

Iowa City Healthy Homes Application



Through Iowa City Healthy Homes, households with a member diagnosed with asthma or COPD can receive up to \$7,500 in rehabilitation assistance to address those repairs that improve indoor air quality. For households with a child with asthma, an in-home visit to provide tailored health education to self-manage asthma will be provided.

Healthy Homes is a partnership between the University of Iowa College of Nursing, the City's Housing Rehabilitation staff, and the Iowa City Free Medical Clinic.

You may be eligible for this program if a member of your household has been diagnosed with asthma or COPD by a medical professional and your household income does not exceed 80% of area median income by household size.

Household Size	80% of Median Income
1	\$55,850
2	\$63,800
3	\$71,800
4	\$79,750
5	\$86,150
6	\$92,550

Effective 06/01/2021

Repairs to the home will be completed based on the in-home assessment and limited to those improvements that improve indoor air quality. Before improvements are made to a rental home, the property owner (landlord) must consent to the improvements and enter an agreement with the City that requires that the rent may not increase for up to two years and the landlord must continue to rent to the household in good faith. No repayment is necessary if the landlord complies with the agreement. In manufactured housing (mobile homes), the owner must have title of the home. If you own your home, you must live in the unit for two years after rehabilitation. No repayment is necessary if the owner complies with the agreement.

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Applicant (household member with asthma/COPD): _____

Applicant birthdate: _____

Address of the home: _____

Best contact number: _____

Applicant (if under 18, the parent/guardian's) email address:

Interpreter needed: (Please circle) Yes No If yes, what language: _____

If Applicant is a child (under 18), parent/primary guardian's name:

Number of people in household: _____

Annual Household Income: \$_____

General Information

Please circle:

Do you rent your home? Yes No If yes, who is your landlord: _____

Landlord's Address: _____

If you live in manufactured housing (mobile home), do you have the title?
Yes No Not Applicable

Supporting Documents: The following three (3) items must be submitted with the application:

- 3 most current paystubs or fill out Employment Verification form; or fill out Unemployment form
- Copy of most current bank statement
- If assets under \$5,000, fill out & sign the Asset Certification form

(Before any rehabilitation work is completed, household must submit documentation of household income. You don't need to income qualify for the in-home health visit.)

Do you have an action plan or an understanding of how to manage your asthma/COPD? Yes No

Have you been tested for allergies? Yes No

Do you have smokers in your home? Yes No

Do you have pets in your home? Yes No

Do you have carpet in your home? Yes No

Do you have a primary care doctor? Yes No

If yes, who is your primary care doctor? _____

Do you give permission for the University of Iowa College of Nursing to contact your primary care doctor or the Healthy Kids School-Based Clinic? Yes No

If yes: I authorize medical information to be obtained from:

Name of Doctor and/or Clinic

Street Address

City, State, Zip Code

Records for the last five years

Information to be released. Check all applicable.

- All Information All Progress Notes Lab Reports X-ray Reports
 Electrocardiogram (ECG) Allergy Records Immunization Records
 Other: _____

I understand that this authorization shall be valid for one year. I understand that I may revoke this consent at any time, except to the extent that action has already been taken.

Applicant's signature: _____

If Applicant is under 18, parent/legal guardian's signature:

Return applications to:
Neighborhood Services, 410 E. Washington St., Iowa City, IA 52240
For questions, call 319.356.5230 or email neighborhoods@iowa-city.org.