

Urban Homestead Program

This application is for use in determining eligibility for the City of Davenports Urban Homestead Loan Program. This program is federal funding with income, asset and eligibility requirements. When returning this application please bring a social security card and photo id for anyone over 18 years of age who will be living in the home. This application must be submitted in person, if you are unable to bring in your application, please contact our office at 563-326-7765.

Please review the following check list of eligibility requirements:

- You are at least 18 years old
- 12 months continued employment
 - Unless the household qualifies as elderly or disabled, at least one adult member of the household has been continuously employed full time for at least one year.
- Your household's income meets the income limits as shown on the chart below.
 - Maximum assets is \$40,000

HOUSEHOLD INCOME LIMITS

BY HOUSEHOLD SIZE:*

1	\$40,500	5	\$62,500
2	\$46,300	6	\$67,150
3	\$52,100	7	\$71,750
4	\$57,850	8	\$76,400

For household sizes of 9 and over,

call us at 563-326-7765.

*Income Limits are determined by HUD and are subject to change.



City of
Davenport

Community Planning
& Economic Development
226 West Fourth Street
Davenport, Iowa 52801
(563) 326-7765
(563)326-6145 TTY

Open: Monday-Friday 8:00am-5:00pm



- 12 month of positive pay history
 - Water, Gas, Electric
 - Any outstanding debt, some example include: student loans, credit cards, car payments
- Satisfactory Credit Report
 - No outstanding liens or judgement
 - Bankruptcies have been discharged for at least one year.
- You have received positive recommendation from your landlords for the past (3) three years.
- No household member has had ownership interest in residential property (including mobile homes and vacant lots) for at least three years (November 13, 2015).
- You must be able to pay the first year of homeowner's insurance prior to closing, which can range from \$600.00-\$1000.00

Whether you have conventional financing through a lender or are requiring a loan through the Urban Homestead Program your housing expense and monthly debt ratios meet program requirements.

When returning this application please bring a social security card and photo id for anyone over 18 years of age who will be living in the home. This application must be submitted in person, if you are unable to bring in your application, please contact our office at 563-326-7765.

Interpretive services are available at no charge.

Servicios interpretativos libres estan disponibles.

If you need accommodations for any reason, please contact our office.



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& Economic Development**
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The City of Davenport's Community Planning and Economic Development Department does business in accordance with Federal Fair Housing Laws and Local City Ordinance.



COMMUNITY PLANNING AND ECONOMIC DEVELOPMENT
 Second Floor, City Hall • 226 W 4th Street • Davenport, Iowa 52801-1398
 563-326-7765 • (TDD) 326-6145
 www.cityofdavenportiowa.com/homestead

Urban Homestead Program APPLICATION

This application is for use in determining eligibility for the City of Davenport's **Urban Homestead Program**. Incomplete applications will not be accepted and will delay the application process. When you have completed this application, deliver it in person along with any required attachments and the \$25 application non-refundable fee to the Community Planning & Economic Development Department on the second floor of City Hall. Cash and Check only, a receipt will be provided.

If you have any questions, please call 563-326-7765. Monday – Friday 8am-5pm.

Interpretive services are available at no charge. Servicios interpretativos libres estan disponibles.

DO NOT RETURN BY MAIL.

Applications will be accepted on or after November 13, 2018 at 8am until December 14, 2018 at 4pm.

City Hall is closed on November 12, 2018*November 22, 2018*November 23, 2018

♦ Current Address (including zip) _____

♦ Head of Household (first, middle, last name): _____

Did you recently, or do you now, call yourself by any other name? _____

If so, please provide name _____

Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated

I am a: US Citizen (provide social security card)
 Permanent Resident Alien (provide supporting documentation)
 Other (provide supporting documentation)

♦ Co-Applicant (first, middle, last name): _____

Did you recently, or do you now, call yourself by any other name? _____

If so, please provide name _____

Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated

I am a: US Citizen (provide social security card)
 Permanent Resident Alien (provide supporting documentation)
 Other (provide supporting documentation)

♦ Telephone: Home _____ Work _____ Cell _____

E-mail Address: _____

Household Members: (**include yourself** and **co-applicant** plus **all others** who will reside in the property being purchased, **regardless of relationship**)

NAME	D.O.B	AGE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD

- ♦ Is anyone in the household self-employed? Yes No
If yes, the self-employed person(s) must complete IRS Form 4506T (call 563-326-7765 to request)

