

Cerro Gordo County Healthy Homes Repair Program Application



When you have completed this application entirely, which includes ALL the required Items to Provide (pg. 3), the next step is to return your application (5 pages total) to: CG Public Health, Attn: Ethan Green, 2570 4th St SW, Suite 1, Mason City, IA 50401. The application and documents can also be emailed to egreen@cghealth.com.

CALL 641-421-9301 WITH ANY QUESTIONS!

- **Is your home located in Cerro Gordo County?** (circle one) Yes *No
- *Funding is only available to homes located in Cerro Gordo County**
- **Mobile homes are not eligible for the program****

There may be a waiting list to receive assistance with the Cerro Gordo Healthy Homes Production Grant. All information provided is confidential and must be retained by the Cerro Gordo County Healthy Homes Production Grant Program. If you or a family member has a disability and think that you might need or want a special accommodation, you may request one at any time. If your home was built prior to 1978 a lead inspection risk assessment will be completed. All homes enrolled in this program will be tested for radon gas. *Completing the application process is no guarantee of receiving funding.*

Address of Property being considered: _____

Name: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

Email address: _____

Year house was built (If unknown put unknown): _____ Pets? If yes, what and how many? _____

Are there any children, 5 years of age or under, living at this address or visiting frequently? _____

If so, do any children at this address have known Elevated Blood Lead levels? _____

*How did you find out about our program? _____

What items would you like to see repaired in your home? _____

NOTE: To be eligible, the occupant(s) must qualify under the HUD FY 2022 Income Limited noted below (income guidelines are subject to change). Income is based off Annual Gross Income before taxes.

Household Size: Circle the number of people currently living in this unit below:

| Family Size | 1 person | 2 persons | 3 persons | 4 persons | 5 persons | 6 persons | 7 persons | 8 persons |
|--------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Income Level | \$47,600 | \$54,400 | \$61,200 | \$68,000 | \$73,450 | \$78,900 | \$84,350 | \$89,800 |

***Income is based off ALL household income of those residing in the home.**

| HOUSEHOLD MEMBERS (List Every Member of Household) | Date of Birth | Age | *Race* | Hispanic Y/N | Disabled Y/N |
|---|---------------|-----|--------|-----------------|-----------------|
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***For Statistics Only:**
 1) White 2) Black/African American 3) American Indian/Alaska Native 4) Asian 5) Native Hawaiian/Pacific Islander

LIST ALL HOUSEHOLD INCOME as per **IRS form 1040** definition of gross income, includes but is not limited to: wages, salary, bonuses, interest, dividends, rents, royalties, income from operating a business, alimony, pensions, annuities, share of income from partnerships and S corporates, and income tax refunds:

| INCOME List all household members with income | Gross Amount Received | How Often Received (Weekly, Bi-weekly, etc.) | Provide the Name of Employer | Provide the City/Town of Employer |
|--|-----------------------|---|------------------------------|-----------------------------------|
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OWNERS MUST PROVIDE THE FOLLOWING:

- Application completed in full and signed by owner(s)
- Proof of up-to-date Mortgage payment(s) – (if applicable)
- Proof of Property Insurance (if applicable)
- Copy of Photo ID of the Head of Household
- Social Security Benefit Letter (if applicable)
- Proof of pension income (if applicable)
- Copy of last **2 months** of paystubs for anyone employed (if applicable)
- Most recent **2 months** of bank statements (**BOTH** savings and checking accounts)
- Copy of most recent Income Tax Return for ALL Parties in Household (Full Return if applicable)
- DHS printout of: Food Stamps, Child Support, FIP, Medicaid, or Title 19, if applicable.
- If owner or occupant over the age of 18 does not work, a zero-income affidavit form must be submitted.
- If owner or occupant over the age of 18 is self-employed, a self-certification affidavit form must be submitted.

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I understand that any false information provided on or attached to this application will cause me to be disqualified for the Cerro Gordo County Healthy Homes Repair Program.

Applicant(s) (Homeowners):

Applicant Name Printed

Applicant Name Printed

Applicant Signature

Applicant Signature

Date

Date

CONSENT OF THE FOLLOWING:

Release of Information Authorization

I authorize and direct any federal, state, of local agency, organization, business, or individual to release to Cerro Gordo Public Health any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Healthy Homes Repair Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Consent for Photographs

I hereby give my permission and consent for a representative of the Cerro Gordo County Healthy Home Repair Program to take photographs of my home and property. I understand that the photograph(s) may be used in the application for improvements with the Cerro Gordo County Healthy Home Repair Program. I hold the Cerro Gordo County partners harmless and free from any claims in connection with the consent and use of pictures. This consent is valid indefinitely unless revoked in writing.

Relocation Notification

I understand that I am a voluntary participant in this program, and if I am approved for the Cerro Gordo County Healthy Home Repair Program, occupants may need to vacate from my residence for a period of time while lead removal activities occur.

Information Covered

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. *Verifications and inquiries that may be requested include but are not limited to:* identity or birth verification, employment, income, assets, bank statements, mortgage, property insurance, residence, rental activity, ownership, property taxes, Iowa’s Immunization Registry Information System, child support documentation, daycare/childcare provider or facility etc.

Background Checks

I authorize Cerro Gordo County Department of Public health, its officers, agents, and employees to conduct a background criminal and abuse check. I release and hold harmless CG Public Health, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or results of this check.

Conditions

I agree that a photocopy of this authorization may be used for the purposes stated above and will stay in effect for a period of five years from the date signed. I agree to the Consent for Photographs, Relocation Notification, Release of Information, Information covered, and Conditions.

Applicant Signature

Date

Applicant Signature

Date

Other Adult Applicant Signature

Date

Other Adult Applicant Signature

Date

PROPERTY OWNER ACKNOWLEDGEMENTS

1. Relocation During Construction:

All residents and pets living at the subject property *may* be relocated during the period of the construction for health and safety reasons. Living arrangements for persons and pets during the time of construction is the responsibility of the owner-occupied residence per Cerro Gordo County Department of Public Health’s guidelines (relocation to be paid for and provided hotel by the program).

➤ Owner’s Initials: _____

Applicant Name Printed

Applicant Name Printed

Applicant Signature

Applicant Signature

Date

Date