



**Home Rehabilitation
Pre-Application
NIACOG Housing Trust Fund, Inc.**

Dear Applicant,
This pre-application is the first of two steps to getting into the program. The information you provide will let us know how to contact you and whether your project might be eligible. When funds become available, I will mail a full application to you.

Myrtle Nelson

1. Full Name: _____
2. Address: _____
3. Phone Number(s): _____
4. E-Mail Address: _____
5. Who owns your home? I do. Someone else (_____)
6. County where home is located (must be Cerro Gordo): _____
7. Is your home a mobile home? Yes No (Mobile homes not eligible.)
8. Describe your home repair/rehabilitation needs (continue on back if needed).

9. Are you current on your mortgage (required)? Yes No No Loan (check one)
10. Do you have homeowners insurance (required)? Yes No (check one)
11. Based upon your household size (all children and adults living in the home or listed on the deed), is your household income (cumulative income of all adults living the home or listed on the deed) below the limit in the following table (required)?
 Yes No (circle the number of people in your household below)

People In Household	1	2	3	4	5	6	7	8
Household Income Max	\$27,060	\$30,960	\$29,100	\$34,800	\$41,760	\$44,880	\$47,940	\$51,060

12. Are your liquid cash assets less than \$25,000 including cash on hand, checking/savings, stocks that you can withdraw funds from without a penalty, etc. (required)? Yes No (circle one)
13. Date of birth of oldest person in household: _____; Over 65? Yes No
14. Is someone in your household disabled? Yes No (check one)
15. Do children under 6 years of age live in your home OR regularly visit at least twice a week for at least 3 hours/day for a total of at least 60 hours per year? Yes No
16. Have you previously received funds from NIACOG Housing Trust Fund? Yes No
17. Today's Date: _____



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