PROGRAM REQUIREMENTS

The Applicants must own and occupy the property throughout the term of the agreement. Housing units being purchased "on contract" are ineligible. Housing unit must have an assessed dwelling value of $20,000 or greater as per the county assessor's website.

The Applicants must be current with all loans, taxes, property insurance and utility payments related to this real estate.

Applicants will be required to complete, sign and agree to all program paperwork including but not limited to: application, asset verification, income verification, and other information.

Applicants are required to have at least 25% equity in the home.

Applicant households must be at or below their county's 80% median income limit. Household income includes all income from all sources for all household members.

MRB/HUD INCOME LIMITS:

Davis and **Jefferson** Counties				
Persons in Household	**80%** Median Income	**65%** Median Income	**50%** Median Income	**30%** Median Income
1	$ 81,680	$ 66,365	$ 51,050	$ 30,630
2	$ 81,680	$ 66,365	$ 51,050	$ 30,630
3	$ 93,932	$ 76,319	$ 58,707	$ 35,224
4	$ 93,932	$ 76,319	$ 58,707	$ 35,224
5	$ 93,932	$ 76,319	$ 58,707	$ 35,224
6	$ 93,932	$ 76,319	$ 58,707	$ 35,224

Keokuk, **Mahaska**, **Van Buren**, and **Wapello** Counties				
Persons in Household	**80%** Median Income	**65%** Median Income	**50%** Median Income	**30%** Median Income
1	$ 82,011	$ 66,633	$ 51,256	$ 30,754
2	$ 82,011	$ 66,633	$ 51,256	$ 30,754
3	$ 94,313	$ 76,629	$ 58,945	$ 35,367
4	$ 94,313	$ 76,629	$ 58,945	$ 35,367
5	$ 94,313	$ 76,629	$ 58,945	$ 35,367
6	$ 94,313	$ 76,629	$ 58,945	$ 35,367

Iowa Finance Authority (IFA) –June 9, 2026

The financing of approved projects will be provided in the form of low interest loans based on household income.

Households at or below 30% of the MRB/HUD Income Limits (see above)

- Eligible for deferred loan for up to $12,000. Deferred loans have no monthly payments and will be repaid at the time of sale or transfer of the real estate to another party.

Households between 31% and 50% of the MRB/HUD Income Limits (see above)

- 0% interest loan for up to $12,000. Monthly payment of $100 for up to 120 months (10 years).

Households between 51% and 65% of the MRB/HUD Income Limits (see above)

- 1% interest loan for up to $12,000. Payments will be $100 per month for up to 127 months.

Households between 66% and 80% of the MRB/HUD Income Limits (see above)

- 2% interest loan for up to $12,000. Payments will be $100 per month for up to 134 months.

All monthly repayments will be made through automatic checking account deductions (ACH).

PROGRAM REQUIREMENTS (CONTINUED)

Matching funds, if required, may be collected and held in escrow by the RHTF at loan closing.

The AHEAD RHTF must be listed as a "loss payee" on the borrower's homeowners insurance for the life of the loan. Proof of insurance must be provided to the RHFT annually for the life of the loan.

Applicants will be required to obtain at least one itemized quote for the proposed repair/improvements to the property and may be asked to provide photographs of the current condition to justify the needed repairs. On some occasions, the AHEAD RHTF may require bids. All work must be completed within six months from the date of the written quote.

Electrical, Plumbing, and HVAC work must be performed by a contractor licensed by the State of Iowa

All work must be performed by a Contractor that is a Registered Contractor with the State of Iowa.

Database of registered contractors: https://laborportal.iwd.iowa.gov/iwd_portal/publicSearch/public

All Contractors must be insured and, when determined necessary, be IDPH certified Lead Safe Renovators. Owner-applicant and/or non-registered contractor labor is an ineligible cost.

