



**RENTAL HOUSING REHABILITATION PROGRAM APPLICATION**  
 Return to City of Iowa City Neighborhood Services  
 410 E. Washington Street, Iowa City, IA 52240 - Phone: 319-356-5230



**PROPERTY OWNER INFORMATION**

Applicant Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 I am:  A citizen or national of the United States  A lawful Temporary/Permanent Resident

**PROPERTY INFORMATION**

Property Address: \_\_\_\_\_ Year Built: \_\_\_\_\_  
 Owner/Business Name: \_\_\_\_\_ Owned Since: \_\_\_\_\_  
 Type of Owner:  Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_

**LENDER INFORMATION**

Type:  Mortgage  Land Contract  
 Lender Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Is mortgage current?  Yes  No  
 Number of late payments in last 12 months: \_\_\_\_\_

Origination Date	
Interest Rate	
Term	
Original mortgage amount	
Current Mortgage Balance	
Monthly Payment (P&I only)	
Payment with taxes & insurance	
Next payment due date	

**INSURANCE INFORMATION**

Insurance Agent Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Unit #	Bedrooms (#)	Current Monthly Rent	Proposed Monthly Rent	Owner-Paid Utilities (gas/electric/water/sewer/trash/storm water/etc)
		\$	\$	
		\$	\$	

Other Estimated Income Per Month (laundry, parking, pet fees, etc): \$ \_\_\_\_\_

**Annual Costs**

Debt Payments: \$ _____	Taxes: \$ _____
Property Insurance: \$ _____	Maintenance: \$ _____
Management Fees: \$ _____	Reserves: \$ _____
Utility Costs (Paid by Owner): \$ _____	Other List): \$ _____

Please explain any changes you expect to the above as a result of rehabilitation: \_\_\_\_\_

**Note: Please attach a copy of your lease, your Tenant Information Form, and other documentation as requested.**

**PROJECT INFORMATION**

Please describe the type of work you would like to accomplish, and which units are affected (attach any documentation used to estimate the cost of work or additional narrative):

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Estimated Total Cost of Rehabilitation: \$\_\_\_\_\_

<b>Source of Funds</b>		<b>Note:</b> Proof of non-City funds must be included with this application.
City of Iowa City Rehab:	\$ _____	
Bank Loan:	\$ _____	
Private Equity:	\$ _____	
Other:	\$ _____	

**RELEASE OF INFORMATION AND CERTIFICATION**

As evidenced by my/our signature(s), I hereby authorize the City of Iowa City (the City), to verify any and all information, including but not limited to, my/our income, assets, employment, property ownership, mortgage status, property insurance and credit worthiness. I understand this may include a credit report. I certify that all representations, warranties, or statements made or furnished to the City in connection with this application are true, correct, and complete in all material respects. I understand that all information submitted to the City relating to this application is subject to the Open Records Law (1994 Iowa Code, Chapter 22). I will provide all necessary information and expedite this process any way possible. I understand that participation is contingent upon meeting Federal income eligibility, and other Federal and local program requirements.

The City will evaluate each eligible property for the presence of deteriorated paint hazards. Further, if the property was constructed prior to 1978, it will be presumed that components of the property may contain lead and must be treated as such in accordance with HUD regulation 24 CFR Part 35, unless such components are tested and proven to be non-lead based. I acknowledge receipt of this presumption.

- I acknowledge receipt/review of the booklet entitled "Protect Your Family From Lead in Your Home" from [www.hud.gov/utilities/intercept.cfm?/offices/lead/library/enforcement/pyf\\_eng.pdf](http://www.hud.gov/utilities/intercept.cfm?/offices/lead/library/enforcement/pyf_eng.pdf), herein "lead hazard brochure," and understand that homes constructed prior to 1978 likely contain lead-based paint.
- I understand that this information will be used solely for the purpose of determining eligibility for participation in this program and used in statistical tables, study and research.

If I am a Temporary or Permanent Resident or his/her spouse or child, I attest, under penalty of perjury that I have abandoned, or am abandoning, my residency in any foreign country, that I do not intend to join my spouse or parent in any foreign country, and that I am not a student.

**I have read, understand, and agree to the certifications as set forth above. I understand that it is a criminal violation under Iowa law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring financial assistance from a state agency or political subdivision. Further, I consent to all inspections and testing as required by the Program for which I am applying. I have received and reviewed the information contained in the lead hazard brochure.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date