



NIACOG
HOUSING TRUST FUND, INC.

Deadline
June 1, 2017
(for 2018 projects)

RENTAL HOUSING REPAIR ASSISTANCE APPLICATION

1. Corporation or Individual(s) Owner Name(s): _____
 2. If a property manager will coordinate the project for you, please provide their name, phone number, and address. _____
 3. **Complete** Address Of Owner: _____
 4. Telephone Number(s): _____
 5. E-mail address: _____
 6. Address of Rental (#, street, city, zip, county): _____
-
7. If the Property is owned by a Corporation, who is able to sign documents for the corporation? What office do they hold in the corporation? _____
 8. If personally owned, is(are) the owners: Single Married Other _____
 9. Do you believe that the tenants in all units being assisted will have incomes below 50% of median income (income verification required within 1 month after approval if occupied)?
Yes No Vacant (If vacant, complete the attached Rental Vacancy Policy Agreement Form.)

1-Person Household	2-Person Household	3-Person Household	4-Person Household	5-Person Household	6-Person Household	7-Person Household
\$22,200	\$30,480	\$34,260	\$38,040	\$41,100	\$44,160	\$47,220

10. Is your project also participating with the Cerro Gordo Public Health lead abatement program?
Yes No Please have them send me information on the lead abatement program

PROJECT SELECTION

PRIORITY PROJECTS: Priority will be given to larger projects that have more visual impact on the neighborhood. Visual impact would include exterior renovations such as siding, window, and step replacement on a house with siding, windows, and steps that are in tough shape.

SELECTION DATE: The NIACOG Housing Trust Fund board plans to select projects on June 15, 2017.



525 6th St. SW
Mason City, IA 50401
Phone: 641-423-0491 x16
Fax: 641-423-1637
E-mail: mnelson@niacog.org

Attachments

Please include the following documents with your application.

1. PROJECT BUDGET & SUMMARY FORM (ATTACHED)
2. LEASE INFORMATION FORM (ATTACHED) & LEASE: If a lease is not currently in place, one will be required prior to start of rehabilitation work. Fair Market Rent Limits must be followed for 5 years. Current Fair Market Rent Limits are provided below. If **tenant** pays utilities, these figures are reduced by the utility allowances set by HUD. Contact NIACOG for utility allowance calculation.

Rent Limits (Includes Utilities Pd. By Landlord)				
Efficiency	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom
\$423	\$514	\$686	\$903	\$1,029

EXAMPLE: For a 2-bedroom single-family home with gas heating/cooking with stove/refrigerator supplied, \$686 rent limit - \$139 utility allowance = \$547 maximum rent that can be charged.

3. RENTAL VACANCY POLICY AGREEMENT FORM (ATTACHED). This form is **required only if the rental is currently vacant.**
4. AGREEMENT, RELEASE, & CERTIFICATION FORM (ATTACHED). Read this document carefully before signing it because it contains important details about program limits, requirements, etc.
5. LOAN BALANCE & STATUS: If a loan exists on the house to be repaired, please include documentation *from your banker/mortgage company* that shows the current balance of the loan and whether you are current on your loan payments.
 - If you have no loan/contract on the property, initial here ____.
 - If you have a loan, please list the name/address of the bank/deed holder here: _____
6. DEED: Deed or section from your abstract that shows a complete legal description of the property and verifies your ownership of the property.
7. INSURANCE: Please provide a document that shows that the property is insured.
8. PICTURES OF THE ITEMS PROPOSED FOR REHABILITATION. Submit a picture of the areas of the house to be rehabilitated (siding, roof, etc.) and one picture of the house taken from the street or sidewalk.



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Project Budget & Summary Form

Sources of Funds

Property Owner	\$
NIACOG HTF Assistance Calculate as follows: 'Total Rehab Cost' minus CGPH Assistance (if any), then divide by 2. (If result is larger than \$10,000, insert \$10,000 as Assistance amount.)	\$
CGPH Lead Abatement Program Assistance	\$
TOTAL SOURCES (This should equal TOTAL USES below)	\$

Rehab Costs (Do Not include labor for self-labor projects.)

New Roof	\$
Install Vinyl Siding (garage only)	\$
Window Replacements (number of windows _____)	\$
Exterior Doors	\$
Front Steps	\$
Other Repairs (see below)	\$
Building Permit	\$
TOTAL REHAB COSTS	\$
Administrative Fee Calculate as <u>10%</u> of NIACOG HTF Assistance. (The fee must be paid by July 15, 2017)	\$
TOTAL ALL COSTS (This should equal 'TOTAL SOURCES' above)	\$

Project Summary & Details of Any 'Other' Repairs: (For example: replace 4 windows on front of house, tear off shingles and replace with architectural shingles, and repair glass window pane on 2nd floor west side of house north window.)



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Lease Information Form

Make copies as needed for multiple units in the same building.

Rent per month is: \$ _____

Address of Rental: _____

Tenant Name(s): _____

Tenant Phone Number(s): _____

Number of bedrooms in the unit (circle or write in): efficiency, 1, 2, 3, 4, _____

Please check all of the following that apply.

