



**ECICOG (East Central Iowa Council of Governments)**  
**Single Family New Construction Program – Round 2**

Please answer **all** of the questions on this application completely. If a question does not apply, please write N/A (Not Applicable) in the space provided.

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Work / Cell phone (Circle one)

Email Address: \_\_\_\_\_  
 (Most communication will be via e-mail, please be sure to check your spam folder and add ecicog.org to your spam filter)

**List everyone living with you at the present time (including yourself)**

Name	Date of Birth	Gender	Relationship	College Student Status (part time, full time, n/a)
			<i>Head of household</i>	

Was your primary residence damaged by the Flood of 2008?  Yes  No

Do you rent or own your current residence? (Mark one)  Rent  Own

How long have you lived at your current address? \_\_\_\_\_

If less than one year, what was the address of the home you lived in prior to the current address?

\_\_\_\_\_  
Street City State Zip

When was the last date that you owned a home? \_\_\_\_\_

Is the number of people living with you anticipated to change within the next 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you own any other real estate other than the residence in which you are currently living?  Yes  No

If yes, please provide address: \_\_\_\_\_  
Street City State Zip

Current Marital Status:  Single  Married (If you are separated, but not legally divorced, mark "Married")

Residency Status:  U.S. Citizen or Permanent Resident Alien  Other



**Financial**

In the spaces provided, please give an account of your finances, following the directions carefully above each set of boxes. These figures will help us estimate your annual household income.

**\*\*PLEASE NOTE\*\*** - The information requested below is solely for the purpose of pre-approving you for participation in this program. A more extensive income verification, performed by ECICOG or by a third-party, will be necessary prior to signing a final purchase agreement with a builder.

**\*\*INCLUDE A COPY OF YOUR 2010 INCOME TAX FORM (OR W2 IF NOT YET FILED) AND TWO (2) MOST RECENT PAY STUBS WITH THIS APPLICATION.\*\***

Section I. Income Data: Provide the following income information for yourself *and each member of your household 18 years of age and older.*

Family Member	Wages (from 1040/W2)	Public Assistance	Social Security	SSI	Pensions/ Benefits	Other
Total Income:	\$	\$	\$	\$	\$	\$

Section II. Assets: List all assets including checking, savings accounts, stocks, bonds, trusts, IRA, retirement plans, real estate etc.

Family Member	Asset Description	Current Market Value	Income from Asset
	Total:	\$	\$

**Lender Information**

Participation in this program will require that you qualify for a loan through *one* of the participating lenders, depending on which property you choose. It is strongly suggested that you speak with a participating lender prior to applying to this program in order to determine whether you will qualify for a mortgage.

When speaking to a lender, please mention that you are seeking to pre-qualify for a loan for this program, but **we recommend that you do NOT seek mortgage pre-approval prior to acceptance into the program.** Pre-qualification will help determine if you will be able to afford principal, interest, tax, and insurance payments on a home based on your income, but does not involve a credit check.

Please see program information on the ECICOG web page for a list of lenders for each project/property.

If you have met with a lender, please note the following:

Name of Lending Institution: \_\_\_\_\_ Name of Loan Officer: \_\_\_\_\_



## Applicant Statement

As an applicant to the ECICOG Single Family New Home Construction Program, I(we) understand the following (please initial each item):

