

Villisca CDBG Home Repair

**Do you live here?
Do you own your
home? Yes?**

**Then you may qualify for
our home repair program!**

in the form of a five year forgivable loan



Criteria Include:

- Live in the target area, but not in the flood plain
- Homeowner's primary residence
- Owner of record
- Homeowners Insurance (or able to obtain)
- Current with mortgage, taxes, and utilities
- Homeowner must be at or below income guidelines

1 person	2 persons	3 persons	4 persons	5 persons	6 persons
\$38,850	\$44,400	\$49,950	\$55,500	\$59,950	\$64,400

QUESTIONS?

To learn more about the program or obtain an application, contact:

Southwest Iowa Housing Planning Council

1501 SW 7th Street, Atlantic, IA 50022

712-243-4196 866-279-4720 (toll free)

Email: Ann.Anstey@swipco.org

Southwest Iowa Planning Council is an equal opportunity provider, employer, and lender

TO: Community Development Block Grant Housing Rehabilitation Applicant

FROM: Ann Anstey and Sandy Hansen

The City of Villisca has been awarded a Community Development Block Grant – Housing Repair grant (CDBG). Southwest Iowa Planning Council (SWIPCO) will be administering this grant on behalf of the City.

We are sending you an application packet as you have expressed an interest in the program. **To be considered for this program, this application and accompanying verification documents must be returned to SWIPCO by _____.** If you are unable to meet this deadline, contact SWIPCO.

If you have questions or need assistance filling out the enclosed application and verification forms contact Ann or Sandy at 1-712-243-4196 or 1-866-279-4720 (toll free). Incomplete forms will be returned for completion and will slow the approval process

Application Packet Includes:

- Summary of the Program. This flyer explains the CDBG housing repair program.
- Two page application. Fill in all areas. Write in N/A in areas that do not apply to your situation. Do not forget to date and sign the last page.
- Income Verification Instructions. Instructions to fill out the following forms.
 - Employment Verification
 - Retirement Verification
 - No Income Certification
 - Asset Verification

Also provides instructions for other income not covered by these forms, such as self-employment, business, or social security and other income.

- No Mortgage Certification. Fill out and sign only if you do not have a mortgage or home equity loan on your home. If you have a mortgage or home equity loan, send in documentation that you are current on your payments.
- Utility Verification. This grant program requires us to contact your utility provider(s). Fill in and sign the top section of this verification form.

If additional verification forms are needed feel free to make copies or call this office to request additional copies.

If you are not interested in applying for this repair grant program, please throw this application packet away and give SWIPCO a courtesy call to remove your name from our database.

Return all Verification Forms (with the top section filled out and signed) with your application. DO NOT give forms to your employer, utility company or other verification source. SWIPCO will make arrangements with verification source for the lower section to be completed.

Methods for returning the application and accompanying documents:

- E-mail: Ann.Anstey@swipco.org or Sandy.Hansen@swipco.org
- Fax: 712-243-3458
- Mail: SWIPCO, 1501 SW 7th Street, Atlantic IA 50022

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Income Verification Instructions

**If you have any questions on Income Verifications call Ann
1-866-279-4720 (toll free) or 1-712-243-4196**

This program requires that the household income of the property being repaired be under a set income level. **HOUSEHOLD INCOME INCLUDES INCOME FROM ALL PEOPLE LIVING IN THE HOME, REGARDLESS OF MARITAL STATUS.** In order to determine if the household is under this level, SWIPCO is required to verify earned and unearned income coming into the household.

Earned income includes all the gross income and wages received from working or from certain disability payments. Examples of this type of income are wages from an employer or self-employment income. Note: this type of income for persons under the age of 18 will not be included in household income.

Unearned income is all other income. Examples of this type of income are child support, social security, unemployment benefits, and alimony. All gross income of this type must be included in household income.

If additional verification forms are needed, please make copies, or call to request more.

Employment Verification – Each employed adult household member, age 18 and older, must fill out and sign the top section of this form. Use a separate form for EACH employer. If more than one household member works for the same employer a separate form must be filled out. **DO NOT GIVE THIS FORM TO YOUR EMPLOYER, SEND IT TO SWIPCO WITH YOUR APPLICATION.** Forms that do not include Employer email and/or fax number will be returned, delaying the verification process.

No Income Verification – A separate form must be filled out for each household member, age 18 and older, who does not have any type of income in their name. An example of a person who needs to complete this form is a full time homemaker.

