



Exterior Accessibility Grant Program

This application is for use in determining eligibility for the City of Davenport's Exterior Accessibility Grant Program. Please review the attached program brochure as this program is funded by a federal grant with income, asset and property eligibility requirements. This is a grant program, if you are eligible and approved, you will not have to pay back any money that is used for your project. Funds for this grant are limited; they are spent on a first come first served basis. Projects may be denied if they are out of the scope of work.

This application must be submitted in person, if you are unable to bring in your application, please contact our office at 563-326-7765.

Step 1. Complete and sign the application.

Step 2. You must provide complete information including phone numbers and fax numbers.

Step 3. You must provide complete information regarding any employers, including phone numbers and fax numbers.

Step 4. If you have any account with Wells Fargo, checking, savings, mortgage, etc., please request a Wells Fargo form for asset verification.

Step 5. Review consents, any member of the household over 18 years of age will need to submit a copy of their photo id, social security card, and needs to sign all consents.

Step 6. All members of the household over 18 years of age must complete the student status form.

Step 7. If you are a tenant, your landlord will need to complete the Rental Property Owner Form; your application will not be accepted if not completed.

Step 8. Attach a copy of your current lease (if applicable)

Interpretive services are available at no charge.

Servicios interpretativos libres estan disponibles





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

Exterior Accessibility Grant Application

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. DO NOT RETURN BY MAIL. Incomplete applications will not be accepted and will delay the application process. When you have completed this application, bring it along with any required attachments to the Community & Economic Development Department Office on the second floor of City Hall. If you need accommodations, please call 563-326-7765.

Contact Information

Applicant _____
 Co-Applicant _____
 Current Address _____
 City, State, Zip _____
 Phone # _____ Alternate # _____

E-mail Address: _____

Property Information:

How would you best describe this property (circle one):
 Single Family House Duplex

Do you own this property? YES NO

Do you have homeowner's insurance? YES NO
 Provide proof of homeowner's insurance

Current on all property expenses?
 Property Taxes
 Utilities – Iowa American Water
 Utilities – Mid American
 Utilities – City of Davenport
 Special Assessments – Treasurer's Office

- ◆ Are there currently any code violations cited for this property? If Yes,
 Provide the code violation letter
- ◆ 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? _____

RENTERS ONLY

- ◆ Do you rent this property? YES NO
- ◆ Mark the following household expenses you pay for.

_____MidAmerican _____ Iowa Water Company _____City of Davenport - Sewer

- ◆ Are you current on all housing expenses in your name? YES NO
- ◆ Do you have renter’s insurance on this property? YES NO

Household Information

◆ 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)

Other Household Members – List all household members who reside with you regardless of relationship.

NAME	D.O.B	AGE	RELATIONSHIP TO HEAD OF HOUSEHOLD

Social Security numbers may be requested for children receiving child support.

Income Information

Is anyone in the household self-employed? ____ Yes ____ No

If yes, the self-employed person(s) must provide their official tax transcripts. These can be requested online at www.irs.gov and select Contact Your Local Office. To request an appointment you can call (844)545-5640.

- Is anyone in the household receiving SSI/SSDI?
____ Provide annual income statement
- Is anyone in the household receiving no income?
____ Complete zero income form

EMPLOYMENT

Household Member _____

Name of Employer _____

Employer Address _____

Employer's Phone # _____ Fax # _____ How long have you worked there? _____

Amount of Income: \$ _____ per (circle one) **week** **2 weeks** **month** **year**

Household Member _____

Name of Employer _____

Employer Address _____

Employer's Phone # _____ Fax # _____ How long have you worked there? _____

Amount of Income: \$ _____ per (circle one) **week** **2 weeks** **month** **year**

Household Member _____

Name of Employer _____

Employer Address _____

Employer's Phone # _____ Fax # _____ How long have you worked there? _____

Amount of Income: \$ _____ per (circle one) **week** **2 weeks** **month** **year**

Household Member _____

Name of Employer _____

Employer Address _____

Employer's Phone # _____ Fax # _____ How long have you 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.

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). **If a household member has an account at Wells Fargo, please ask for the Wells Fargo Verification Form.**

Household Member _____

Asset Type	
<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> IRA	<input type="checkbox"/> 401K
<input type="checkbox"/> bonds	<input type="checkbox"/> stocks
<input type="checkbox"/> CDs	<input type="checkbox"/> other

Bank Name _____

City/State/Zip _____

Fax # _____

Household Member _____

Asset Type	
<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> IRA	<input type="checkbox"/> 401K
<input type="checkbox"/> bonds	<input type="checkbox"/> stocks
<input type="checkbox"/> CDs	<input type="checkbox"/> other

Bank Name _____

City/State/Zip _____

Fax # _____

Household Member _____

Asset Type	
<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> IRA	<input type="checkbox"/> 401K
<input type="checkbox"/> bonds	<input type="checkbox"/> stocks
<input type="checkbox"/> CDs	<input type="checkbox"/> other

Bank Name _____

City/State/Zip _____

Fax # _____

Household Member _____

Asset Type	
<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> IRA	<input type="checkbox"/> 401K
<input type="checkbox"/> bonds	<input type="checkbox"/> stocks
<input type="checkbox"/> CDs	<input type="checkbox"/> other

Bank Name _____

City/State/Zip _____

Fax # _____

(Applicant)

(Date)

(Applicant)

(Date)

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: X	Other Adult Household Member – Signature, Printed Name and Date X
Other Adult Household Member – Signature, Printed Name and Date X	Other Adult Household Member – Signature, Printed Name and Date X

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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 of 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 of 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 of 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 of 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



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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.

Signature _____ Date _____

ZERO INCOME VERIFICATION

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 NUMB

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.



ACCESSIBILITY RAMP PROGRAM 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. **If you have a bank account with Wells Fargo request the Wells Fargo Form.**

___ **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

___ **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.

___ **(RENTAL PROPERTY)** – Copy of current lease

___ **(RENTAL PROPERTY)-** Owner Permission Form, to be completed and signed by owner.

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.”)

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