



**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

TO: Home Ownership Assistance Applicant

FROM: Nicole Rhodes

SUBJECT: 2026 Home Ownership Assistance Program

Southwest Iowa Housing Trust Fund (SWIHTF) is pleased to announce the availability of 2026 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 Nicole 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.
- 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: nicole.rhodes@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 Nicole
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 2026 Social Security Benefits Statement. This is the statement that shows the dollar amount that will be deposited into your account each month of 2026. **Do NOT send in your 1099 tax statement of your 2025 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 APPLICATION

Applicant's Name:	Age:	Co-Applicant's Name:	Age:
Property Address:		City:	
Mailing Address if different from above:		Cell Phone:	
		Home Phone:	
		Work Phone:	
Email address:			

ALL HOUSEHOLD MEMBERS (including applicants)	GENDER	DATE OF BIRTH	RACE	DISABLED	ETHNICITY	MARITAL STATUS

Gender: M-Male; F-Female; NR-chose not to respond

Race: 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/other Pacific Islander; 6-Other; 7-Chose not to respond

Disabled: 1-Yes; 2-No; NR – chose not to respond – see Fair Housing Act for definition of handicap (disability)

http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201

Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3-Chose not to respond

Marital Status: M-Married; S-Single, D-Divorced; SP-Separated, W-Widowed

Is this your primary residence? ☐ Yes ☐ No

Are you the owner of record? ☐ Yes ☐ No **PROVIDE COPY OF RECORDED DEED**

Are you purchasing this property with a land contract: ☐ Yes ☐ No **If yes, provide a copy of recorded Contract**

Is there Homeowner's Insurance on this property: ☐ Yes ☐ No **If yes, provide proof of insurance**

Are you required to file a Federal income tax return? ☐ Yes ☐ No **If yes, provide a copy of your most recent filed federal income tax return. Provide 3 years returns if you are self-employed.**

Please check **YES** or **NO** to each question. If you respond "yes" to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

1. Do you expect any additions to the household within the next 12 months? ☐ Yes ☐ No

If yes, explain: _____

2. Is there anyone living with you now who will not be living with you at this property? ☐ Yes ☐ No

3. Are there any absent household members who normally would live with you: ☐ Yes ☐ No

If yes, explain: _____

HOUSEHOLD INCOME INFORMATION

ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY

List your current and anticipated income for the 12-month period commencing or anticipated starting today. Include all full time, part time or seasonal employment.

DO YOU RECEIVE OR EXPECT TO RECEIVE

	YES	NO	Monthly Amount
Social Security, SSI or other payments from the Social Security Administration			\$
Employment pensions or retirement benefits, veteran's benefits or annuities			\$
Employment wages or salaries (including overtime, bonuses, tips, commissions and cash)			\$
Self-employment salaries (including overtime, bonuses, tips, commissions and cash)			\$
Unemployment benefit or workman's' compensation			\$
Public Assistance (General Relief; Aid to Families w/ Dependent Children or other such)			\$
Alimony or child support (either court ordered or paid directly from the payor)			\$
Regular payments from a severance package from a previous employer			\$
Regular payments from any type of settlement (insurance settlement/award from lawsuit)			\$
Regular payments as a member of the Armed Forces			\$
Regular payments from disability, death benefits or life insurance dividends			\$
Regular gifts or payments from anyone outside of the household (including cash or goods)			\$
Regular payments from lottery winnings or inheritances			\$
Regular payments from rental property (land contracts or other real estate transaction)			\$
Education grants, scholarships or other student benefits			\$
Any other sources of income not listed			\$
Do you expect any changes to your income in the next twelve months?			N/A
If yes, please explain			N/A
If you have answered no to questions 1-17, are you claiming that you have ZERO income			N/A

Applicant Employment Information:

Primary Employment: Estimated Monthly Gross Income: _____
Job Title: _____ Employer: _____
Contact Person: _____ Telephone: _____
Additional Employment: Estimated Monthly Gross Income: _____
Job Title: _____ Employer: _____
Contact Person: _____ Telephone: _____

Co-Applicant Employment Information:

Primary Employment: Estimated Monthly Gross Income: _____
Job Title: _____ Employer: _____
Contact Person: _____ Telephone: _____
Additional Employment: Estimated Monthly Gross Income: _____
Job Title: _____ Employer: _____
Contact Person: _____ Telephone: _____

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

Prior to initiating repair work on your house, a SWIHTF 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 SWIHTF inspector and contractor 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, SWIHTF reserves the right to withdraw the offer of assistance.

