

# DOWN PAYMENT / HUD COUNSELING APPLICATION

Eastern Iowa Regional Housing Corporation  
Housing Trust Fund  
7600 Commerce Park  
Dubuque, IA 52002  
(563 556-4166 OR 1-800-942-4648)

## PERSONAL INFORMATION

1. Head of Household: \_\_\_\_\_ Maiden name: \_\_\_\_\_  
(if necessary)

Social Security: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ How Long ? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

### Check as Appropriate for Head of Household (Statistical purposes ONLY)

**Marital Status** ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Never Married

**Race** ☐ White ☐ American Indian ☐ Asian ☐ Black ☐ Native Hawaiian

**Ethnicity** ☐ Hispanic ☐ Non-Hispanic

**Citizenship** ☐ US Citizen ☐ Non Resident Alien ☐ Permanent Resident Alien

2. Co-Applicant: \_\_\_\_\_ Maiden name: \_\_\_\_\_  
(if necessary)

Social Security: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ How Long ? \_\_\_\_\_  
(if address is the same as above, state "Same as Above")

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

### OTHER LIVING AT THIS ADDRESS

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EMPLOYMENT

(If self-employed, please submit copies of the last 3 years of income taxes)  
(If more than one current employer, please include them on a separate sheet of paper)

1. Applicant's  
Present Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Position: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_ End Date: \_\_\_\_\_

2. Co-Applicant's  
Present Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Position: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_ End Date: \_\_\_\_\_

## OTHER SOURCES OF INCOME

Please include Overtime, Bonuses, Dividends, Child Support, Alimony, Employment from others living in the household, and etc.....

Source	Monthly Income
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## ASSETS

Include Banks, Credit Unions, and Saving & Loans

1. Name of Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance: \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance: \_\_\_\_\_

Other Account #s \_\_\_\_\_ Balance: \_\_\_\_\_

2. Name of Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance: \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance: \_\_\_\_\_

Other Account #s \_\_\_\_\_ Balance: \_\_\_\_\_

3. Name of Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance: \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance: \_\_\_\_\_

Other Account #s \_\_\_\_\_ Balance: \_\_\_\_\_

### OTHER ASSETS

Cash Value of Stocks, Bonds, Securities: \_\_\_\_\_

Cash Value of Life Insurance: \_\_\_\_\_

Retirement Funds: \_\_\_\_\_

Value of Personal Property: \_\_\_\_\_

(Include Furniture, Household Goods, Personal Belongings, and Etc...)

### VEHICLES (include boats, campers, & trailers)

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Value: \_\_\_\_\_

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Value: \_\_\_\_\_

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Value: \_\_\_\_\_

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Value: \_\_\_\_\_

## LIABILITIES

Credit Cards, Department Store Cards, Automobile Loans  
Finance Companies, Student Loans, and Personal Loans

Attach additional sheets if Necessary

1. Name: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_
2. Name: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_
3. Name: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_
4. Name: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_
5. Name: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_
6. Name: \_\_\_\_\_ Account # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Balance: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

## OTHER MONTHLY EXPENSES

### Expenses That You Pay

Monthly Child Support: \_\_\_\_\_

Monthly Alimony: \_\_\_\_\_

Monthly Child Care: \_\_\_\_\_

Monthly Medical Expenses: \_\_\_\_\_

Other: \_\_\_\_\_

### CURRENT MONTHLY HOUSING COST

Monthly Housing Cost, such as Rent: \_\_\_\_\_

Personal Property Insurance Cost: \_\_\_\_\_

Monthly Utilities Cost – Gas: \_\_\_\_\_

Monthly Utilities Cost – Electric: \_\_\_\_\_

Monthly Utilities Cost – Water/Sewer: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
Are there any outstanding judgements against you?	_____	_____	_____	_____
Have you declared bankruptcy within the last 7 years?	_____	_____	_____	_____
Are you party to a lawsuit?	_____	_____	_____	_____
Are you a co-signer or endorser on any other notes or loans?	_____	_____	_____	_____

Maximum award amount: **\$10,000.00\*** for Down payment Assistance / Ownership Preservation per unit

\*Each recipient will be required to go through a Housing Counseling course, a \$ 200.00 Fee will be accessed from the award amount for these services.