If not self-employed:

- ♦ Employer (Head of Household) _____
 Employer's Address _____
 Employer's Phone # _____ Fax # _____ How long have you worked there? _____
 Amount of Income: \$ _____ per (circle one) **week 2 weeks month year**

- ♦ Employer (Co-Applicant) _____
 Employer's Address _____
 Employer's Phone # _____ Fax # _____ How long worked there? _____
 Amount of Income: \$ _____ per (circle one) **week 2 weeks month year**

♦ **Other Sources of Household Income:** Report all additional income of all persons in the household who are 18 or older. Report all income, earned and unearned. Other income includes: Social Security, SSI, FIP, Pension, Child Support, Alimony, Interest, Investment income, rent or royalty payments, self-employment, etc. If you receive Social Security, SSI or Disability; you will need to bring us a copy of your Annual Income Statement.

- A. **Provider:** _____ **Paid to:** _____
 Provider Address: _____
 Provider City/State/Zip _____
 Provider Phone # _____ Provider Fax # _____
 Amount of Income: \$ _____ per (circle one) week / 2 weeks / month / year

- B. **Provider:** _____ **Paid to:** _____
 Provider Address: _____
 Provider City/State/Zip _____
 Provider Phone # _____ Provider Fax # _____
 Amount of Income: \$ _____ per (circle one) week 2 weeks month year

- C. **Provider:** _____ **Paid to:** _____
 Provider Address: _____
 Provider City/State/Zip _____
 Provider Phone # _____ Provider Fax # _____
 Amount of Income: \$ _____ per (circle one) week 2 weeks month year

- D. **Provider:** _____ **Paid to:** _____
 Provider Address: _____
 Provider City/State/Zip _____
 Provider Phone # _____ Provider Fax # _____
 Amount of Income: \$ _____ per (circle one) week 2 weeks month year

- ◆ Does anyone in the household own any real estate (including a mobile home)?
(circle one) YES NO
If so, what is the address? _____
- ◆ Has any member of the household owned real estate in the last three years (including a mobile home)?
(circle one) YES NO
If so, what is the address? _____
- ◆ Have you or anyone in the household received housing assistance from the City of Davenport in the past?
(circle one) YES NO
If yes, what program and what year did you receive this assistance? _____

◆ Housing Expenses: (Report the average cost the period covers)

Who do you pay rent to? _____

Address: _____

Phone Number: _____ Fax: _____

How long have you resided at this address? _____ (If less than 3 years, please provide previous landlord information)

Previous Landlord (Please provide previous landlord information for the past 3 years)

Previous Landlord Name _____

Address _____

Phone Number _____ Fax: _____

Monthly Rent Payment \$ _____

Renters Insurance? \$ _____ (circle one) half-year payment / monthly payment

Are utilities in your own name(s)? YES NO

Gas & Electric payment \$ _____ Are you on a budget payment plan? YES NO

Water payment \$ _____ (circle one) quarterly monthly other _____

Sewer payment \$ _____ (circle one) quarterly monthly other _____

15. Are you current on all housing expenses? YES NO (if not, circle those that are behind):
Rent Insurance Gas & electric Water Sewer Cable Satellite

16. Other monthly expenses -- Provide name of party owed, the monthly payment & current balance. Include payments to doctors, hospitals, pharmacies and child care payments, student loans, car payments (provide addresses for medical & childcare payments, please). EXAMPLE: JC PENNEY, \$15.00 payment, \$354.00 balance (use additional paper if necessary)

a. Owe: _____ Payment: \$ _____ Balance \$ _____

b. Owe: _____ Payment: \$ _____ Balance \$ _____

c. Owe: _____ Payment: \$ _____ Balance \$ _____

d. Owe: _____ Payment: \$ _____ Balance \$ _____

e. Owe: _____ Payment: \$ _____ Balance \$ _____

♦ **Savings and Assets:** (List savings and checking accounts; stocks, bonds, savings certificates, money market funds; equity in real property, capital investments; trusts that are available to the household; IRA, Keogh, and similar retirement savings accounts; company retirement/pension funds that can be withdrawn without retiring or terminating employment; inheritances, capital gains, lottery winnings, insurance settlements; personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.; cash value of life insurance policies.)
PROVIDE FULL AND ACCURATE ADDRESSES!

