

CITY OF DUBUQUE
HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT
HISTORIC PROGRAM APPLICATION



Program applying for: _____

Date: _____

____ Historic Forgivable Loan Program

____ Historic Revolving Loan Program

Name of Applicant: _____

Address of Dwelling: _____

Social Security No: _____

(Head of Household #1)

(Head of Household #2)

Telephone No: _____

Name:

Age:

Sex:

Total Number in Household: _____

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.

Income of Household:

Wage Earner:

Employed at:

Hourly Wage:

Hours per Week:

Credit Information:

Loans:

Type of loan:

Original Amt:

Monthly Payment:

Balance:

Examples: car loan, student loan, other personal loans

Assets of Household:

Savings:
Institution: _____

Checking:
Institution: _____

Amount: _____

Amount: _____

Ownership Status:

Purchase Price: _____
\$ _____

_____ Mortgage (holder): _____

_____ Contract (holder): _____

Downpayment: _____
\$ _____

_____ No Mortgage or Contract

_____ Partnership _____
(name) _____ **Date of**

Purchase: _____

Description of Building:

No. of bedrooms: _____ No. of Units: _____ No. of Stories: _____

Type of Construction: _____
Brick Frame

Requested Repairs:

Have you ever filed bankruptcy?

No: _____

Yes: Explain:

Information needed with Submittal of Application:

VERIFICATION OF INCOME: Please attach most recent pay-stub. If you are receiving Social Security, SSI or child support, attach copy of statement(s).

SOCIAL SECURITY CARDS: Please attach copy of social security cards for everyone living in the household.

BANK STATEMENTS: Please attach copies of most recent bank statements.

MORTGAGE STATEMENT: Please attach copy of most recent mortgage statement with correct name of mortgage company and balance of mortgage.

CONTRACTOR BIDS: Please attach TWO contractor bids

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.

Mortgage Subordination:

I/We understand that by signing this statement the City of Dubuque Housing & Community Development Department will not subordinate their interest in our property for any consumer debt whatsoever. However, they would consider a request in writing to subordinate to actual improvements to the property. In order for this to happen, normal underwriting procedures would have to be completed.

Printed Name

Signature

Date

Printed Name

Signature

Date

DUBUQUE AREA MINORITY AND FEMALE BUSINESS ENTERPRISES

Marie Rapier Johnson
The Paper and Paint Shop
905 State Street
Bettendorf, Iowa
563-359-1655
Carpentry and Remodeling

E.J. Voggenthaler
400 E. 7th Street
Dubuque, Iowa
563-588-2088
Steel Fabricator/Machine Shop

Andrea Ryan
R & R Plumbing
P.O. Box 21-G
Peosta, Iowa
563-556-6787
Plumbing

Donna Christensen
Repair Base
P.O. Box 16
Sherrill, Iowa
Machine Shop

ASBESTOS REMOVAL

The City of Dubuque is aware of the hazards of asbestos and will help anyone who feels they may have asbestos in their homes. We feel we have a responsibility to inform citizens of the hazards.

Any building with asbestos should be checked for its safety.

Testing can be done by the following licensed contractors:

1. Tri-State Asbestos Removal, Inc.
5130 Wolff Road
Dubuque, Iowa 52001
563-582-5889
2. IIW
Mark Buelow
4155 Pennsylvania
Dubuque, Iowa 52001
563-556-2464
3. CFM Environmental, Inc.
Mark Hogan
R.R. 2, Hwy 20 W
Dubuque, Iowa 52001
563-583-0808
4. Mid America Environmental Services, LLC
Bryce Davis
257 Hill Street
Dubuque, Iowa 52001
563-581-5445
maenvironmental@aol.com

If further information is needed, call:

Joann Heiman
U.S. Environmental Protection Agency
Kansas City, MO
816-236-2800

We also have two booklets that further explain asbestos and can be borrowed upon request.

Asbestos Waste Management Guidance
Iowa Asbestos Rules



Housing & Community Development
 350 W. 6th Street, Suite 312
 Dubuque, IA 52001-4648
 Office (563) 690-6094
 Fax (563) 690-6695
kneven@cityofdubuque.org
www.cityofdubuque.org

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)**

	LENDING 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			%	
IRA			%	
IRA			%	
401K			%	
401K			%	
Equity in Real Estate other than your Home			%	
Other (list)			%	

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Signature _____ Date _____

Signature _____ Date _____



EXPENSE ANALYSIS

NAME: _____

ADDRESS: _____

MONTHLY HOUSING EXPENSES: Please leave blank if applying for down-payment assistance

Mortgage:		
1st Mortgage		\$
Mortgage Insurance		\$
Property Taxes		\$
House Insurance		\$
Utilities:		
Water/Sewer/Trash		\$
Heat		\$
Electrical		\$
House Maintenance		\$
City Loan		\$
Other (explain)		\$
TOTAL		\$

MONTHLY EXPENSES:

Auto Payment(s)		\$
Note/Loan Payments (unsecured)		\$
Mortgage Payments (other property)		\$
Credit Card Payments		\$
Student Loan Payments		\$
Child Support/Alimony		\$
Insurance Premiums:		
Auto		\$
Health		\$
Medical Bills (Co-Pays/Out of pocket expenses)		\$
TOTAL		\$

OTHER MONTHLY EXPENSES:

Food (groceries, etc.)		\$
Personal:		
Clothing		\$
Entertainment (including dining out)		\$
School/Education Expenses		\$
Auto Expenses (gas and repairs)		\$
Child Care		\$
Cable TV, High Speed Internet, Netflix		\$
Telephone (regular and cell)		\$
Other (ex: animal care, etc.)		\$
TOTAL		\$

TOTAL MONTHLY EXPENSES:

\$ _____

Signature _____

Date _____

Please note if you receive any assistance such as food stamps \$ _____ WIC \$ _____ Fuel Assistance \$ _____

***Note: By signing above, I certify that the information I provided above is true.**

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Organization requesting release of information:

City of Dubuque Housing and Community Development Department
Rehabilitation Office
350 West 6th Street; Suite 312
Dubuque, IA 52001
(563)589-4239
(563)690-6695 fax

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
- Credit Report/History
- 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