Self-Employment – If you are self-employed please provide signed copies of the last **three** years of filed Federal Tax Returns and the startup date of your business. If you do not have three years of filed returns, we require a profit/loss sheet.

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

- Send a copy of your 2019 Social Security Benefits Statement. This is the statement that shows the dollar amount that will be deposited into your account each month of 2019. Do **NOT** send in your 1099 tax statement of your 2018 social security income.
- Call your local Social Security office and request a Proof of Income Letter. This letter will be mailed directly to you. Please forward a copy to this office. **OR** you can obtain your proof of income letter online at <http://www.socialsecurity.gov/myaccount> . Set up an online account with SSA and print a statement that shows your current benefit amounts.

Other Income(s) – Not all types of income are covered above. List all other incomes on the first page of your application. If additional information is needed, I will contact you during the processing of your application.

Examples of income sources, including but not limited to:

Employment	Child support	SSI	FIP payments
Commissions	Adoption assistance	Unemployment	Retirement
Overtime	Alimony	Worker's Comp.	Interest
Bonuses	Social Security	Disability benefits	Dividends

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CDBG HOUSING REHABILITATION PROGRAM APPLICATION

Applicant's Name:	Age:	Co-Applicant's Name:	Age:
Social Security Number:		Social Security Number:	
Address of Property to be Rehabilitated:		Home Phone:	
		Cell Phone:	
		Work Phone	
Mailing Address, if Different From Above:		e-mail address:	

ALL HOUSEHOLD MEMBERS (including applicant(s))	GENDER*	DATE OF BIRTH	RACE	DISABLED*	Marital Status*	SCHOOL/EMPLOYER
	F M			Y N	M S SP D W	
	F M			Y N	M S SP D W	
	F M			Y N	M S SP D W	
	F M			Y N	M S SP D W	
	F M			Y N	M S SP D W	

*circle (F=Female, M= Male, Y= yes this person has a disability, N=no this person does not have a disability
M=married, S= Single, SP=separated, D= Divorced, W=Widow)

<u>Primary Employment</u>	Applicant Employment Information:
Job Title: _____	Estimated Monthly Gross Income: _____
Contact Person: _____	Employer: _____
	Telephone: _____
<u>Additional Employment:</u>	Estimated Monthly Gross Income: _____
Job Title: _____	Employer: _____
Contact Person: _____	Telephone: _____

<u>Primary Employment:</u>	Co-Applicant Employment Information:
Job Title: _____	Estimated Monthly Gross Income: _____
Contact Person: _____	Employer: _____
	Telephone: _____
<u>Additional Employment:</u>	Estimated Monthly Gross Income: _____
Job Title: _____	Employer: _____
Contact Person: _____	Telephone: _____

INCOME SOURCE OTHER THAN EMPLOYMENT	RECIPIENT	CLAIM/ ID (Social Security) NUMBERS	CONTACT NAME AND PHONE NUMBER	Estimated \$\$ /MONTH

- Is this your primary residence? Yes No
- You must be the owner of record for the property to be rehabilitated. **Please provide copy of the recorded deed**
- Do you have a mortgage on this property?
 Yes, **provide documentation that shows you are current with your payments**
 No, **if your mortgage is paid in full, sign the enclosed "No Mortgage" form**

NOTE: Purchases through a land contract or rent-to-own contract are NOT eligible under this program. Contact SWIPCO for other options.

- This grant requires you to have Homeowner's Insurance on your property. **Please contact your insurance agent and have them fax a "Proof of Homeowners Insurance Certificate" to SWIPCO at 712-243-3458 or email to Ann.Anstey@swipco.org**
- Are you required to file a federal income tax return?
 Yes **Please provide a copy of your most recent filed income tax return, if self-employed provide 3 yrs**
 No

Prior to initiating repair work on your house, a SWIPCO housing inspector will inspect the home to determine if minimum health and safety standards are attainable. The property must be maintained throughout the project to allow the SWIPCO inspector and contractor(s) safe and sanitary access throughout the property to complete their work. If the inspector determines that the project is not feasible, or the property is not maintained in a safe and sanitary manner, SWIPCO reserves the right to withdraw the offer of assistance.

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 under the Community Redevelopment Act of 1974, and is true and complete to the best of the applicant's knowledge and belief.

The Applicant further certifies that they are the owner of the property described in this application, and that the rehabilitation fund 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 the City determines that the rehabilitation fund proceeds will not or cannot be used for the purpose described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the City, and acknowledges that, with respect to such proceeds so returned, they shall have no further interest, right or claim.

