In submitting this application, I/we agree to and acknowledge that in order to be eligible for this program I/we must complete the following. All applications will be served on first-come, first-qualified/verified basis. Applications received signed and with complete documentation will be given priority status; incomplete applications will be placed in an “inactive status” until all required documents are received. No applicant is guaranteed any funding until notified in writing by the City of Dubuque.

If you have questions regarding this application, please contact Gail Kuhle at (563) 690-6168.

Complete applications can be emailed to BBHH@cityofdubuque.org. If you are emailing, please list “Resiliency Application” in the subject line. Or mail to:

Attn: Stacey Carpenter/Chelsie Horton
City of Dubuque Housing & Comm. Development
350 West 6th St, Suite 316, Dubuque, IA 52001

Program Qualifications

- Please note if a tenant files as a dependent on another tax return, that tax return will need to be considered for program income verification, i.e. college students.

1. Rental property must be located in in the Bee Branch Creek Watershed Area. See attached map or follow the link to www.cityofdubuque.org/bbhh.

2. A minimum of 51% of the tenant households currently living in the property must be at or below 80% of the Area Median Income (AMI) by household size established by HUD Guidelines. The limits below are current and will be updated periodically. The 51% Low to Moderate Income (LMI) must be maintained for the duration of the 5-year lien. Annual certification will be required.

<table>
<thead>
<tr>
<th>1 person household</th>
<th>2 person household</th>
<th>3 person household</th>
<th>4 person household</th>
<th>5 person household</th>
<th>6 person household</th>
<th>7 person household</th>
<th>8 person household</th>
</tr>
</thead>
<tbody>
<tr>
<td>$45,550</td>
<td>$52,050</td>
<td>$58,550</td>
<td>$65,050</td>
<td>$70,300</td>
<td>$75,500</td>
<td>$80,700</td>
<td>$85,900</td>
</tr>
</tbody>
</table>

3. Resiliency funds received through the BBHH will be secured as a 5-year forgivable lien against the property which decreases at a rate of 20% per year. The rental property must remain with the original owner for the 5-year forgivable lien period unless the property is sold and the new owner agrees to the lien stipulations.

4. Assisted property must be covered by property insurance in an amount equal to or greater that the current assessed value. The City of Dubuque shall be named as an additional insured on the grantee’s property rental insurance for the duration of the forgivable lien.

5. Assisted property located in the 100-year floodplain must be covered by flood insurance on the property for the duration of the lien and the City of Dubuque shall be named as an additional insured on the flood insurance policy.

6. I will allow HUD Resiliency Inspectors to inspect my rental property to determine eligibility and cost.

7. If found eligible, the contractor to complete the work will be chosen on a competitive basis. I will allow the HUD Resiliency Inspector/Committee to make all arrangements for the work.

8. There will be no work done unless I authorize it in writing.

9. Any work done that is not authorized by the HUD Resiliency Committee or HUD Resiliency Inspector will be done at my expense and the City will not be responsible for the workmanship of unauthorized work.
10. I reserve the right to withdraw from this program at any time prior to contract signing. I may withdraw after contract signing only with the consent and agreement of the HUD Resiliency Committee and the Contractor and all costs incurred to that point have been paid by the owner.

11. I acknowledge that all income and asset information received from this application will be kept confidential.

12. In order to be eligible for the program assistance, the assisted property owner must be current with regard to their mortgage, property taxes and utility payments associated with the assisted property.

13. I will allow access to my rental property (s) to representatives of the City of Dubuque, its agents and representatives, contractors interested in bidding on the Resiliency work, and the chosen contractor.

__________________________________   _________________________________
Applicant Name (printed or typed)                                      Co-Applicant Name (printed or typed)
(Property Owner)

________________________________________  _______________________________________
Applicant Signature                               Date                                             Applicant Signature                            Date

My signature affirms that I understand and will comply with the above listed requirements.

**Property Owner Information**

Please answer all of the questions on this application completely. If a question does not apply write NA (Not Applicable) in the space provided.