___ I have attached a copy of the lease (required).

___ The unit is vacant.

___ As landlord, I pay all of the utilities.

___ My tenant pays the following utilities.

- Heating: Type of fuel? (check one)
 - Natural Gas
 - Bottle gas
 - Oil/Electric
 - Coal/Other
- Cooking: Type of fuel? (check one)
 - Natural Gas
 - Bottle gas
 - Oil/Electric
 - Coal/Other
- Other Electric (lights, air conditioning, etc.)
- Water Heater: Type of fuel? (check one)
 - Natural Gas
 - Bottle gas
 - Oil/Electric
 - Coal/Other
- Water Bill
- Sewer Bill
- Trash Collection Bill

___ As landlord, I provide the following:

- Range or Microwave
- Refrigerator

Signature

Date



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Rental Vacancy Policy Agreement Form

For rental rehabilitation applications received for vacant rental properties, the full cost of rehabilitation must be provided by the landlord to the NIACOG Housing Trust Fund prior to start of construction. The assistance amount will be paid to the landlord after a tenant has been secured under lease and the tenant's income has been verified to be within the income limits set for the program. If a tenant is not secured within 3 months after the rehabilitation work is completed, the project will no longer be eligible for reimbursement. Written appeals will be accepted for time extensions only with well justified cause and for a maximum of 30 days.

As the property owner or authorized signatory for the property owner, I hereby represent that the property owner understands the policy presented above and:

___ The unit is occupied, so I do NOT need to complete the rest of this page.
(STOP HERE.)

___ Is willing to front the entire cost of the rehabilitation work.

___ Is either unable or unwilling to front the cost of the rehabilitation work, and wishes to move forward with the inspection and bidding process (\$100 deposit must be enclosed with this form and will be credited toward project; no refunds), but delay the construction work until such time as a tenant is located.

___ Is either unable or unwilling to front the cost of the rehabilitation work, and wishes to withdraw the project from consideration.

Property Owner Name

Property Owner Signature

Address of Rental Property

Date



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AGREEMENT, RELEASE & CERTIFICATIONS

Agreement

As an applicant to the NIACOG Housing Trust Fund, I understand and agree to the following:

1. I understand that rehabilitation work cannot begin until after January 1, 2018.
2. If my project is selected and the unit is occupied, I understand that I will have one month from notice of award to supply a completed tenant income verification form with all attachments. If it is not supplied to NIACOG within one (1) month, the project will be dropped and assistance funds reallocated.
3. I understand that the rehabilitation work **MUST** be completed by August 30, 2018; otherwise, the project will be dropped and assistance funds reallocated.
4. **I(We) will supply all required match to the NIACOG Housing Trust Fund prior to the start of construction.** I(We) understand that the minimum match for rental projects is 50% of project cost, and that the program will fund no more than \$10,000 per project. Additionally, no applicant shall receive more than 2 project awards per year. *If the unit is vacant, the landlord must provide the full cost of the rehabilitation up front; the Trust Fund will pay the assistance amount to the landlord after a tenant has been selected, income-qualified, and under lease for the unit with a copy of the lease provided to NIACOG.*
5. I(We) intend that the home will remain my (our) residential rental property for five years following the execution of the Retention Agreement, and I (we) agree to maintain rents under the HOME Fair Market Rent limit less HUD Utility Allowances for five years and report rent and utility information, and provide leases as requested.
6. I(We) acknowledge that the assistance is provided in the form of a receding, forgivable loan. As such, payments are not made on the loan; however, if I (we) sell the property within five years, the balance of the loan must be repaid to the program. A lien will be placed on the property for the five-year period following the closing.
7. I(We) acknowledge that applicants are not guaranteed to receive assistance, and that tenants must have incomes under 50% of Area Median Income.
8. The Applicant certifies that all information in this application, and all information furnished in support of this application, for the purpose of obtaining assistance under the Community Redevelopment Act of 1981, is true and complete to the best of the Applicant's knowledge and belief.
9. The Applicant further certifies that he/she is the owner of the property described in this application, and that the repair fund proceeds will be used only for the work and materials necessary to meet project goals, as applicable. If NIACOG determines that the housing trust fund proceeds will not or cannot be used for the purpose described herein, the Applicant agrees that the proceeds shall be returned forthwith, in full, to the NIACOG Housing Trust Fund, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.
10. The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252), the State of Iowa, and all applicable program rules. The Applicant agrees not to discriminate upon the basis of race, color, creed, sex or national origin in the use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private.
11. Any loan on the property to be repaired/rehabilitated is current with payments, and I(we) maintain property insurance on the rental being repaired.
12. The construction work must meet Housing Quality Standards; however, in the event that I am otherwise unsatisfied with the work, I agree to hold the NIACOG Housing Trust Fund harmless.



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Release Of Information

I(We) authorize the North Iowa Area Council of Governments (NIACOG), including all documentation necessary to determine my (our) eligibility and application ranking for this program.

Certification Of Accuracy

I(We), the undersigned, certify that I(we) have read and understand the entire Applicant Agreement, Certification & Release forms and that the information in this application and all information furnished is true and correct and complete to the best of the Applicant’s knowledge and belief.

Certification Of Matching Funds

I(We), the undersigned as owner (or authorized officer of the corporate owner) agree to provide the matching funds shown in my ‘Project Budget & Summary Form’ in the amount of \$_____.

Applicant(s)/Signer:

_____	_____
Applicant Signature	Applicant Signature
_____	_____
Owner/Officer Name (printed)	Owner/Officer Name (printed)
_____	_____
Date	Date

If owned by a corporation, please provide:

_____	_____
Official Name Of Corporation	Signer’s Office With the Corporation



QUESTIONS: Any questions may be directed to the attention of Myrtle Nelson; her contact information is listed at the bottom of each page.

