



MUSCATINE MUNICIPAL HOUSING AGENCY

**DEPARTMENT OF COMMUNITY DEVELOPMENT
LEAD HAZARD REDUCTION GRANT PROGRAM**

ELIGIBILITY REQUIREMENTS:

- Proof of household income
- Must be current on property taxes, water/sewer bills, and homeowners' insurance
- Application must be completed in full, and all required documents must be submitted

ADDRESS OF PROPERTY

Street Address City State Zip code

HOUSEHOLD INFORMATION

| | | | |
|----------------|--|------------------------------|--|
| Applicant Name | | Alternate Contact / co-owner | |
| Primary Phone | | Relationship | |
| Email | | Primary Phone | |

PROPERTY INFORMATION

Is the property your primary residence? (Check one) ☐ Yes ☐ No

What is the current status of the property?

☐☐

Occupied by a child 5 or younger

☐ Vacant

☐

Occupied by a pregnant woman

Is there a child 5 or younger who is a regular visitor but does not live there (for at least 6 hours per week, 10 weeks per year)?

(Check one) ☐ Yes ☐ No

What year was the home built? _____ How long have you lived at the property? _____

How did you find out about this program? _____

HOUSEHOLD COMPOSITION

| Name | Relationship | Date of Birth <small>Include birth certificate for children under 6</small> | Sex | Hispanic Y/N | Race* (Enter #) | Social Security Number |
|------|-------------------|--|-----|-----------------|--------------------|------------------------|
| | Head Of Household | | | | | |
| | | | | | | |

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|--|--|--|--|--|--|--|
| | | | | | | |
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*For Statistics Use Only

- | | |
|--------------------------------------|---|
| 1. White | 6. Black/ African American |
| 2. Black | 7. American Indian / Alaska Native & White |
| 3. American Indian/Alaska Native | 8. American Indian / Alaska Native & Black / African American |
| 4. Asian | 9. Other Multi- Racial |
| 5. Native Hawaiian/ Pacific Islander | |

HOUSEHOLD INCOME

- List income information of all family members 18 years of age and older below.
- Include any income such as wages, welfare benefits, and any fixed incomes such as alimony social security benefits, pension benefits, etc.; any money you receive on behalf of your children such as child support, social security of children, etc.; part-time or full-time earnings from a second job or part-time job; an anticipated income such as a bonus or pay raise you expect to receive.

Documentation Required: Include proof of income for at least 4 weeks, wage statements, Social Security/SSI statements, child support, unemployment

| <u>Name</u> (Including Applicant) | <u>Income Type</u> | <u>Fixed</u> <u>Y/N</u> | <u>Income Source</u> | <u>Monthly</u> <u>Income</u> |
|--------------------------------------|--------------------|----------------------------|----------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|----------------------------|----|
| TOTAL HOUSEHOLD MEMBERS | |
| TOTAL MONTHLY GROSS INCOME | \$ |

Do you own a business, or are you self-employed? ☐ Yes ☐ No

If yes, please provide a brief description, two months of bank statements for proof of income OR most recent tax return:

ASSETS

GIVE THE FOLLOWING INFORMATION FOR ALL MEMBERS OF YOUR HOUSEHOLD, INCLUDING YOURSELF.

| Asset Type | Description | Amounts |
|---------------------|-------------|-----------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total Assets | | \$ |

Resident Consent:

I/We hereby give my permission and consent for a representative of the City of Muscatine to take photographs of my home and property. I hold the City of Muscatine and its partners harmless and free from any claims in connection with the consent and use of pictures. _____ (Please initial here.)

I/We understand that blood tests will be taken of resident children five years and under before work begins. The test can be taken at Muscatine Public Health at no cost to program participants or with a current pediatrician. I further understand that any follow-up testing or medical treatment needed due to an elevated lead level is my responsibility. _____ (Please initial here.)

I/We authorize the City of Muscatine to perform a Lead Inspection/Risk Assessment at the address provided above. _____ (Please initial here.)

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above information as applicable under the provision of Title 18, United States Code, Section 1014. _____ (Please initial here.)

I understand that all residents and pets living at the subject property may be relocated during the period of construction for health and safety reasons. Living arrangements for people and pets during the time of construction is the responsibility of the resident, with an up to 10-day stipend. _____ (Please initial here.)

I/We fully understand that the completion of an application does not guarantee assistance by the department. All funds that may be awarded as a result of this application by the Parish to an applicant or for a project are subject to all applicable federal, state, and local laws, regulations, ordinances, policies, procedures, and other assurances. The Director has the sole discretion to cancel an award of funds when the department determines that an award of funds may cause the parish to be in non-compliance with any applicable legal authority including the policies contained herein and the appendices attached hereto. The Parish is not liable for any loss incurred as a result of a reduction, cancellation, termination or rescission of an award and is under no obligation to fund the applicant or project under such circumstances. _____ (Please initial here.)

Mortgage and Promissory Note Requirement. You are required to sign a promissory note and mortgage as a part of the assistance you are receiving. You must disclose all persons with a financial interest in the property. All spouses and those listed who have a financial interest in the property must sign the promissory note and mortgage. _____ (Please initial here.)

