director

DATE: May 11, 2011

The Southwest Iowa Housing Trust Fund is rehabilitating a home at 306 W 14th Street in Atlantic. This home is offered for sale to a household that meets the income guidelines listed below.

306 W 14th Street is a 2 story home with 2,345 sq. ft. living space, 3 bedrooms, and 2 ½ bathrooms.

The winning applicant will be selected on a first qualified, first served basis.

The following must be met to qualify for this program:

- Your current residence (owned or rented) is kept clean and free of debris
- Your credit history is sufficient to be approved for a mortgage
- You must be pre-approved for a mortgage, if you are a finalist
- You must not exceed the income guidelines listed below:

1-2 Person Household	\$49,600
3+ Person Household	\$57,040

Application

Fill out and sign the two page application. It is very important that you fully and accurately complete this form.

Release Forms

- Income

Every adult over 18 years old **with income** must sign a separate Request for Release of Information. Please read the enclosed Income Verification Information sheet, which provides more information about types of income and income verification.

Sign the release forms by the ‘*’ – do not complete the rest of the release form; we will fill out the top section for you based upon the information provided on your application.

- Landlord

We will contact each landlord you had over the past three year if you rented a dwelling.

Sign the landlord release form by the ‘*’ – do not complete the rest of the release form; we will complete other sections based upon the information provided on your application.

Mail the application and signed release forms to:

Southwest Iowa Planning Council

1501 SW 7th Street

Atlantic, Iowa 50022

Or FAX to 712-243-3458

Please call (toll free) 866-279-4720 if you have any questions.

SOUTHWEST IOWA HOUSING TRUST FUND HOMEBUYER APPLICATION
306 W 14th Street, Atlantic

Applicant's Name:	Age:	Co-Applicant's Name:	Age:
Social Security Account Number:	Date of Birth	Social Security Account Number:	Date of Birth
Mailing Address (street, city, state, zip):			Telephone:

HOUSEHOLD MEMBER	SEX	DATE OF BIRTH	RACE	DISABLED circle one	SCHOOL/EMPLOYER
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	
				YES NO	

Applicant's Present Employer:	Address:	Telephone:	
Position:	Supervisor:	Date Employed:	Monthly Gross Income:
Applicant's Additional Employment:	Address:	Telephone:	
Position:	Supervisor:	Date Employed:	Monthly Gross Income:

Co-Applicant's Present Employer:	Address:	Telephone:	
Position:	Supervisor:	Date Employed:	Monthly Gross Income:
Co-Applicant's Additional Employment:	Address:	Telephone:	
Position:	Supervisor:	Date Employed:	Monthly Gross Income:

OTHER INCOME(S)

INCOME SOURCE	RECIPIENT	CLAIM NUMBER	CONTACT NAME AND ADDRESS	AMOUNT/MONTH

ADDITIONAL INFORMATION

Do you own your current home, if so, how long have you lived there?	_____ years _____ months
List landlord(s) name for past 3 years. Attach additional sheet if more than 4.	Landlord Address and phone number:
1.	1.
2.	2.
3.	3.
4.	4.

CERTIFICATION BY APPLICANT(S)

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining assistance, and is true and complete to the best of the applicant's knowledge and belief.

The Applicant covenants and agrees that they will comply with all requirements imposed by or pursuant to the program. Verification of any of the information contained in this application may be obtained from any source named herein.

Maintenance of your property is required: **CONDITION OF THE PROPERTY**

In order to be eligible for program assistance, the property must be maintained so it is free of garbage; debris; refuse; building materials; abandoned, non-operational or junk vehicles; etc. Additionally, the property must not be in violation of any local nuisance ordinances. The dwelling itself must be reasonably clean and sanitary; free of garbage, debris and refuse; uncluttered; etc.

Date

Applicant Signature

Date

Co-Applicant Signature

PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

This application for assistance is subject to denial if it contains false or fraudulent information.

PLEASE READ

Income Verification Information

Each family member over the age of 18 that receives income must sign a separate Request for Release of Information form. You may need to make copies of the blank forms. All forms must be returned with your application.

Verification of income is a requirement of all housing programs. We will send a copy of the release form to every income source listed on your application. This information is for verification of eligibility for our housing programs only and it will not be shared with others.