### **Funding Requested:**

Amount of Funding Requested from EIRHC HTF: \$ \_\_\_\_\_

## OTHER ELIGIBILITY CONSIDERATIONS

	YES	NO
Do you have Funds available to pay for a portion of the closing cost or Down payment?	( )	( )

If "YES" please indicate the amount and the source of the funds

Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Are there any other reasons why you feel your application deserves special consideration?\_\_\_\_\_

[illegible]

Have you or the Co-applicant ever owned a home before: \_\_\_\_\_

If "YES" when: \_\_\_\_\_

I / We certify that the information given to the Eastern Iowa Regional Housing Corporation HTFY on this application is/are true to the best of my/our knowledge. I / We understand falsifying information may result in denial of my application.

Applicant

Date \_\_\_\_\_

Co-Applicant

---

Date \_\_\_\_\_

To prepare you for homeownership, It is important analyze your credit report; 1) To verify that it is correct and 2) To assist you with cleaning up any bad credit that may hinder your score. This process will confirm your credit worthiness prior to sending you to a local bank for financing.

We, the undersigned, acknowledge the Eastern Iowa Regional Housing Authority to obtain a credit report on me/us. The Credit Report will be used only in reference to the Public Housing Homeownership Program.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

## DISCLOSURE STATEMENT

The Eastern Iowa Regional Housing Authority offers free housing counseling assistance to individuals qualifying for and taking part in a Homeownership Program affiliated with the Housing Authority or ECIA, to individuals currently receiving rental assistance through the Housing Choice Voucher, TBRA or Public Housing Programs, or to individuals currently on one of our waiting list for rental assistance. All clients

By signing this disclosure, you (our Client) understand that you currently meet the qualifications as a current or potential homebuyer, homeowner, or renter under a HUD program, based on the requirements of the programs listed above and therefore, you qualify for this housing counseling assistance.

In addition to our housing counseling assistance, the Eastern Iowa Regional Housing Authority (EIRHA) also:

- Operates through a 28E Agreement with the East Central Intergovernmental Association (ECIA) which also provides Economic Development, Employment and Training, Community Development Block Grant, Transportation and Planning, and Regional Transit Authority services;
- Builds and sells its own affordable homes and rental units through the Eastern Iowa Regional Housing Corporation (EIRHC) and the Eastern Iowa Development Corporation (EIDC);
- Administers various down payment and closing cost assistance programs through the Eastern Iowa Regional Housing Corporation Housing Trust Fund (EIRHC HTF);
- Rent property (when available);
- Administers various self-sufficiency programs.

By signing this disclosure, you (our Client) understand that you are under no obligation to:

- Purchase or rent our houses,
- Utilize our down payment or closing cost assistance programs
- Receive, purchase, or utilize any other services offered by the partners listed above in order to receive counseling services.

If you choose to partake in any additional services and allow EIRHA to provide the selected services, it is understood that you (our client) have given the matter thorough consideration.

I acknowledge that I have read and understand the disclosure statement and it was reviewed with me.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Attest: \_\_\_\_\_

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

**Eastern Iowa Regional Housing Authority**  
**7600 Commerce Park**  
**Dubuque, IA 52002**  
**Phone: 563-556-4166**  
**Fax: 563-556-0348**



**Eastern Iowa Regional Housing Authority**  
**7600 Commerce Park, Dubuque, IA 52002**  
**www.eirha.org**  
**(563) 556-4166 Fax: (563) 556-0348**

**Data Release Form & Third Party Authorization**

*NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.*

You hereby authorize and instruct Eastern Iowa Regional Housing Authority (EIRHA) and/or its assigned agents to:

- ☐ Obtain and review your credit report, and
- ☐ Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by EIRHA. You understand and agree that EIRHA intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize EIRHA to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help EIRHA determine your viable financial options.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lenders                       | <input type="checkbox"/> Banks                   | <input type="checkbox"/> Mortgage Servicers         |
| <input type="checkbox"/> Debt Collectors               | <input type="checkbox"/> Landlords               | <input type="checkbox"/> Public Housing Authorities |
| <input type="checkbox"/> Property Management Companies | <input type="checkbox"/> Social Service Agencies | <input type="checkbox"/> Counseling Agencies        |

Entities such as mortgage lenders and/or counseling agencies may contact your EIRHA counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your EIRHA counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations of EIRHA, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize EIRHA to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep EIRHA informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

**Finally, you understand that you may revoke consent to these disclosures by notifying EIRHC in writing.**

Signatures:

X \_\_\_\_\_  
Head of Household                      X \_\_\_\_\_  
Date

X _____ Social Security Number (if any) of Head of Household	X _____ Other Family Member over age 18	_____
		Date

X _____ Spouse	X _____ Other Family Member over age 18	_____
		Date

X _____ Other Family Member over age 18	X _____ Other Family Member over age 18	_____
		Date

X _____ Other Family Member over age 18	X _____ Other Family Member over age 18	_____
		Date

