

**Home Owner Accessibility Program Application Check List:** The following documents will need to be submitted with your application:

- One year (most recent) tax return & W2s for everyone in the household over the age of 18.
  - If self-employed – two years of tax returns and W2s are required.
- Last six weeks of all employer check stubs for everyone in the household over the age of 18.
- Social Security Benefits - If you receive social security benefits, please provide a copy of your Award Letter as verification of benefit. You may contact the Social Security Administration office at 1-800-772-1213 to receive a copy of the letter.
- If anyone in the household is receiving child support, please submit documentation such as a divorce decree, Child Support Recovery Unit statement or other proof of support.
- If anyone in the household is receiving unemployment, a statement from the Iowa Workforce Development office is required. (We are also able to retrieve this information by submitting the authorization to release information form that you signed).
- If anyone in the household is receiving any other type of income (pension, FIP, rental income, etc.) you will be required to submit appropriate documentation as well.
- Most recent bank statements from all banks and/or lenders that you are affiliated with for everyone in the household over the age of 18 including all retirement accounts. (computer printouts are only acceptable if they are an actual copy of the statement).
- Most recent mortgage statement (computer printouts are only acceptable if they are an actual copy of the statement).
- Copy of your homeowner's insurance Declaration Page(s).
- Completed and signed Under \$5,000 Asset Certification form included in application – Please document all interest rates for all assets. For any life insurance policies or retirement plans, please include most current statement.

**Please Note: Files that are incomplete will be placed in an “inactive status” until all required documents are received.**

**DO NOT PRINT APPLICATION AS A DUPLEX DOCUMENT**



**Housing and Community Development  
Housing Rehabilitation Program**  
350 W. 6<sup>th</sup> Street, Suite 312  
Dubuque, IA 52001  
Office (563) 589-4239

**LOAN APPLICATION:**

**Date:** \_\_\_\_\_

\_\_\_\_\_ Homeowner Accessibility Program

**APPLICANT INFORMATION**

Legal First Name	Middle Initial	Last Name	GENDER
Date of Birth	Age	Social Security Number	Contact Phone
Street Address	How Long		
City	State	Zip Code	Email Address
Employer PRIMARY	Phone Number	Monthly Gross Income	No. years employed
Employer SECONDARY	Phone Number	Monthly Gross Income	No. years employed

**CO-APPLICANT OR SPOUSE**

Legal First Name	Middle Initial	Last Name	GENDER
Relationship	Date of Birth	Age	Social Security Number
Contact Phone			
Employer PRIMARY	Phone Number	Monthly Gross Income	No. years employed
Employer SECONDARY	Phone Number	Monthly Gross Income	No. years employed

**Number of Individuals living in household** \_\_\_\_\_ **Number of Dependents under age 18** \_\_\_\_\_  
**Number of individuals living in household 62+** \_\_\_\_\_ **Number of Handicapped/Disabled** \_\_\_\_\_

**HOUSEHOLD INFORMATION**

List all other individuals living in your household: (attached additional sheet if needed)

NAME	AGE	RELATIONSHIP	EMPLOYMENT (if 18 or older)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you Hispanic? \_\_\_\_\_

What is the ethnic origin of the persons living in the household?

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

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

Is the female the head of household? \_\_\_ Yes \_\_\_ NO

Are you:     Single     Married     Divorced     Widowed     Separated     Co-habiting

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

How did you hear about our Programs: \_\_\_\_\_

Please list any other sources of income in your household and by whom it is received: (Child support, FIP, Pension, Rental Income, Social Security, SSI/SSDI, Veteran's benefits, etc.)

PERSON RECEIVING	TYPE OF INCOME	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever filed bankruptcy/foreclosure: \_\_\_ NO \_\_\_ YES    When? Please explain: \_\_\_\_\_

**If you have any collections, judgments or other liens (other than a mortgage), they will need to be addressed and/or paid before approval will be granted.**

**Ownership Status:**

If you own: Please check the method of purchase:

\_\_\_\_\_ Mortgage (holder): \_\_\_\_\_

\_\_\_\_\_ Contract (holder): \_\_\_\_\_

**NOTE: If your home is on land contract, you must send a copy of the recorded contract with this application.**

Monthly Payment:  
\$ \_\_\_\_\_

\_\_\_\_\_ Mortgage or Contract is paid in full

\_\_\_\_\_ Partnership \_\_\_\_\_  
(name)

**Date of Purchase:** \_\_\_\_\_

Purchase Price: \_\_\_\_\_

**Description of Building:**

No. of bedrooms: \_\_\_\_\_ No. of Units: \_\_\_\_\_ No. of Stories: \_\_\_\_\_

Type of Construction: \_\_\_\_\_  
Brick Frame

**Requested Accessibility Improvements:** \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

**ASSETS OF HOUSEHOLD:**

**Checking Account**

(Name all institutions)

**Institution:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**Savings Account**

(Name all institutions)

**Institution:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**Applicant Certification:**

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining some type of rehab assistance is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of the application/loan.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Housing and Community Development  
Housing Rehabilitation Program**  
350 W. 6<sup>th</sup> Street, Suite 312  
Dubuque, IA 52001  
Office (563) 589-4239

**ASSET SELF-CERTIFICATION**

Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

BANK NAME \_\_\_\_\_ Account Number \_\_\_\_\_

Please complete all that apply:

My Assets Include: **(ALL INTEREST RATES MUST BE DOCUMENTATED BELOW)**

	NAME OF FINANCIAL INSTITUTION	AMOUNT	% OF INTEREST PAID	PENALTY FOR EARLY WITHDRAWAL
Checking Account Balance			%	
Checking Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Certificate of Deposit			%	
Certificate of Deposit			%	
Stocks/Bonds			%	
Annuity			%	
IRA			%	
IRA			%	
401K			%	
401K			%	
Life Insurance Policy			%	
Life Insurance Policy			%	
Equity in Real Estate other than your Home			%	
Other (list)			%	

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining some type of rehab assistance is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of the application/loan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# AUTHORIZATION FOR THE RELEASE OF INFORMATION

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**Organization requesting release of information:**

City of Dubuque Housing and Community Development Department  
Rehabilitation Office  
350 West 6<sup>th</sup> Street; Suite 312  
Dubuque, IA 52001  
(563)589-4239  
(563)690-6692 fax

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**Purpose:** I/We have applied for a loan at the lender named above. As part of the application process, the lender named above may verify information contained in my/our loan application and in other documents required in connection with the loan, whether before the loan is closed or as part of its quality control program.

**Authorization:** I/We authorize you to provide the lender named above with any and all information and documentation that they request.

**Inquiries may be made about, but not limited to the following:**

- Employment History and Income
- Income from Child Support, Unemployment, Alimony, etc.
- Bank Information
- Retirement Accounts, pension funds, life insurance, money markets, etc.

**Conditions:** I agree that photocopies of this authorization may be used for the purpose stated above. This release shall remain in effect for twelve months or until revoked in writing, whichever comes first.

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

