

City of Rock Rapids Grant Application for Affordable Existing Housing Program

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|----------------------------------|----------------------------------|
| Applicant Name | Social Security Number |
| Co-Applicant Name (if any) | Social Security Number |
| Address of House Being Purchased | Home Telephone |
| Applicant Employer | Applicant Mobile Phone Number |
| Co-Applicant Employer | Co-Applicant Mobile Phone Number |

Below please check the number of persons in this household, and on the same line, check whether the household income is above or below the dollar amount shown on that line:

| | | | | |
|-----------------|------------------|-------------|-------------|----------|
| _____ 1 person | household income | _____ above | _____ below | \$41,400 |
| _____ 2 persons | household income | _____ above | _____ below | \$47,300 |
| _____ 3 persons | household income | _____ above | _____ below | \$53,200 |
| _____ 4 person | household income | _____ above | _____ below | \$59,100 |
| _____ 5 persons | household income | _____ above | _____ below | \$63,850 |
| _____ 6 persons | household income | _____ above | _____ below | \$68,600 |
| _____ 7 persons | household income | _____ above | _____ below | \$73,300 |
| _____ 8 persons | household income | _____ above | _____ below | \$78,050 |

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for the program may include the disqualification of my application and referral to the appropriate authorities for potential criminal prosecution.

Signature _____ Date _____

Signature _____ Date _____

Approved _____ Date _____

City of Rock Rapids Grant Program for Affordable Housing Program Existing Homes

Program Summary:

- Applicant must be the buyer/new owner of the home.
- The home must be located within the city limits of Rock Rapids.
- Home must be purchased after February 1, 2013.
- Application must be submitted within 90 days of date warranty deed was recorded.
- Applicant must document total gross household income is less than or equal to 80% of the Lyon County, Iowa median income.
- Gross household income includes, but is not limited to, salary and wages (including overtime and bonus), alimony, child support, social security, pensions, business income, and actual or imputed earnings from assets (which include bank accounts, certificates of deposit and savings, stocks, bonds or other securities), and real estate for each and everyone in the household 18 years of age and older.
- Home must be applicants primary residence.
- One grant per household per home purchased.
- Applicants are eligible for 1 grant every 10 years.
- There is no minimum or maximum price of the home that is purchased.
- City of Rock Rapids has allocated \$ 20,000 to fund this program.
- The grant award is \$2,000.
- City reserves the right to discontinue or change this program at anytime and without prior notice.
- Funding will be on a first-come-first-served basis until allocated funds are awarded.
- This program cannot be combined with any other City of Rock Rapids incentives for housing including real estate tax abatement.
- The following must be furnished with and are part of the application:
 - Every applicant must include a copy of your most recent federal or state tax return.
 - Copy of the warranty deed to your home
 - One form of personal photo identification (driver's license, passport or birth certificate)
 - Sign and completed application

The information in this application and any other information required by the City of Rock Rapids will become the property of the City and will be kept in the strictest confidence.

NO PART OF THIS APPLICATION WILL BE GIVEN TO ANY PERSON, ENTITY OR BUSINESS NOT RELATED TO THE CITY OF ROCK RAPIDS OR THEIR AGENTS WITHOUT YOUR WRITTEN REQUEST OR CONSENT.