Assets for all household members 18 and older must be listed here. Use additional sheets as necessary. If a household member has no assets, complete the No Financial Account Self-Affidavit (included with application)

Household Member	Asset Type	Account Number	Bank/Company	City/State/Zip	Phone
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> IRA <input type="checkbox"/> real estate <input type="checkbox"/> bonds <input type="checkbox"/> stocks <input type="checkbox"/> CDs <input type="checkbox"/> other				
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> IRA <input type="checkbox"/> real estate <input type="checkbox"/> bonds <input type="checkbox"/> stocks <input type="checkbox"/> CDs <input type="checkbox"/> other				
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> IRA <input type="checkbox"/> real estate <input type="checkbox"/> bonds <input type="checkbox"/> stocks <input type="checkbox"/> CDs <input type="checkbox"/> other				

♦ **Financing:**

_____ Do you have financing from a lender? (Lending terms must meet program affordability and federal regulatory requirements, verification of loan approval required)

Name of Lender _____ Lender Agent _____

Lender Email _____

_____ Do you need financing? (Applicant must meet program affordability and federal regulatory requirements)

If chosen, pictures of your property will be used in brochures and other program materials.

I/we hereby certify that all the information given is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected.

Head of Household

Date

Co-Applicant

Date



Federal fair housing law and local civil rights ordinances bars discrimination in the sale, rental, or financing of dwellings based on race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, ancestry, sexual orientation, gender identity or disability. It also requires reasonable modification of dwellings and reasonable accommodation in policies for persons with disabilities.

DO NOT WRITE BELOW THIS LINE

Application taken by: _____

_____ Applicant Received Loan Sample Packet



226 West 4th Street
Davenport, IA 52801
Phone: 563-326-7748

HUD PROGRAM ELIGIBILITY RELEASE FORM

Purpose: Your signature on this HUD Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Housing Rehabilitation programs administered by the City of Davenport.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HUD Program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefits.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506-T, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Authorization: I authorize the above-named HUD Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation Program.

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- 3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household – Signature, Printed Name, and Date:
Family Member: HEAD OF HOUSEHOLD

X

Other Adult Member of the Household – Signature, Printed Name, and Date:
Family Member #2

X

Other Adult Member of the Household – Signature, Printed Name, and Date
Family Member #3

X

Other Adult Member of the Household – Signature, Printed Name, and Date
Family Member #4

X

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226 West Fourth Street • Davenport, Iowa 52801
Telephone 563-326-7765 • TDD: 563-326-6145
www.cityofdavenportiowa.com

Equal Credit Opportunity Act

APPLICATION NO:

PROPERTY ADDRESS:

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, sexual orientation, or disability; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with the law concerning this Mortgage Company is the Federal Trade Commission, Pennsylvania and 6th Street N.W., Washington, D.C. 20580.

We are required to disclose to you that this program qualifies as a Special Purpose Credit Program under 12 CFR 1002.8 of the Equal Credit Opportunity Act for the benefit of low to moderate income persons. Pursuant to 12 CFR 1002.8 (c) information on alimony, child support, and separate maintenance payments may be requested and considered.

Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

(Applicant)

(Date)

(Applicant)

(Date)

(Applicant)

(Date)

(Applicant)

(Date)



Student Status Self Affidavit

List all members of the household who are either:

- currently enrolled in college, vocational, technical or other post-high school formal training; OR
- will be enrolled within the next 12 months in college, vocational, technical or other post-high school formal training.

Name	Age	Institution	Status (Circle)
1 _____			<u>Full Time/Part Time</u>
2 _____			<u>Full Time/Part Time</u>
3 _____			<u>Full Time/Part Time</u>
4 _____			<u>Full Time/Part Time</u>

For each individual attending college, vocational, technical, or other post-high school formal training, please complete the information below:

Household Member 1 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person or household.

Household Member 2 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person or household.

Household Member 3 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person or household.

Household Member 4 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person or household.

If no one in the household is enrolled in (nor will become enrolled in) these types of programs during the next 12 months, please check "No" below and sign and date the form.

By checking this box, I certify that no member of this household is a full or part time student at any post-high school college, technical, vocational, or other formal training program, and no member of this household will be enrolled in such a program during the next 12 months.

I/we hereby certify that all information given is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected.