CERTIFICATION BY APPLICANT(S)

By signing this application, the Applicant(s) certifies that:

1. 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 Housing Repair Program and is true and complete to the best of the applicant's knowledge and belief. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.
2. 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 perform the agreed upon rehabilitation work.
3. Verification of any of the information contained in this application may be obtained from any source named herein.
4. It is understood that the applicant(s) must wait 15 years following the completion of the project to be added to SWHTF's current repair wait list.

Date

Applicant Signature

Date

Co-Applicant Signature

Application and accompanying documents are to be returned to SWIHTF by one of the following methods: • E-mail: nicole.rhodes@swipco.org

- Fax: 712-243-3458
- Mail SWIPCO, 1501 SW 7th Street, Atlantic IA 50022

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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:

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,

Nicole Rhodes
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: nicole.rhodes@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:

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,

Nicole Rhodes
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: nicole.rhodes@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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ZERO INCOME CERTIFICATION

Must complete one form per adult household member reporting zero income during the Application Process

Household Name:	LHTF or PBHP #:
-----------------	-----------------

1. I hereby certify that I **do not** receive income from any of the following sources. (Check each box as you review each statement):

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

2. Which of the following descriptions best describes your current situation? (Select only one response)

a.	I currently have no income of any kind and no change in my financial status or employment status is likely to occur during the next 12-month period. OR	<input type="checkbox"/>
b.	I currently am actively looking for employment, although I have no source of employment at this time	<input type="checkbox"/>

Below, please provide information on the sources of funds to be used to pay for living expenses in the next twelve months. **If it is not filled out in its entirety, the form will be considered incomplete, and the unit considered out of compliance.**

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.

Applicant Signature _____ Date _____

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.

Household Name:	SHTF or PBHP #:
-----------------	-----------------

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.	_____	<div style="display: flex; flex-direction: column; align-items: center;"><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</div>
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>	_____	<div style="display: flex; flex-direction: column; align-items: center;"><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</div>
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 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 Nicole 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 Nicole Rhodes 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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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
***May not be used for HOME/National Housing Trust Fund Full Recertification Requirements**

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

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,

Nicole Rhodes, 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: nicole.rhodes@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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

*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.10-2018

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,

Nicole Rhodes
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: nicole.rhodes@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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Homebuyer Education Providers

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

- **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,

- **MGIC for Homebuyers**

Website: <https://www.mgic.com/tools/homebuyer-education-options>

Online course – available 24/7

Counties served: All

Cost: Free

Income Qualifications | Updated

COUNTY		1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Cass	80% IFA SHTF	\$77,200	\$77,200	\$88,780	\$88,780	\$88,780	\$88,780	\$88,780	\$93,600
Fremont	80% IFA SHTF	\$77,200	\$77,200	\$88,780	\$88,780	\$88,780	\$88,780	\$88,780	\$94,000
Harrison	80% IFA SHTF	\$87,600	\$87,600	\$100,740	\$100,740	\$100,740	\$101,650	\$108,650	\$115,650
Mills	80% IFA SHTF	\$87,600	\$87,600	\$100,740	\$100,740	\$100,740	\$101,650	\$108,650	\$115,650
Montgomery	80% IFA SHTF	\$77,200	\$77,200	\$88,780	\$88,780	\$88,780	\$88,780	\$88,780	\$91,550
Page	80% IFA SHTF	\$77,200	\$77,200	\$88,780	\$88,780	\$88,780	\$88,780	\$8,878	\$91,550
Shelby	80% IFA SHTF	\$77,200	\$77,200	\$88,780	\$88,780	\$88,780	\$88,780	\$94,900	\$101,000