Loan Number:	
For Office Use	



Homeward Housing Trust Fund Minor Repair Application

	Applicant Name:			Marital Status:	
	Address:				
	City: County:			Zip: Cell phone #:	
	Hama nhana #.			•	
	Figure 11 and discourse				
	Names and ages of other household NAME	members:	<u>AGE</u>	Relationship	
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_	EMPLOYMENT AND INCOME INFORM	MATION			
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			u file taxes. If	you don't, please check here	
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Approximate Balance - Provide current statements Checking Checking Savings Savings Investments/IRA's Cash Value - Life Insurance _____ Other Real Estate Investments TYPE OF PROJECT Address of property: Grant amount requested (\$5,000 maximum): Project Description:_____ Amount of rental deposit: _____ Name, address and phone number of landlord: _____ AGREEMENT & WAIVER OF CONFIDENTIALITY VI. My/our signatures authorize Homeward, Inc. to investigate employment status, statements or other data obtained from me/us. A photocopy, or exact reproduction of this agreement and waiver, as duly executed, shall have the same force and effect as this original. VII. **SIGNATURES** I (We), hereby verify that the information submitted in the application is true and accurate to the best of my (our) knowledge and that I (We), have truly and accurately declared all my (our) income and resources available to me (us). I (We), do also give my (our) permission to supply Homeward, Inc. with any and all information necessary to verify the above information. In the event that any of the foregoing information is untrue or incomplete, this application shall be rendered null and void. APPLICANT SIGNATURE Date CO-APPLICANT SIGNATURE Date

ASSET INFORMATION

III.

Subject to availability of funds Return completed application to: Homeward, Inc. Box 172, Humboldt, IA 50548

APPLICANT CHECKLIST FOR MINOR REPAIR PROGRAM

ITEMS NEEDED WITH APPLICATION ____Homeward application _Current tax return (if self-employed, please provide 2 years) ____Paystubs (2) from ALL household members who are employed Bank statements from ALL accounts of ALL household members ____Child support verification if applicable (See Form) ____Asset form signed Verification of ALL other income Alimony Unemployment VA **Pensions** IRA's & CD's Social Security and/or Disability Copy of awards letters if the bank statement doesn't show the deposit Upon approval, please provide written estimates from a licensed contractor. If the project involves windows, sidings, wall repairs or anything thing that could potentially disturb a painted surface AND the property was built before 1978, the contractor must be

lead-certified and provide a certificate with the bid.