Signature of Applicant

Date

Signature of Co-Applicant

Date

ZERO INCOME VERIFICATION (Use this form for any household member over the age of 18 who is reported Zero Income)

APPLICANT NAME: _____ SSN: _____

ADDRESS: _____

I, _____, HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

1. Wages from any type of employment (including commission and fees).
2. Income from the operation of a business. (Self-employment -Avon, Mary Kay, etc.)
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment
7. Public Assistance: Family Investment Program (FIP),
General Assistance (GA),
Supplemental Assistance (MSA), etc.
8. Alimony or Child Support
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
10. Regular monthly cash contributions from an outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

PRINT NAME

SOCIAL SECURITY#

SIGNATURE

DATE

PHONE NUMBER

WARNING:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

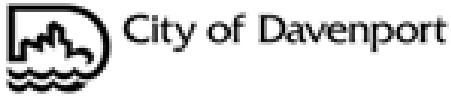


No Financial Account Self Affidavit

I, _____, do not have any type of checking, savings, IRA, real estate, bonds, stocks, CDs or other types of accounts at any financial institutions.

Name _____

Date _____



APPLICATION CHECKLIST

Complete this checklist before turning in your application. Incomplete applications will not be accepted.

- COMPLETED APPLICATION** – Fill in phone numbers, fax numbers, and account numbers where needed.
- SIGNED APPLICATION** – Must be signed by the applicant and spouse / co-applicant
- SIGNED HUD PROGRAM ELIGIBILITY FORM** - Must be signed by all household members 18 years of age & over
- SIGNED EQUAL CREDIT OPPORTUNITY ACT** - Must be signed by all household members 18 years of age & over
- SOCIAL SECURITY CARDS/PROOF OF LEGAL US RESIDENCY** – Bring in the original Social Security Card and/or immigration documentation for all household members 18 years of age and over to be photocopied.
- PHOTO ID** – Bring a Photo ID/Driver's License for all household members of 18 years of age and over to be copied.
- STUDENT STATUS** – Complete the student status form for all household members 18 year of age and over. If no students in the household, check appropriate box, sign, and return.

DOCUMENTATION OF INCOME – ONLY CHECK ONES THAT APPLY TO YOUR HOUSEHOLD

- SOCIAL SECURITY OR SSI STATEMENT OF ANNUAL INCOME**- Provide the Statement of Annual Income for any member of the household that receives Social Security, SSI or Disability payment.
- FIP** – Provide the Annual Notice of Decision for any household member receiving FIP.
- SELF-EMPLOYED PROOF OF INCOME** – Sign the IRS form 4506-T (available at our office) so we may request a transcript of your tax returns. (Do not bring in your tax returns, we cannot accept them.)
- ZERO INCOME** – Complete the Zero Income Form for all members of the household 18 years of age and over who do not receive any income. (included with this application, but only complete if this applies to a household member)
- NO BANK ACCOUNT** – Complete the No Financial Account Self Affidavit form for each member of the household 18 years of age and over who does not have any of the assets listed. (included with this application, but only complete if this applies to a household member)
- CHILD SUPPORT** – Please include the CA number for each child on page 2 (please see "Other sources of income.")
- LEASE** – Please provide copy of your current lease

If you have questions regarding your application or any of the supporting documentation, please call 563-326-7765.

_____initial

29565

Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To..... 1-844-879-0412
Online Instructions..... www.wellsfargo.com/biz/vod
Balance Confirmation Services..... 1-640-563-7323

SECTION 1: REQUESTER INFORMATION

[Grid for Company Name]

Company Name

[Grid for Attention]

Attention

[Grid for Street Address]

Street Address

[Grid for City]

City

[Grid for State]

State

[Grid for Zip]

Zip

[Grid for Requester Email (optional)]

Requester Email (optional)

[Grid for Requester Phone Number]

Requester Phone Number

[Grid for Return Fax Number]

Return Fax Number

SECTION 2: CUSTOMER INFORMATION

[Grid for Customer One Full Name]

Customer One Full Name (First Middle Last)

[Grid for Customer Two Full Name]

Customer Two Full Name (First Middle Last)

[Grid for Customer One Social Security Number]

Customer One Social Security Number

Account Number(s) (Required)

[Grid for Account Number(s)]

[Grid for Month / Day / Year]

Month

Day

Year

CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requester on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date