In submitting this application, I/we (herein after the “applicant(s)”) agree to and acknowledge that in order to be eligible for this program applicant(s) 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(s) is/are guaranteed any funding until notified in writing by the City of Dubuque.

If you have questions regarding this application, please contact Stacey Carpenter/Chelsie Horton 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

1. Qualified Applicants to the Bee Branch Healthy Homes Resiliency Program (BBHH) must be at or below 80% of the Area Median Income (AMI) by household size established by HUD Guidelines in effect at the time of application. The limits below are current and will be updated periodically.

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

2. The home must be located in the eligible area of the Bee Branch Creek Watershed Area. See attached map or follow the link to www.cityofdubuque.org/bbhh.

3. Resiliency funds received through the Bee Branch Healthy Homes Resiliency program will be secured as a 5-year forgivable lien against the property which decreases at a rate of 20% per year. The home must remain the primary residence for the 5-year period.

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 homeowner’s property 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. Applicant(s) will allow HUD Resiliency Inspectors to inspect the home to determine eligibility and cost.
7. If found eligible, the contractor to complete the work will be chosen on a competitive basis. Applicant(s) will allow the HUD Resiliency Inspector/Committee to make all arrangements for the work.

8. There will be no work done unless Applicant(s) 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. Applicant(s) reserve the right to withdraw from this program at any time prior to contract signing. Applicant(s) may withdraw after contract signature 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. Applicant(s) 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. Applicant(s) will allow access to my home to representatives of the City of Dubuque, its agents and representatives, contractors interested in bidding on the Resiliency work, and the chosen contractor.

14. Applicant(s) understand that if my house is older than January of 1978, it is likely that lead paint may be present within the house and temporary relocation may be necessary. Grants funds will be available for short term temporary relocation, usually no more than 10 days.

15. Applicant(s) agree to meet with the BBRRHP Home Advocate to assure success of the Resiliency work and to discuss other approaches to resiliency.

__________________________________   _________________________________
Applicant Name (printed or typed)   Co-Applicant Name (printed or typed)
(Head of Household)

________________________________________  _______________________________________
Applicant Signature                               Date
Applicant Signature                            Date

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

Name of Applicant (Head of Household): _____________________________________________________

Property Address: ____________________________________________________________

Mailing Address: _________________________________________________________________

Home Phone: _____________________ Cell Phone: _________________________

Email Address: _________________________________________________________________

Date of Birth: _____________________________ Social Security Number: ______________________

Name of Co-Applicant _____________________________________________________________

Property Address: ____________________________________________________________

Mailing Address: _________________________________________________________________

Home Phone: _____________________ Cell Phone: _________________________

Email Address: _____________________

Date of Birth: _____________________________ Social Security Number: ______________________

Is this property your principal place of residence? Y/N. If no, please provide address _______________________________

Do you have a mortgage/land contract on the home? Y/N If yes, what is the name and address of the lender/contract? ________________________________________________________________
# List Head of Household and All Other Persons Residing in the Household

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Social Security #</th>
<th>Race*</th>
<th>Ethnicity**</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

* Race
- White
- Asian
- American Indian/Alaskan Native
- American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & Black/African American & White
- Other Multi-Racial

**Ethnicity:**  
- Hispanic  
- Non-Hispanic

Is anyone in the household disabled? Y/N

Does anyone in your household have special needs? Y/N

Do any residents of the household receive compensation from Social Security as a result of a doctor diagnosed handicap or disability? Y/N  If yes, please provide written proof of this statement from the Social Security Administration.

Do you have any dependents not residing in this household? Y/N  If yes, please explain:

_________________________________________________________________________________________

_________________________________________________________________________________________

**Income Data**

Provide total income from **all** persons living in the household. Include employment income, rental income, welfare, VA benefits, child support, social security benefits, pension, retirement funds and any other source of income. **Complete addresses must be provided.**

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Gross Monthly Income</th>
<th>Source of Income and complete mailing address</th>
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<tbody>
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</tbody>
</table>
Asset Data

List all assets including checking, savings, stocks, bonds, trust, IRA’s, pension plans etc. **Complete addresses must be provided.**

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Amount</th>
<th>Interest Rate</th>
<th>Source of Assets and Complete Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

If at any time during the application process and/or construction, there is a change in my household income, or family or household composition, I agree to report this change to the City of Dubuque. The penalty for false or fraudulent statements: USC Title 18, Section 1001 provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both.”

____________________________   ______________________________
Applicant Name (printed or typed) Co-Applicant Name (printed or typed)
(Head of Household)

__________________________  ____________________________
Applicant Signature                     Date
Applicant Signature                     Date

I/we understand that I/we need to provide the required documentation on the following page before being determined eligible for the BBHH assistance.
**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.

- Social Security Cards for everyone in Household.
- One year (most recent) tax return & W2s for everyone in the household age 18 and older.  
  - If self-employed-two years of tax returns and W2s are required.
- Last six weeks of all employer check stubs for everyone in household age 18 and older.
- Social Security Benefits-If you receive social security benefits, please provide a copy of your Award Letter as verification of benefit or a copy of your bank statement which indicates your automatic deposit. You may contact the Social Security Administration office at 1-800-772-1213 to receive a copy of the award letter.
- If anyone in the household is receiving child support, please submit documentation such as a divorce decree, Child Support Recovery Unit statement, a copy of your bank statement which indicates your automatic deposit or other proof of support.
- If anyone in the household is receiving unemployment, a statement for the Iowa Workforce Development office is required.
- If anyone is the household is receiving any other type of income (pension, FIP, rental income etc.) you will be required to submit appropriate documentation.
- Copies of the two most recent statements from all banks and/or lenders that you are affiliated with for everyone in the household age 18 and older including retirement accounts (computer printouts are only accepted if they are an actual copy of the statement).
- Copy of homeowner’s insurance policy.
- Copy of flood insurance policy if property is located in a 100-year floodplain.
- Copy of homeowner’s most current electric statement.
- Copy of homeowner’s most current natural gas statement.
- Sign and notarized attached Insurance and Other Funds Sources Affidavit.
- Sign attached Consent and Release Form Non-Public Personal Information form.
- Sign attached Authorization of Release of Information form.
AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorize the sources of income and assets listed on pages 4-5, without liability, to release information regarding employment, income, and/or assets to HUD/City of Dubuque, to verify information provided for determining assistance eligibility 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 requested may be, 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, certificates 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.

