



**Cass, Fremont,
Harrison, Mills,
Montgomery, Page,
and Shelby Counties**

Homeownership Assistance Program

- ❖ Home can be existing or new construction
- ❖ 7% of purchase price of the home, up to \$8,000, available for homeownership assistance
- ❖ The first \$5,000 is a 5-year forgivable loan, forgiven at 20% per year. Loan is forgiven 100% if buyer lives in home 5 years. Any amount over \$5,000 is optional and repayable at a 1% interest rate over a maximum 5-year period
- ❖ Homebuyer participates in a homebuyer's education program
- ❖ Homebuyer meets income guidelines for their county and is selected on a first approved – first served basis
- ❖ Homebuyer does NOT have to be first-time buyer
- ❖ HOMEBUYER MUST SUBMIT A SIGNED PURCHASE AGREEMENT WITH THEIR APPLICATION. APPLICATIONS WILL NOT BE PROCESSED WITHOUT A SIGNED PURCHASE AGREEMENT.
- ❖ Funds are paid directly to the closing agent and applied to the mortgage as down payment or closing costs. Closing must take place within 6 months of the date on the final award notification letter.

Southwest Iowa Planning Council

1501 SW 7th Street

Atlantic, IA 50022

712-243-4196

866-279-4720 (toll free)

www.swipco.org

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

Income Qualifications | Updated 12/31/2022

COUNTY	1 person	2 person	3 person	4 person	5 person	6 person	7 person
Cass	80% IFA SHTF	\$69,520	\$69,520	\$99,935	\$99,935	\$99,935	\$99,935

Fremont	80% IFA SHTF	\$69,520	\$69,520	\$99,935	\$99,935	\$99,935	\$99,935
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Harrison	80% IFA SHTF	\$76,080	\$76,080	\$109,365	\$109,365	\$109,365	\$109,365
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Mills	80% IFA SHTF	\$76,080	\$76,080	\$109,365	\$109,365	\$109,365	\$109,465
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Montgomery	80% IFA SHTF	\$69,520	\$69,520	\$99,935	\$99,935	\$99,935	\$99,935
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Page	80% IFA SHTF	\$76,080	\$76,080	\$109,365	\$109,365	\$109,365	\$109,365
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Shelby	80% IFA SHTF	\$69,520	\$69,520	\$99,935	\$99,935	\$99,935	\$99,935
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TO: Home Ownership Assistance Applicant
FROM: Ann Anstey
SUBJECT: 2023 Home Ownership Assistance Program

Southwest Iowa Housing Trust Fund (SWIHTF) is pleased to announce the availability of 2023 Home Ownership Assistance Program Funds. Enclosed you will find an Application Packet for this program.

Applications will NOT be processed until we have a signed purchase agreement. Please complete the application and sign all verification forms and return them to SWIHTF with your purchase agreement.

If you have questions or need assistance filling out the enclosed application and verification forms contact Ann at 1-712-243-4196 or 1-866-279-4720 (toll free).

Application Packet Includes:

- Program Flyer with a brief description of the Home Ownership Assistance Program.
- Two page application. Complete all areas. Write in N/A in areas that do not apply to you. REMEMBER to date and sign the last page.
- Asset Income Verification Instructions provides instructions on filling out the following forms. READ AND FOLLOW THESE INSTRUCTIONS.
 - Under \$5,000 Assets Certification
 - Asset Verification
 - Bank Verification
- Income Verification Instructions provides instructions on filling out the following forms and provides instructions for other income not covered by these documents, such as self-employment, business, or social security income. READ & FOLLOW INSTRUCTIONS.
 - Employment Verification
 - Retirement/Pension Income
 - No Income Certification

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

Return all Verification Forms AND Purchase Agreement with your application.
DO NOT give forms to your employer, bank or other asset income source.
SWIHTF will work with verification source to complete the lower section of the form.

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

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 2021 Social Security Benefits Statement. This is the statement that shows the dollar amount that will be deposited into your account each month of 2023. **Do NOT send in your 1099 tax statement of your 2022 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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SWIHTF HOMEOWNERSHIP ASSISTANCE PROGRAM

Applicant's Name:	Age:	Co-Applicant's Name:	Age:
Social Security Number:		Social Security Number:	
Address of Property to be purchased		Home Phone: Cell Phone: Work Phone:	
Current Mailing Address		E-mail address:	

ALL HOUSEHOLD MEMBERS (all persons living in house upon purchase, including applicant)	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)

- Do you have financing approval for a mortgage? ___ Yes ___ NO **IF YES, PROVIDE LOAN COMMITMENT**
- Will this home be your primary residence? ___ Yes ___ No