**Property Owner**

<table>
<thead>
<tr>
<th>Legal First name</th>
<th>middle</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Street)</td>
<td>(City)</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Street)</td>
<td>(City)</td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td>Social Security Number:</td>
</tr>
</tbody>
</table>

**Name of Co-Applicant**

<table>
<thead>
<tr>
<th>Legal First name</th>
<th>middle</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Street)</td>
<td>(City)</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Street)</td>
<td>(City)</td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td>Social Security Number:</td>
</tr>
</tbody>
</table>
Do you currently have a mortgage on the property? Yes/No

If yes, list the lending institution ______________________________

**Tenant Information** (please use a separate piece of paper for additional tenants)

<table>
<thead>
<tr>
<th>Tenant Name (Head of Household)</th>
<th>Unit #</th>
<th>Tenant email</th>
<th>Tenant Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Required Documentation**

The following documentation must be submitted with your application. Incomplete applications will be placed in an “inactive status” until all required documents are received.

- Copy of property owner’s insurance policy.
- Copy of flood insurance policy if property is located in a 100-year floodplain.
- Sign and notarized attached Insurance and Other Funds Sources Affidavit.
- Sign attached Consent and Release Form Non-Public Personal Information form.

All applications will be served on first-come, first-qualified/verified basis. Applications received signed and with complete documentation will be given priority status, incomplete applications will be placed in an “inactive status” until all required documents are received. No applicant is guaranteed any funding until notified in writing by the City of Dubuque.

**How did you hear about the Bee Branch Healthy Homes Resiliency Program (BBHH)?**

Newspaper City of Dubuque Website Direct Mail Neighbors/Friends Radio Neighborhood Association Social Media (Facebook, Twitter etc.) Other

If other, please explain:
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Application rev. 09-18
AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorize the source listed on this form, without liability, information regarding employment, income, and/or assets to HUD/City of Dubuque for the purposes of verifying information provided as part of determining eligibility for assistance under the Bee Branch Healthy Homes Resiliency Program (BBHH). I/We understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:
I/We understand that previous or current information may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We have the right to review this file and correct any information found to be incorrect.

This consent form expires 15 months after signed.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Signature</td>
<td>Applicant Social Security Number</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Signature</td>
<td>Applicant Social Security Number</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Name (other household members 18 or older)</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Signature</td>
<td>Applicant Social Security Number</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Name (other household members 18 or older)</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Signature</td>
<td>Applicant Social Security Number</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD)/City of Dubuque is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member. Purpose: Your income and other information are being collected by HUD/ City of Dubuque to determine your eligibility. Other Uses: HUD/ City of Dubuque uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD/ City of Dubuque, except as permitted or required by law. Penalty: You must provide all of the information requested by the City of Dubuque, including all Social Security Numbers you, and all other household members have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.
Consent and Release Form Non-Public Personal Information

Instructions: You must fill out this form in order to allow the Iowa Economic Development Authority (IEDA) and/or the City of Dubuque to share non-public personal information (as defined herein) regarding ____________________________ (the “Applicant”), and any principal/partner/owner of the Applicant, with agencies and companies in order to process the Applicant’s application.

The Applicant, and any principal/partner/owner of the Applicant, may terminate this Consent at any time; however, if the Applicant, or any principal/partner/owner of the Applicant, terminates this Consent, IEDA and/or the City of Dubuque will not be able to process the Applicant’s application.

This form does NOT need to be signed in front of a notary public.

I, _______________________________ and the undersigned as principal/partner/owner of the Applicant, do hereby consent to and authorize IEDA and/or the City of Dubuque (including its partners, affiliates, agents, contractors, and the respective assigns), as part of the Applicant’s application for the BBHH (the “Program”) to request, access, review, disclose, release and share any and all Non-public Personal Information (NPI) received with respect to my application for the Program, whether provided by the Applicant, or any Applicant, or any principal/partner/owner of the Applicant, or by additional outside third parties with whom the Applicant may or may not have a relationship, and only as necessary or desirable, in the sole discretion of IEDA and/or the City of Dubuque, for final determination of the Applicant’s eligibility for and the amount of assistance under the Program. The Applicant, and any principal/partner/owner of the Applicant, understand and acknowledge that any party disclosing information on behalf of IEDA and/or the City of Dubuque or to IEDA and/or the City of Dubuque on behalf of the Applicant, or any principal/partner/owner of the Applicant, is not responsible for any negligent misrepresentation or omission, and the Applicant, and all principal/partners/owners of the Applicant, agree to hold IEDA and/or the City of Dubuque and such disclosing parties harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to their disclosure.

As part of this Consent, the Applicant, and any principal/partner/owner of the Applicant, further authorize IEDA and/or the City of Dubuque and any other financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or any other third party to obtain, use and disclose any of my NPI in their possession, as necessary or desirable, in the sole discretion of IEDA and/or the City of Dubuque, to enable IEDA and/or the City of Dubuque to administer the Program and process the Applicant’s application.