_________________________________________________________________________________________
Applicant Name    Address  City  State  Zip

Applicant Signature  Applicant Social Security Number  Date

_________________________________________________________________________________________
Applicant Name    Address  City  State  Zip

Applicant Signature  Applicant Social Security Number  Date

_________________________________________________________________________________________
Applicant Name    Address  City  State  Zip

Applicant Signature  Applicant Social Security Number  Date

Applicant Name    Address  City  State  Zip

Applicant Signature  Applicant Social Security Number  Date

Applicant Name
(other household members 18 or older)

Applicant Signature  Applicant Social Security Number  Date

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.

Application rev. 06-17
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 the City of Dubuque to share your household member information, and all owner’s non-public personal information with agencies and companies in order to process your application.

You may end this agreement at any time; however, if you end the agreement, IEDA and/or the City of Dubuque will not be able to process your application.

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

I, [________________________________], 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 my application for the Bee Branch Healthy Homes Resiliency Program (the “Program”) to request, access, review, disclose, release and share any and all information received with respect to my application for the Program (“Non-public Personal Information” or “NPI”), whether provided by me in my application or otherwise provided by me, or by additional outside third parties with whom I 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 my eligibility for and the amount of assistance under the Program. I, as Primary Applicant/Owner/Occupant, authorize the release of all household member’s(s’) and owner information in order to comply with the Program eligibility and benefit determination requirements. I 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 my behalf is not responsible for any negligent misrepresentation or omission, and I 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, I 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 my application.

I understand and acknowledge that IEDA and/or the City of Dubuque may obtain, use and disclose any NPI received in its investigation of my 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 my 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.

My consent may be revoked or ended at any time by giving written notice to IEDA and/or the City of Dubuque. I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the Program. Unless revoked by me, 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, I acknowledge and agree to the above and agree that this Consent may be furnished on my behalf to any financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or other third party.

Applicant/Owner/Occupant Name (Printed) ____________________________

Applicant/Owner/Occupant Signature ____________________________

Date ________________

City of Dubuque
Housing and Comm. Development
Bee Branch Healthy Homes Resiliency Program
(BBHH)
Single Family/Owner-Occupied Application

Application rev. 06-17
The U.S. Department of Housing and Community Development (HUD) requires the below information be collected for using this service. This information is confidential and for reporting purposes only.

Circle as Appropriate for Head of Household

Is this a single female head of household? Yes / No

Marital Status: Single Married Separated Divorced Widowed Cohabitating

Citizenship: U.S. Citizen Non Resident Alien Permanent Resident Alien

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:

____________________________________________________________________________________
____________________________________________________________________________________
Instructions: You must fill out this form even if you did not have insurance on the date of the damage to your home 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 your home between July 27 and July 29, 2011.

If you selected that there was insurance on the damaged property, you are required to fill in the name of the insurance company, policy number, claim number, and the settled amount, if any, the settled amount for lost personal property, the settled amount for structural damage to the home, and attach copies of the insurance policies and any correspondence with the insurance companies relating to the claim.

You must sign this form in front of a notary public.

STATE OF IOWA

COUNTY OF DUBUQUE

Before me, the undersigned authority, on this day personally appeared the person(s) name below (“Applicant(s)”), who, being by me duly sworn under penalty of perjury and penalty of violation of Federal and State laws applicable to my application for and receipt of a grant of 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:

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

☐ On the date of damage to my home, between July 27 and July 29, 2011, Homeowners, flood, and/or wind insurance WAS carried and in force on the property with respect to which I/we made an application under the Program.

☐ On the date of damage to my home, between July 27 and July 29, 2011, Homeowners, flood, and/or wind insurance WAS NOT carried and in force on the property with respect to which I/we made an application under the Program.

If insurance was carried on the damaged property, fill in the information requested below using the insurance information in effect at the time of damage to my home due to the Iowa 2011 Flood and Storm Event, between July 27 and July 29, 2011. The space at the bottom is provided to you in case you are unsure about whether a payment is for structural or personal property.
### Homeowner 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>
<tr>
<td>Personal Property Settled Amount:</td>
<td>Structural Damage 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>
<tr>
<td>Personal Property Settled Amount:</td>
<td>Structural Damage Settled Amount:</td>
</tr>
</tbody>
</table>

### Notes:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

### 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 settlements 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>
<tr>
<td>Purpose:</td>
<td>Amount:</td>
</tr>
</tbody>
</table>

### Source of Funds #4

<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>
<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 my home 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(s) 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___.

___________________________________            ___________________________________
Applicant (Affiant) Signature                                  Print Applicant name (Affiant)

___________________________________            ___________________________________
Joint Applicant (Affiant) Signature                         Print Joint Applicant name (Affiant)

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
Please review the additional resources listed below. Check off all resources that you or your family members 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
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