

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: _____

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 YES	NO	CO-APPLICANT YES	NO
Are there any outstanding judgements against you?	_____	_____	_____	_____
Have you declared bankruptcy with in 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

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

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? _____

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:

Head of Household

Date

Social Security Number (if any) of Head of Household

Other Family Member over age 18 _____
Date

Spouse _____
Date

Other Family Member over age 18 _____
Date

Other Family Member over age 18 _____
Date

Other Family Member over age 18 _____
Date

Other Family Member over age 18 _____
Date

Other Family Member over age 18 _____
Date



Updated by HUD as of June 2012