The Applicant understands and acknowledges that IEDA and/or the City of Dubuque may obtain, use and disclose any NPI received in its investigation of the Applicant’s application with third parties, including those referenced above, as necessary or desirable, in the sole discretion of IEDA and/or the City of Dubuque, for final determination of the Applicant’s eligibility for and the amount of assistance under the Program. All NPI will be retained by IEDA and/or the City of Dubuque in accordance with Program requirements.

The consent of the Applicant, and any principal/partner/owner of the Applicant, may be revoked or ended at any time by giving written notice to IEDA and/or the City of Dubuque. The Applicant, and the principals/partners/owners of the Applicant, further understand and acknowledge that any such revocation (ending) of this Consent may affect the Applicant’s ability to receive assistance under the Program. Unless revoked by the Applicant, or any principal/partner/owner of the Applicant, this Consent shall remain in full force and effect until all obligations to IEDA and/or the City of Dubuque are satisfied in full.

By completing and signing this form, the Applicant, and any principal/partner/owner of the Applicant, acknowledge and agree to the above and agree that this Consent may be furnished on the Applicant’s behalf to any financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or other third party.

Company
By: ____________________________
Name: _________________________
Title: __________________________

Principals/Partners/Owners of Applicant:

(Name) ____________________________ (Signature Name) ____________________________

Principals/Partners/CO-Owners of Applicant:

(Name) ____________________________ (Signature Name) ____________________________
**Insurance and Other Funds Sources Affidavit**

*Instructions:* This form must be completed even if the company or property owners named herein did not have insurance on the date of the damage to the property described below due to the severe storms and flash flooding giving rise to the presidentially declared major disaster for the State of Iowa (FEMA-4018-DR), which occurred between July 27 and July 29, 2011. This form requires you to indicate to the City of Dubuque Bee Branch Healthy Homes Resiliency Program (the “Program”) whether or not there was insurance on the damaged property on the date of the damage to the property described below between July 27 and July 29, 2011.

If there was insurance on the damaged property, the name of the insurance company, policy number, claim number, and settled amount, if any, must be completed, copies of the insurance policies and any correspondence with the insurance companies relating to the claim, must be attached to this affidavit.

*This form must be signed in front of a notary public.*

**STATE OF IOWA**

**COUNTY OF DUBUQUE**

Before me, the undersigned authority, on this day personally appeared the person named below, who, being by me duly sworn under penalty of perjury and penalty of violation of Federal and State laws applicable to [______________________________’s application for and receipt of a grant or deferred loan under the City of Dubuque Bee Branch Healthy Homes Resiliency Program (the “Program”), made the following statements and swore that they were true:

1. I hereby state that I am the ________________________________ (signatory’s position with the company,) of ________________________________ [Enter Address of Property or Name of Company] (the “Applicant”) and am duly authorized to make the certifications contained in this Affidavit on behalf of the applicant.

2. The property located at [____________________], Dubuque, IA (the “Property”) is owned and operated by the Applicant as residential real property.

3. I hereby state and certify to the United States Department of Housing and Urban Development and to the Iowa Economic Development Authority and the City of Dubuque as follows (please check one blank):

   - [ ] On the date of damage to the Property, between July 27 and July 29, 2011, property, flood, and/or wind insurance WAS carried and in force on the Property.
   - [ ] On the date of damage to the Property, between July 27 and July 29, 2011, property, flood, and/or wind insurance WAS NOT carried and in force on the Property.
If insurance was carried on the Property, fill in the information requested below using the insurance information in effect at the time of damage to the Property due to the Iowa 2011 Flood and Storm Event, between July 27 and July 29, 2011. Please provide claims paid information related to structural coverage only.

### Property Insurance

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Number</td>
<td>Total Settled Amount</td>
</tr>
</tbody>
</table>

### Flood Insurance

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Number</td>
<td>Total Settled Amount</td>
</tr>
</tbody>
</table>

### Other Fund Sources

*Instructions:* This section identifies any sources of funds that the applicant has received as a result of the 2011 Natural Disaster(s) other than insurance. Sources of funds include but are not limited to: Federal, state and local loan/grant programs; private or bank loans; or legal settlement to mitigate flooding.