SELF –EMPLOYMENT INCOME

If you are self-employed, we require signed copies of your last two years of filed Federal Income Tax Returns including all schedules. We will also need the date of start up for your business.

SOCIAL SECURITY INCOME

Verification of Social Security Benefits can be done in one of the following ways:

- Send in a copy of your 2010 Social Security Benefits Statement.
- Or I can request this information for you from the Social Security Administration (SSA) website. SSA will then send you a Proof of Income letter, when you receive this letter you must forward it to SWIPCO.
- Anyone who receives Social Security income of any type must be included in the family income figures.

INCOME OTHER THAN SELF-EMPLOYMENT OR SOCIAL SECURITY

Each family member over the age of 18 that receives income other than self-employment or Social Security must sign the Request for Release of Information form by the ‘*’. We will fill in the remaining parts with the information you provide on your application.

When filling out your application include a contact phone number and complete mailing address for each of your income sources.

If you receive child support and have a case number, provide it on your application form.

Examples of common income sources are, but not limited to:

Employment	Alimony	Social Security
Commissions	Interest	SSI
Overtime	Dividends	Unemployment
Bonuses	Retirement	Worker’s compensation
Child support	Disability benefits	FIP

**If you have any questions, call Sandy at
(toll free) 1-866-279-4720**

**SOUTHWEST IOWA HOUSING PROGRAM
REQUEST FOR RELEASE OF INFORMATION**

I, _____, authorize _____ to provide information to Southwest Iowa Planning Council regarding verification of income as identified below. This request is to verify eligibility for a housing program. Please contact the Program Administrator at 1-866-279-4720 if you have any questions. Your prompt attention to this request is greatly appreciated. This information will be used only for the purpose stated and will not be disclosed to any other organization or individual.

NAME: _____

ADDRESS/CITY: _____

SOCIAL SECURITY NUMBER: _____

SOURCE OF INCOME:

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Commission | <input type="checkbox"/> Worker's Comp |
| <input type="checkbox"/> Interest/Dividends | <input type="checkbox"/> Child Support | <input type="checkbox"/> Disability Benefits |
| <input type="checkbox"/> Pension/Retirement | <input type="checkbox"/> Unemployment | <input type="checkbox"/> FIP |
| <input type="checkbox"/> Other, please identify _____ | | |

*

Signature

Date

TO BE COMPLETED BY EMPLOYER

Pay Frequency: weekly bi-weekly semi-monthly monthly yearly

Year-to-date gross earnings: \$ _____ Number of pay periods included in YTD earnings: _____

If the employee's work is seasonal/ sporadic, please indicate the layoff period(s): _____

Does gross earnings include overtime? _____ If no, average hours of OT per pay period? _____ OT Pay Rate \$ _____

Does gross earnings include bonus? _____ If no, how often is bonus received? _____ Bonus amount \$ _____

TO BE COMPLETED BY OTHER INCOME SOURCE

Gross Monthly Income \$ _____ OR Gross Annual Income \$ _____

VERIFIED BY: _____ TITLE: _____

DATE: _____

**Fax or mail form to: Southwest Iowa Planning Council
1501 SW 7th Street, Atlantic, IA 50022
FAX 712-243-3458**

**SOUTHWEST IOWA HOUSING PROGRAM
REQUEST FOR RELEASE OF INFORMATION**

I, _____, authorize _____ to provide information to Southwest Iowa Planning Council regarding verification of rental status. This request is to verify eligibility for a housing program. Please contact the Program Administrator at 1-866-279-4720 if you have any questions. Your prompt attention to this request is greatly appreciated. This information will be used only for the purpose stated and will not be disclosed to any other organization or individual.

NAME: _____

ADDRESS/CITY: _____

SOCIAL SECURITY NUMBER: _____

*

Signature Date

*

Signature Date

TO BE COMPLETED BY LANDLORD

The above person(s) rented a home from you:

Date From: _____ Date To: _____

Condition of Property while residing in your residence (check one):

____ Poor Condition ____ Good Condition
____ Average Condition ____ Excellent Condition

If you held a deposit, was it returned? __ Yes __ No If not, why? _____

Additional Comments regarding your property and the renter(s):

VERIFIED BY: _____ DATE: _____

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