<p>Primary Employment:</p> <p>Job Title: _____</p> <p>Contact Person: _____</p> <p>Additional Employment:</p> <p>Job Title: _____</p> <p>Contact Person: _____</p>	<p>Applicant Employment Information:</p> <p>Estimated Monthly Gross Income: _____</p> <p>Employer: _____</p> <p>Telephone: _____</p> <p>Estimated Monthly Gross Income: _____</p> <p>Employer: _____</p> <p>Telephone: _____</p>
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<p>Primary Employment:</p> <p>Job Title: _____</p> <p>Contact Person: _____</p> <p>Additional Employment:</p> <p>Job Title: _____</p> <p>Contact Person: _____</p>	<p>Co-Applicant Employment Information:</p> <p>Estimated Monthly Gross Income: _____</p> <p>Employer: _____</p> <p>Telephone: _____</p> <p>Estimated Monthly Gross Income: _____</p> <p>Employer: _____</p> <p>Telephone: _____</p>
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INCOME SOURCE OTHER THAN EMPLOYMENT	RECIPIENT	CLAIM/ ID NUMBERS	CONTACT NAME AND PHONE NUMBER	Estimated \$\$ /MONTH

ASSETS SOURCE	RECIPIENT	CLAIM/ ID NUMBERS	CONTACT NAME AND PHONE NUMBER	AMOUNT/MONTH
R0				

Are you required to file a federal income tax return? ___ Yes ___ No **If Yes, provide a copy of your most recent income tax return. If self employed, provide 3 years returns.**

Real Estate Agent: _____ Phone Number or email: _____

Lending Institution: _____ Phone Number or email: _____

CERTIFICATION BY APPLICANT(S)

The Applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining assistance through the Southwest Iowa Home Ownership Assistance Program, and is true and complete to the best of the applicant's knowledge and belief.

The Applicant(s) further certifies that they will be the owner of the property described in this application, and that the property will be their primary place of residency.

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".

Application and accompanying documents are to be returned to SWIHTF by one of the following methods:

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

Southwest Iowa Planning Council is an equal opportunity provider, employer, and lender Rev. 10/2018

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:

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 7 th 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.

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

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:

My signature authorizes verification of my Employment information.

Employee Signature

Date

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

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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

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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)
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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:

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 7 th 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 _____

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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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 _____

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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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
Checking Accounts
Savings Account
Money Market Account
CD's
Investments
Personal Property
Boat

Motorcycle
Collections
Retirement Accounts
Contracts
Bonds
Real Estate (other than you primary residence)
Vehicles (other than you primary vehicle)

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SWIPCO - ASSET CERTIFICATION

Applicant Name	Date:
Co Applicant Name	File Name

Only one Asset Certification form per household. Assets of all household members including children must be included. All persons over the age of 18 must sign this form.

Complete all that apply for 1 through 4:

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	Source	(A) Cash Value*	(B) Int. Rate	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
\$ _____	% _____	_____ Life Insurance Policies (excluding Term)			
\$ _____	% _____	_____ Other Retirement/Pension Funds not named above: _____			
\$ _____	% _____	_____ Personal property held as an investment** : _____			
\$ _____	% _____	_____ Other (list): _____			

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

*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. To receive assistance in figuring cash value of an asset call SWIPCO.

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

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____.
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.
5. Total asset cash value is \$ _____. (Total of column A). If under \$5,000.00 sign and return this form. If \$5,000.01 or more sign and return this form, and corresponding Bank and/or Asset Verification forms.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our 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 a lease agreement.

Household Member	Date	Household Member	Date
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NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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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:	

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

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SWIPCO-ASSET VERIFICATION

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

Institution Name:			
Institution Address:			
Institution Phone Number:			
Institution Fax Number:			

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 INSTUTUTION 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

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

Homebuyer Education Providers

****please take 1 class****

- **Iowa State University Extension Services**
Website: www.extension.iastate.edu/homebuyer
Online course - available 24/7
Counties served: All
Cost: \$45

- **Family Housing Advisory Services**
Website: <http://www.fhasinc.org/>
10 South 4th Street
Council Bluffs, IA 51503
Phone: (402) 934-6743 or (712) 322-4436
Contact: Neil 402-934-6743
Carol 402-934-6745
Classes are held every month, Schedule is posted at www.fhasinc.org, Spanish classes available
Cost: \$25.00

- **Neighborhood Finance Corporation**
Website: <http://neighborhoodfinance.org/>
1912 6th Ave
Des Moines, IA 50314
Phone: 515-246-0010
Homebuyer Education Series (4 classes in 4 weeks) Tuesday 6 to 8 pm, call to register, Spanish classes available,
Cost: Free

- **MGIC for Homebuyers**
Website: <http://homebuyers.mgic.com/>
Online course – available 24/7
Counties served: All
Cost: Free