#### Source of Funds #1

<table>
<thead>
<tr>
<th>Lender Name</th>
<th>Government Loan/Grant/Loan/Forgivable Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Amount:</td>
</tr>
</tbody>
</table>

#### Source of Funds #2

<table>
<thead>
<tr>
<th>Lender Name</th>
<th>Government Loan/Grant/Loan/Forgivable Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Amount:</td>
</tr>
</tbody>
</table>

#### Source of Funds #3

<table>
<thead>
<tr>
<th>Lender Name</th>
<th>Government Loan/Grant/Loan/Forgivable Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Amount:</td>
</tr>
</tbody>
</table>
Attached to this Insurance Affidavit are copies of (1) each insurance policy under which a claim was filed with respect to the damage to the Property as a result of the presidentially declared major disaster for the State of Iowa (FEMA-4018-DR), and (2) all correspondence relating to the claims described in (1) of this sentence. No other correspondence with respect to any such insurance claims has been received by me as of the date of this Insurance Affidavit.

By executing this Insurance Affidavit, Applicant and the undersigned acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the ____ day of ________, 20___.

_______________________________________________
[Enter Name(s) of Property Owner(s) or Name of Company]

By: __________________________________________________
    (Signature)

Name: _________________________________________________

Title: __________________________________________________

SUBSCRIBED AND SWORN TO before me, by the above-named Affiant(s) this, the ___ day of ________, 20___, to certify which witness my hand and official seal.

___________________________________
NOTARY PUBLIC

My Commission Expires: ______________________
EXHIBIT TO INSURANCE AFFIDAVIT

COPIES OF INSURANCE POLICIES
AND
CORRESPONDENCE REGARDING CLAIMS
Bee Branch Healthy Homes Resiliency Program
Target Areas
City of Dubuque, IA
Please review the additional resources listed below. Check off any that you, your family members or tenants might be interested in learning more about.

___ Adult Education
    ___ College Enrollment
    ___ Financial Aide (FAFSA)
    ___ HiSET (GED)
    ___ Tutoring

___ Children/Parent Services
    ___ Before/After School Programs
    ___ Child Care Assistance
    ___ Child Care/Preschools
    ___ Mentoring
    ___ Schools Public/Private
    ___ Tutoring
    ___ Youth Activities

___ Clothing/Household Items
    ___ Adult Clothing
    ___ Children’s Clothing
    ___ Furniture
    ___ Household Goods
    ___ Winter Clothing

___ Communication
    ___ ESL
    ___ Sign Language
    ___ Translation

___ Counseling
    ___ Alcohol
    ___ Anger Management
    ___ Assault
    ___ Domestic
    ___ Drugs
    ___ Gambling
    ___ General
    ___ Health/HIV/AIDS
    ___ Marriage
    ___ Mental Health
    ___ Pregnancy
    ___ Sexual Orientation Support
    ___ Substance Abuse Services

___ Cultural Opportunities/Services
    ___ Disability Services
    ___ Elderly Services
    ___ Emergency Information/Disaster Relief
    ___ Financial Assistance

    ___ Child Support Recovery Unit
    ___ Credit Counseling
    ___ Financial Counseling
    ___ FIP/TANF
    ___ Insurance
    ___ Student Loan Consolidation
    ___ Retirement

___ Food
    ___ Food Assistance (Food Stamps)
    ___ Free Food Giveaway
    ___ Free/Reduced Priced Meals
    ___ WIC

___ Health Care Services
    ___ Children’s Health
    ___ Dental Services
    ___ Health Department
    ___ Health Insurance
    ___ Hospice
    ___ Hospitals
    ___ Mental Health
    ___ Nutrition
    ___ Transportation
    ___ Women’s Health

___ Housing
    ___ Home Ownership
    ___ Home Repair/Rehabilitation
    ___ Lead/Healthy Homes
    ___ Rental Assistance
    ___ Transitional/Temporary
    ___ Utility Assistance
    ___ Weatherization

___ Legal Services
    ___ Attorney
    ___ Human Rights
    ___ Mediation Services

___ Recreation

___ Transportation Services

___ Veterans Services

___ Volunteer Opportunities
EQUAL HOUSING OPPORTUNITY
We Do Business in Accordance With the Federal Fair Housing Law

It is illegal to Discriminate Against Any Person Based on Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin

(The Fair Housing Amendments Act 011988)

In the sale or rental of housing or residential lots
In advertising the sale or rental of housing.

In the financing of housing
In the provision of real estate brokerage services

In the appraisal of housing
Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:
1-800-669-9777 (Toll Free)
1-800-927-9275 (TTY)

U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and equal Opportunity
Washington, D.C. 20410

For Local Legal Aid call 1-800-942-4619