

Ignite Vitality: Mulberry
Exterior Housing Improvement Grant Application
Community Development Block Grant (CDBG)

To apply for an Exterior Housing Improvement Grant, please complete this packet. Eligible households will meet three requirements: Be 1) within the project boundaries, 2) owner-occupied, and 3) under the income thresholds in the table below. The information you provide in this packet is for the purpose of determining your eligibility for this grant, and will not be shared with anyone other than grant staff.

For assistance in completing this application, please contact:

Muscatine City Hall

Address: 215 Sycamore Street, Muscatine IA 52761

Email: Mdolan@Muscatinelowa.gov

Phone: 563-223-8350

To request a Spanish application, please call 563-223-8350.

Completed applications may be emailed, mailed, or dropped off at the City of Muscatine Community Development Office

2025 Household Income Thresholds for 80% Area Median Income, used to determine eligibility for this grant (set by the U.S. Department of Housing and Urban Development):

| # Persons in Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|------------------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Household Income | \$53,300 | \$60,900 | \$68,500 | \$76,100 | \$82,200 | \$88,300 | \$94,400 | \$100,500 |

Part 1 – Contact Information

Name of Head of Household: _____

Name of Applicant (if different than Head of Household): _____

Home Address: _____

Telephone Number 1: _____

☐ Home

☐ Cell

☐ Work

Telephone Number 2: _____

☐ Home

☐ Cell

☐ Work

E-mail Address: _____

Preferred Contact Method: _____



Part 2 – Household Information

1. Do you own your home? Yes / No (Circle one)
2. Please complete the table below for all members of your household.

Household Members Table Key

Relationship to Head of Household: S=Spouse, A=Adult, C=Child, O=Other

(Optional) Race: 1=White, 2=Black/African American, 3=American Indian/Alaska Native, 4=Asian, 5=Native Hawaiian/Pacific Islander, 6=Other (use multiple as applicable for two races or more)

(Optional) Ethnicity: 1=Hispanic/Latino, 2=Not Hispanic/Latino

(Optional) Disabled: Y=Yes, N=No

Household Members Table

| Full Name | Relationship | SSN | Date of Birth | Gender | Race | Ethnicity | Disabled |
|-----------|--------------|-----|---------------|--------|----------|-----------|----------|
| | | | | | Optional | Optional | Optional |
| | Head | | | | | | |
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Part 3 – Household Income and Assets

Income Information (for all members of the household)

Does any member of your household:

1. ☐ Yes ☐ No Work full-time, part-time or seasonally?
2. ☐ Yes ☐ No Expect to work for any period during the next 12 months?
3. ☐ Yes ☐ No Work for someone who pays them cash?
4. ☐ Yes ☐ No Currently or expect to receive unemployment benefits in the next 12 months?
5. ☐ Yes ☐ No Currently or expect to receive workers compensation in the next 12 months?
6. ☐ Yes ☐ No Currently or expect to receive student financial aid of any kind in the next 12 months?
7. ☐ Yes ☐ No Currently or expect to receive veteran's benefits in the next 12 months?
8. ☐ Yes ☐ No Currently or expect to receive military pay in the next 12 months?
9. ☐ Yes ☐ No Currently or expect to receive income from self-employment in the next 12 months?
10. ☐ Yes ☐ No Currently or expect to receive child support in the next 12 months?
11. ☐ Yes ☐ No Currently or expect to receive alimony in the next 12 months?
12. ☐ Yes ☐ No Currently or expect to receive Family Investment Program Benefits (FIP) from the
Department of Human Services (do not include food stamps)?
13. ☐ Yes ☐ No Currently or expect to receive Social Security or disability benefits in the next 12 months?
14. ☐ Yes ☐ No Currently or expect to receive income from a pension or annuity in the next 12 months?
15. ☐ Yes ☐ No Currently or expect to receive regular contributions from anyone
not living in the housing unit in the next 12 months?
16. ☐ Yes ☐ No Receive income from assets including interest or dividends on
checking, savings accounts, Certificates of Deposit, bonds or stocks?
17. ☐ Yes ☐ No Own real estate other than your home? List address(es):

18. ☐ Yes ☐ No Receive income from rental property? List address(es):