- 1) \_\_\_ The home purchased through the program must be one of the participating properties.
- 2) \_\_\_ The home purchased through the program must remain my (our) primary residence for the five years following closing.
- 3) \_\_\_ I (we) acknowledge if another residential property is purchased within the 5-year period, the remaining balance of the loan at the time of the purchase must be repaid to ECICOG.
- 4) \_\_\_ I (we) acknowledge that the annual household income of all applicants must meet the criteria stated in the Information Guide and on this program's website, [www.ecicog.org/newhomes](http://www.ecicog.org/newhomes), noting that the income guidelines for properties in Johnson and Linn counties differ by county.
- 5) \_\_\_ I (we) acknowledge that ECICOG will process applications on a first-come, first-served basis, and any applications received on the same date will be processed in the following manner:
  - a. First priority given to those whose primary residence was more than 50% damaged by the 2008 floodwaters.
  - b. Second priority given to those whose primary residence was less than 50% damaged by the 2008 floodwaters.
  - c. Third priority will be given to first time homebuyers.
  - d. Fourth priority will be given to those who are ready to proceed with a home purchase (no current home to sell).
- 6) \_\_\_ I (we) also acknowledge that preference may be given to those under 80% of median income to ensure compliance with the Iowa Department of Economic Development program requirements. Program rules require that 50% of the homes must be sold to households under 80% of median income.
- 7) \_\_\_ I (we) also acknowledge that applications will be ranked within each priority. ECICOG reserves the right to resolve priority ties (5a through 5d above) by lottery or drawing.
- 8) \_\_\_ I (we) acknowledge that the property selected for purchase will be determined by the rank of my (our) application and the availability of the property (per section 5 above).
- 9) \_\_\_ I (we) acknowledge that assistance received under this program cannot be combined with any Federal Jumpstart Homebuyer Assistance or State Jumpstart Down-payment Assistance on the same dwelling unit or person/household served.
- 10) \_\_\_ I (we) acknowledge that the assistance received under this program will be in the form of a forgivable loan, and a lien will be placed on the property for the five-year period following the closing.
- 11) \_\_\_ I (we) acknowledge that ECICOG does not guarantee applicants will receive assistance.
- 12) \_\_\_ I (we) acknowledge that ECICOG does not assume any responsibility for the terms or conditions of the purchase agreement between the builder and the applicant.
- 13) \_\_\_ I (we) acknowledge that, per 8 USC Sec. 1642, applicants receiving HUD down-payment assistance must be a US Citizen or a "qualified alien" and I (we) may be required to provide proof of citizenship or immigration status.
- 14) \_\_\_ If, at any time during the application, construction, or grant period, there is a change in my (our) household income and/or family or household composition, I (we) agree to report this change to ECICOG, even though this may make me (us) ineligible to receive mortgage subsidy funds.
- 15) \_\_\_ I (we) acknowledge that the purchase price of a home in this program cannot exceed the listed sales price, including any cash payments made by the buyer to the builder.



I (we) authorize ECICOG, The Iowa Department of Economic Development and any participating lenders in this program to obtain and share any information, including all the documentation necessary to determine my (our) eligibility for this program. I (we) hereby release the aforementioned institutions to obtain information regarding my (our) financial standings from government entities, asset holding institutions and employers with whom I (we) currently or previously participate(ed).

I (we), the undersigned, certify that I (we) have read and understand the entire Applicant Statement and that the information in this application is true and correct. I (we) acknowledge that any applicant who knowingly or willfully makes a false, fictitious, or fraudulent statement in application for this program can be subject to a fine, imprisonment, or both, per 18 USC Section 1001.

I (we) also acknowledge that I (we) have read and understand all aspects of this program’s guidelines as outlined in the information guide available online at <http://www.ecicog.org/newhomes> or in paper form at the office of The East Central Iowa Council of Governments.

\_\_\_\_\_  
*Applicant Name (printed or typed)*

\_\_\_\_\_  
*Applicant Name (printed or typed)*

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

\*\*\*\*\*

**Return this completed original (not faxed or copied) application to:**

**East Central Iowa Council of Governments  
Attn: SFNC-Round 2  
700 16<sup>th</sup> Street NE  
Suite 301  
Cedar Rapids, IA 52402**

***\*\*\*\*Please remember to include a copy of your 2010 income tax forms (or W2s if not yet filed) and two (2) most recent pay stubs, for all household members 18 years of age or older, with this application.\*\*\*\****

**If you have any questions regarding this application or need assistance in completing it, please call 319-365-9941.  
[www.ecicog.org/newhomes](http://www.ecicog.org/newhomes)**