The Applicant covenants and agrees that they will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 178 State. 2521. The Applicant agrees not to discriminate upon the basis of race, color, creed, sex or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Verification of any of the information contained in this application may be obtained from any source named herein.

Date Applicant Signature

Date Co-Applicant Signature

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any manner 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 representation, or makes or uses any false writing or document knowing the same to contain 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".

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COMPLETE TOP SECTION ONLY - EMPLOYMENT VERIFICATION

Employee Name:
Employee Social Security/Employer ID Number:
Employee Address:
Employer Name:
Employer Address:
Employer Phone Number:
Employer Fax or Email (MUST PROVIDE):

My signature authorizes verification of my Employment information.

Employee Signature

Date

STOP!!! RETURN TO SWIPCO! SWIPCO WILL FORWARD TO YOUR EMPLOYER

The individual(s) named directly above is an applicant for a housing program through this agency. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Ann Anstey
Grants Specialist
Southwest Iowa Planning Council (SWIPCO)

Please return this form to:

SWIPCO 1501 SW 7th St, Atlantic IA 50022

Fax: 712-243-3458

e-mail: ann.anstey@swipco.org

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed ___/___/___ No Last Day of Employment ___/___/___

Current Wages (check one): Hourly Salary Rate \$ _____ per hour (do not include shift differential)

Pay Frequency (check one): weekly bi-weekly semi-Monthly monthly yearly

Number of regular hours scheduled per week: _____ (if hours vary, please list the average anticipated hours)

Year to date gross earnings: _____ through pay period ending ___/___/___ Number of pay periods included in YTD: _____

Overtime rate: \$ _____ per hour Average number of overtime hours per week: _____

Shift Differential rate: _____ per hour Average number of shift differential hours per week _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective Date ___/___/___

Commissions, bonuses, tips other \$ _____
per (check one) hourly weekly bi-weekly semi-Monthly monthly yearly

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

Is this employee eligible for unemployment during the layoff period? (check one) yes no

Employer's Signature

Employer's Printed Name

Date

Note: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

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COMPLETE TOP SECTION ONLY - RETIREMENT/PENSION INCOME VERIFICATION

Name:
Social Security Number:
Address:
Company Name:
Address:
Phone Number:
Fax Number and/or email (MUST PROVIDE):

My signature authorizes verification of my Employment information.

Signature

Date

STOP!!! RETURN TO SWIPCO! SWIPCO WILL FORWARD TO COMPANY OFFICIAL

The individual(s) named directly above is an applicant for a housing program through this agency. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Ann Anstey
Grants Specialist
Southwest Iowa Planning Council (SWIPCO)

Please return this form to:

SWIPCO 1501 SW 7th St, Atlantic IA 50022

Fax: 712-243-3458

e-mail: ann.anstey@swipco.org

Original Pension Holder: _____

Name of Pension Fund _____

Type of Pension/Retirement Benefit: _____

Gross Monthly Rate of Retirement/Pension Benefit: \$ _____

Date Benefits Began: _____

Effective date of Current Amount: _____

Expected Duration of Pension/Retirement Benefits : _____

Date of any Anticipated Change in Benefit: _____ Amount: \$ _____

Comments: _____

Preparer's Signature

Preparer's Printed Name /Title

Date

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NO INCOME SELF VERIFICATION
Southwest Iowa Housing Trust Fund (SWIHTF)
Southwest Iowa Planning Council (SWIPCO)

Note - This form is to be filled out and signed by the household member that has
no earned or unearned income coming into the household in their name.

Household Member's Name: _____

1. I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability Payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other sources not named above.

2. I currently have no income of any kind and there is no change expected in my financial status or employment status during the next 12 months. Yes _____ No _____

3. I am currently a (circle those that apply):
 - a. Full time homemaker
 - b. Full time student
 - c. Part time student
 - d. Retired
 - e. Other _____

4. Signature

The information presented on this document is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, or misleading or incomplete information may result in the termination of this household's application.

Date

Signature

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ALIMONY/CHILD SUPPORT SELF-CERTIFICATION



*Complete one form per household member who is eligible to receive alimony and/or child support.
Please attach any court documentation you have that supports your position.*

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

Case Number(s) _____

List Covered Dependent(s) (if applicable) _____

		Amount	Frequency
1.	<input type="checkbox"/> I certify that I have been <u>awarded</u> the following amount of alimony and/or child support.	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
2.	<input type="checkbox"/> I certify that I <u>receive</u> the following amount of alimony and/or child support. <i>Please provide proof of payment (i.e. printout from DHS).</i>	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
3.	<input type="checkbox"/> I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded. <i>Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.</i>		
4.	<input type="checkbox"/> I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.		