For any questions marked "Yes", please fill in the table for each household member with that income type:

| Household Member | a. Wages/ Salaries | b. Benefits/ Pensions | c. Public Assistance | d. Other Income | e. Asset Income |
|------------------|-----------------------|--------------------------|-------------------------|--------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | \$ | \$ | \$ | \$ | \$ |

Total of All Columns (Annual Income): \$ _____

Asset Information (for all members of the household)

Does any member of your household have:

1. ☐ Yes ☐ No A bank account?
2. ☐ Yes ☐ No A checking account?
3. ☐ Yes ☐ No A savings account?
4. ☐ Yes ☐ No Cash value in a revocable trust?
5. ☐ Yes ☐ No Cash value in stock, bonds, or treasury bills?
6. ☐ Yes ☐ No Cash value in Certificates of Deposit and/or Money Market Accounts?
7. ☐ Yes ☐ No Equity in rental property, farmland, or other capital investment?
8. ☐ Yes ☐ No Value in an Individual Retirement Plan or Keogh Account?
9. ☐ Yes ☐ No Retirement and/or Pension Fund?
10. ☐ Yes ☐ No Insurance Settlement?
11. ☐ Yes ☐ No Mortgages, deeds, or trusts?

For any questions marked "Yes", please fill in the table:

| Household Member | Asset Type | Current Balance |
|------------------|------------|-----------------|
| | | |
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Total: \$_____

Part 4 – Additional Documentation and Next Steps

Additional Documentation

Please include copies of the following documentation:

Copies can be made for free at the Community Foundation office or at the Musser Public Library.

- ☐ Driver's License or Non-Operator ID – Homeowner/head of household only
(Why is this needed? To establish the property as your principal place of residence.)
- ☐ IRS Form 1040 / tax return from the most recent year
(Why is this needed? To show your household income. If you didn't file taxes, 2 months of current paycheck stubs for every income-earning adult in the household can be submitted instead.)
- ☐ Most recent bank statements for all bank accounts in the household
(Why is this needed? To show your name and the amount in each account. This contributes to income calculation. You may black out account numbers if you'd like.)

Next Steps

Please return this application to the City of Muscatine Community Development Office. Completed applications may be mailed, emailed, or dropped off in person.

Address: 215 Sycamore Street, Muscatine, IA 52761
Email: Mdolan@Muscatinelowa.gov
Phone: 563-223-8350

After we receive your application, City of Muscatine staff will determine your household's eligibility based on the income thresholds listed on Page 1. If additional documentation is needed to determine your income, we will call you at the phone number you provided on Page 1. Once eligibility review is complete, you will receive a letter notifying you of your eligibility for the grant. After you receive the letter, our Project Manager Mike Plank will contact you to plan the exterior home improvements.

Part 5 – Certifications and Signature

I certify by signing below that the information provided in this document is complete, true, and accurate.

I certify that information for each household member is provided, including all income and asset information.

I understand that the above information is being collected to determine eligibility under a Federal Community Development Block Grant (CDBG) funded project.

I authorize the City of Muscatine or its appointed representative to verify all information provided on this application and to contact current sources for credit and certification information which may be released to appropriate Federal, State, or local agencies. (continued on next page)



I understand that additional information may be required to determine program eligibility.

I understand that if, in the next 12 months, any of the above information changes, I must notify the City of Muscatine and provide updated information.

I understand that if the City of Muscatine or its appointed representative determines my household income is above 80% of the median household income, I am ineligible to receive assistance under the CDBG program.

I understand that if the City of Muscatine or its appointed representative determines my household income is above 80% of the median household income, and CDBG funds have been spent on the property, those funds must be repaid to the City of Muscatine immediately.

I understand that providing false statements or information is punishable under State and/or Federal law.

Address Release: Per Iowa law, the City must publish a notice in the newspaper for the Request for Proposals (RFP), which invites contractors to bid on the project. If your household is determined eligible for this grant, your address is required to be included in the RFP notice. Your signature on this release indicates you are authorizing the notice. You may rescind this authorization by notifying the City within 3 days of your grant eligibility confirmation from City staff. After this period, the notice can be published.

Photo & Quote Release: I, the homeowner, certify that photos of my home exterior and quotes from my closing survey may be used by the City of Muscatine and the Community Foundation of Greater Muscatine in marketing materials and social media posts, to promote the program and educate the community about the Exterior Housing Improvements Grant, as part of the Ignite Vitality: Mulberry project.

Applicant Name (print)

Applicant Signature

Date

Property Address