DATE: _____

Applicant Signature

DATE: _____

CO-Applicant Signature

AUTHORIZATION FOR THE RELEASE OF INFORMATION
Muscatine Municipal Housing Agency, City of Muscatine
215 Sycamore St. - Muscatine, IA 52761
(563) 223-8241 or (563) 223-8350

Purpose: The Muscatine Municipal Housing Agency may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization: I, _____, hereby authorize the release of any information to the Muscatine Municipal Housing Agency to obtain information about me or my family that is pertinent to eligibility for or participation in all assisted housing programs. The information to be released may include, but is not limited to:

| | |
|---|---|
| Identity | Income |
| Colleges/Universities/Other Learning Institutions including Financial Aid | Payments and Participation in FSS/Assisted Housing Programs |
| Child Care | |
| Family Composition | Employment |
| Income | Child Support |
| Pensions | Assets |
| Government Benefits | Family Composition |
| Disability Assistance Expenses | Marital Status |
| Medical Expenses | Social Security Numbers |
| Social Security/SSI/SSD Benefits | Residences and Rental History |
| Utility Obligations | Current and/or previous residences |

Individuals or Organizations that may release information include, but are not limited to:

| | |
|--|--|
| Federal, State, and Local Courts | Law Enforcement Agencies |
| Utility Companies (MPW, Alliant, etc.) | Dept. of Correction Services/Juvenile Court Services |
| Department of Human Services | Department of Inspections and Appeals |
| Employers | Social Security Administration |
| Colleges/Universities/Educational Institutions | Housing Agencies |
| Landlords | County/District Attorney |
| Government Agencies | Banks/Credit Unions/Financial Institutes |
| Pharmacies | Pension Companies |

Liability: I acknowledge and understand that I have no claim against any entity providing the above information as a result of the entity's disclosure of the information to the Muscatine Municipal Housing Agency.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated. I grant permission to provide a copy of my criminal background information, if any, to the head of household applicant/participant. This release shall remain in effect until revoked in writing or within fifteen (15) months from the date entered below.

SIGNATURE DATE (ONE FORM IS NEEDED FOR EACH HOUSEHOLD MEMBER 18+ y/o)

Do not leave this line blank. Please list any other names used (such as maiden, married, adopted, etc.) If you have never used another legal name, please write N/A or None: _____

Print the following information (do not leave this area blank; it must be completed):

Full Legal Name: _____ Date of Birth: _____
Address: _____ Sex: ____ Social Sec #: _____ Race: _____

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| Identity | Income |
| Colleges/Universities/Other Learning Institutions, including Financial Aid | Payments and Participation in FSS/Assisted Housing Programs |
| Child Care | |
| Family Composition | Employment |
| Income | Child Support |
| Pensions | Assets |
| Government Benefits | Family Composition |
| Disability Assistance Expenses | Marital Status |
| Medical Expenses | Social Security Numbers |
| Social Security/SSI/SSD Benefits | Residences and Rental History |
| Utility Obligations | Current and/or previous residences |

Individuals or Organizations that may release information include, but are not limited to:

| | |
|--|--|
| Federal, State, and Local Courts | Law Enforcement Agencies |
| Utility Companies (MPW, Alliant, etc.) | Dept. of Correction Services/Juvenile Court Services |
| Department of Human Services | Department of Inspections and Appeals |
| Employers | Social Security Administration |
| Colleges/Universities/Educational Institutions | Housing Agencies |
| Landlords | County/District Attorney |
| Government Agencies | Banks/Credit Unions/Financial Institutes |
| Pharmacies | Pension Companies |

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DATE _____

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Print the following information (do not leave this area blank, it must be completed):

Full Legal Name: _____ Date of Birth: _____

Address: _____ Sex: ____ Social Sec #: _____ Race: _____

Required Documentation Checklist

Submitting a complete application will allow us to process your application more quickly.

Please contact our office at **563-223-8241 or 563-223-8350** if you have any questions, or need help making copies.

- **Completed in full and signed application form.**

- ☐ Please be sure that the tenant/resident information page is completely filled out, including all resident names, ages/dates of birth, and income. The form must also be signed by the property owner and resident head of household (as applicable).

- **Information from the property owner:**

- ☐ **Deed.** Proof of ownership. You may possess this paperwork in real estate records from the purchase of your home. If not, you may request a deed of ownership at the following location:

Recorder's Office
414 E. Third St.
Suite 103
Muscatine, Iowa 52761
563-263-7741

- ☐ **Taxes.** Proof that property taxes are paid & current. Payment history is available from Muscatine County Real Property Tax Services 563-263-7061
- ☐ **Mortgage.** A copy of the current mortgage with a statement from the mortgage lender demonstrating that the mortgage is paid and current, *or* proof of mortgage satisfaction.
- ☐ **Homeowners Insurance:** Proof that insurance is paid and current. (Declarations Page)

- **Information from unit residents/tenants:**

- ☐ **Birth Certificates.** Copies for all children under the age of 6 that reside in or visit the home. You may obtain a birth certificate at:

Recorder's Office
414 E. Third St.
Suite 103
Muscatine, Iowa 52761
563-263-7741

or

<https://hhs.iowa.gov/vital-records/how-request-certified-record>

- ☐ **Tenant IDs.** Copies of all adults' identification that currently reside in the household.
- ☐ **Verification of Visiting Child form (attached), if applicable.**
- ☐ **A doctor's note if the qualifying resident is a pregnant woman.**
- ☐ **Proof of income for all residents.** Please submit all available documentation of any household income, regardless of whether income is taxable. Proof of income may include recent paystubs (at least 4 weeks), wage statements, Social Security or public assistance statements, unemployment, child support, business income, etc. Child support can be found at <https://secureapp.dhs.state.ia.us/customerweb/> if an adult living in a home has zero income, please request a Zero Income Worksheet
- ☐ **Bank Statements.** Two months of bank statements for all checking and savings accounts for each person 18 and over in the household.
- ☐ **Consent for Release of Information from the City of Muscatine.**

Where can I get my child(ren) tested for lead?

You may contact your child's pediatrician or clinic and request a lead test, or you may call Muscatine Public Health at (563)263-0122 to schedule a **FREE** lead test for your child(ren).

PLEASE RETURN TO:

**City Hall
Attn: LHRP
215 Sycamore Street
Muscatine, Iowa 52761**