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature

Date

Asset Income Verification Instructions

If you have any questions on what to include as an asset or how to fill out Verification Forms call Ann at 1-866-279-4720 or 1-712-243-4196

To verify asset income each household must complete a **SWIPCO Assets Certification** form. Fill out **one** per household and include all assets (except those listed in the next paragraph) for all household members.

Do not include necessary personal property such as your primary place of residency, daily use autos, household furniture, clothing, assets of an active business, or special equipment for use by the disabled.

Include Retirement/Pension(s) on the Asset Certification form ONLY if you are not receiving regular payments.

To receive assistance in figuring cash value of an asset call Ann Anstey at SWIPCO.

To determine your total assets - add amounts in Column A.

If this **equals \$5,000 or less**, sign this form and send back with your signed application. This form will serve as verification of your asset income.

If this amount **equals \$5,000.01 or more**, additional verification is required. Please do the following:

- Sign the **Asset Certification** form and return with your application
- List all asset(s) in the Asset section of your Application. Making sure to include all account numbers and contact phone numbers
- **Fill out and sign the top section only** of the appropriate Bank and/or Asset Verification form for each of your assets and return with your signed application.
 - **Bank Verification**. This form is required for the following types of assets held at a bank or finance agency. One form is needed for each bank or financial agency:

Checking Account	Money Market Account
Savings Account	IRA, Keogh or other retirement plans
Certificate of Deposit	
 - **Asset Verification**. This form is required for all other assets not held at a bank or finance agency

Do not give these to your bank or finance agency to fill out; SWIPCO will work with these entities to obtain verification of your asset information.

Examples of assets are, but not limited to:

Cash on Hand	Motorcycle
Checking Accounts	Collections
Savings Account	Retirement Accounts
Money Market Account	Contracts
CD's	Bonds
Investments	Real Estate (other than you primary residence)
Personal Property	Vehicles (other than you primary vehicle)
Boat	

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SWIPCO-BANK VERIFICATION

Applicant Name:		Social Security #:	
Applicant Address:			
Applicant Phone #:			

Institution Name:			
Institution Address:			
Institution Phone Number:			
Institution Fax Number (MUST PROVIDE):			

My signature authorizes verification of my account(s) information.

Applicant Signature

Date

The individual(s) named directly above is an applicant for a housing program through this agency. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Ann Anstey, Grant Specialist
Southwest Iowa Planning Council (SWIPCO)

Please return this form to:

Mail to: SWIHTF 1501 SW 7th St, Atlantic IA 50022

Fax: 712-243-3458

e-mail: ann.anstey@swipco.org

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Checking Account #	Current Balance	Average 6 month Balance	Interest Rate (if applicable)

Savings Account #	Current Balance	Average 6 month Balance	Interest Rate (if applicable)

Certificates of Deposit or Money Market Acct #	\$ Amount	Date of Maturity	Early Withdraw Penalty	Interest Rate

IRA, KEOGH, PENSIONS	Current Cash Value*	Does individual have access to Funds	Is individual taking payments from account?	IF Yes, list amount and Frequency	Interest Rate/Projected Earnings
		Yes No	Yes No		
		Yes No	Yes No		

*Current Cash value is the amount the holder would receive if converted to cash (minus penalties)

Are there any other accounts held by this person or their minor dependents? Yes No

Account Number	Type of Account	Current Balance	Average 6 Month Balance	Interest Rate (if applicable)

Preparer's Signature

Preparer's Printed Name

Date

Note: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Southwest Iowa Planning Council is an equal opportunity provider, employer, and lender Rev.10-2019

Under \$5,000 Asset Certification*



For households who combined NET assets **DO NOT** exceed \$5,000.
 Complete one form per household; include assets from children of the household

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

1. My/our assets include:

(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source		(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account					Checking Account
			Cash on Hand					Safety Deposit Box
			Certificates of Deposit					Money Market Funds
			Stocks					Bonds
			IRA Accounts					401K Accounts
			Keogh Accounts					Trust Funds
			Equity in Real Estate					Land Contracts
			Lump Sum Receipts					Capital Investments

				(Name of Asset)
			Whole Life Insurance Policies	
			Other Retirement/Pension Funds	
			Personal Property held as an Investment***	
			Any account only accessed through a debit card#	
			Other (Attach list if necessary)	

PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:

** Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

*** Personal property held as an investment may include, but is not limited to, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.

Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

2. Disposed Assets

(YES) (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

3. No Assets

(YES) I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CRF 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family asset is: \$_____. This amount is included in the total Gross Annual Income.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

Applicant/Resident Signature _____ Date _____

*May not be used for HOME/National Housing Trust Fund Full Recertification Requirements

SWIPCO-ASSET VERIFICATION

Applicant Name:		Social Security #:	
Applicant Address:			
Applicant Phone #:			

Institution Name:	
Institution Address:	
Institution Phone Number:	
Institution Fax Number (MUST PROVIDE):	

My signature authorizes verification of my asset information.

Applicant Signature

Date

The individual(s) named directly above is an applicant for a housing program through this agency. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Ann Anstey
Grant Specialist
Southwest Iowa Planning Council (SWIPCO)

Please return this form to:
 Mail: SWIPCO 1501 SW 7th St, Atlantic IA 50022
 Fax: 712-243-3458
 e-mail: ann.anstey@swipco.org

THIS SECTION TO BE COMPLETED BY THE INSTUTION MANAGING THE APPLICANT'S ASSETS:

Type of Asset: ___ Stocks ___ Bonds ___ Mutual Fund ___ Life Insurance ___ Other _____

1. Life Insurance Validation Date: _____ Whole Life or Term Life
2. Current Asset Cash Value \$ _____
3. Number of Units (e.g. Shares) Owned _____ at \$ _____ per unit
4. Gross Annual Dividend/Interest Rate \$ _____ %
(if varies, please use average dividends/interest rate at the close of business yesterday)
5. Prior Year Income Earned From Asset \$ _____
6. Costs incurred to Sell the Asset \$ _____
7. Other information that may be used to determine income from this asset

8. If drawing on this account, gross monthly payments: _____

Preparer's Signature

Employer's Printed Name

Date

Preparer's Title

Preparer's Phone Number

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NO MORTGAGE CERTIFICATION

City of Villisca

Southwest Iowa Planning Council (SWIPCO)

NAME: _____

ADDRESS: _____

CITY: _____

I do not have a mortgage and/or a lien(s) on the above address.

The information presented on this document is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of this household's application.

Signature

Date

Signature

Date

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**SOUTHWEST IOWA PLANNING COUNCIL
UTILITY VERIFICATION**

I, _____, authorize Villisca Municipal Power Plant to provide verification of utility to Southwest Iowa Planning Council (SWIPCO). This request is to verify eligibility for a housing program.

Please contact SWIPCO 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: _____

ACCOUNT NUMBER: _____

* _____
Signature

* _____
Signature

Date

NOTE: This authorization does not expire

STOP! RETURN TO SWIPCO! SWIPCO will forward to utility company

IS THE ABOVE NAMED APPLICANT'S UTILITY BILL CURRENT? YES NO

IF NO: HOW LONG ARE THEY PAST DUE? _____

VERIFIED BY: _____

PRINT NAME: _____

TITLE: _____

DATE: _____

Methods for returning the application and accompanying documents:

- E-mail: ann.anstey@swipco.org
- Fax: 712-243-3458
- Mail: SWIPCO, 1501 SW 7th Street, Atlantic IA 50022

SWIPCO is an equal opportunity provider, employer, and lender

**SOUTHWEST IOWA PLANNING COUNCIL
UTILITY VERIFICATION**

I, _____, authorize City of Villisca to provide verification of utility to Southwest Iowa Planning Council (SWIPCO). This request is to verify eligibility for a housing program.

Please contact SWIPCO 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: _____

ACCOUNT NUMBER: _____

* _____ * _____
Signature Signature Date

NOTE: This authorization does not expire

STOP! RETURN TO SWIPCO! SWIPCO will forward to utility company

IS THE ABOVE NAMED APPLICANT'S UTILITY BILL CURRENT? YES NO

IF NO: HOW LONG ARE THEY PAST DUE? _____

VERIFIED BY: _____

PRINT NAME: _____

TITLE: _____

DATE: _____

- Methods for returning the application and accompanying documents:**
- E-mail: ann.anstey@swipco.org
 - Fax: 712-243-3458
 - Mail SWIPCO, 1501 SW 7th Street, Atlantic IA 50022

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