Assisted applicant homeowners & contractors will comply with applicable state and local rules/ordinances, including: building codes & permits, zoning & floodplain ordinances, lead-safe renovators/work practices, and asbestos inspection/removal.

Joint checks will be made payable to the applicant and the contractor.

AHEAD Regional Housing Trust fund (RHTF) reserves the right to inspect all work to ensure that the work has been completed.

AHEAD RHFT will take a mortgage against the assisted property. Borrower must agree to sign a promissory note, mortgage, assurances, and other closing documents including monthly payment authorization form, if applicable.

The AHEAD Regional Housing Trust Fund reserves the right to recall any loan if the above requirements are not met.

There will be a **$120** processing fee collected from the applicant at loan closing.

ALL ADULT HOUSEHOLD MEMBERS MUST PROVIDE A COMPLETE COPY OF THEIR MOST RECENT FEDERAL INCOME TAX RETURN INCLUDING ALL SCHEDULES, W-2s, and 1099s. THOSE NOT REQUIRED BY LAW TO FILE A TAX RETURN MUST PROVIDE INCOME INFORMATION FOR EACH SOURCE OF INCOME. (W-2s, SOCIAL SECURITY BENEFITS, ETC.)

All questions that are answered "Yes" on the following application will need to be verified through the appropriate third-party sources. It will be the applicant's responsibility to provide the AHEAD RHTF with all necessary information to properly process the application. Applicants will be asked to provide the names, addresses, and phone numbers, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process. Upon review of the information the AHEAD RHTF receives, the applicant will be provided with a separate verification form for each source that requires verification that the applicant will need to sign and date. Applicants will not be asked to sign a blanket verification form, nor will they be asked to sign any blank verification forms.

The AHEAD RHTF does not to discriminate based upon race, color, national origin, religion or creed, sex, sexual orientation, gender identity, age, disability, mental or physical, membership in class, such as unmarried mothers or recipients of public assistance, or familial status. Priority will be given to meet income target goals as stated in the Housing Assistance Plan.

APPLICATION

This application must be completed in its entirety in either legible printing in ink or be **typewritten**. Please use the back side if you need additional space to complete the application. Submit completed applications to:

AHEAD RHTF, PO Box 1110, Ottumwa, IA 52501

APPLICANT(S) INFORMATION

APPLICANT FIRST NAME	MI	LAST NAME
CO-APPLICANT FIRST NAME	MI	LAST NAME

CURRENT ADDRESS	CITY	STATE	ZIP CODE

PHONE NUMBER	CELL PHONE	EMAIL ADDRESS

NAME(S) ON TITLE OF THIS PROPERTY	MORTGAGES(S) ON THIS PROPERTY

NAME AND ADDRESS OF MORTGAGE HOLDER(S)

BALANCE OF ALL OUTSTANDING MORTGAGES ON THIS PROPERTY:

HOUSEHOLD COMPOSITION

LIST THE HEAD-OF-HOUSEHOLD (APPLICANT) AND ALL OTHER PERSONS WHO WILL BE LIVING AT THIS PROPERTY. GIVE RELATIONSHIP OF EACH HOUSEHOLD MEMBER TO THE HEAD.

HOUSEHOLD MEMBER FULL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	GENDER	RACE	ETHNICITY	DISABLED	MM/YY LAST ATTENDED SCHOOL FULL TIME	MARITAL STATUS	CURRENT STUDENT Y/N	LAST 4 OF SSN
	HEAD-OF-HOUSEHOLD										

***RELATIONSHIP TO HEAD-OF-HOUSEHOLD**: S-SPOUSE; A-ADULT CO-TENANT; O-OTHER FAMILY MEMBER; C-CHILD; F-FOSTER CHILD; L-LIVE-IN CARETAKER; N-NONE OF THE ABOVE*

***GENDER**: M-MALE; F-FEMALE; NR-CHOSE NO TO RESPOND*

***MARITAL STATUS**: M-MARRIED; S-SINGLE; D-DIVORCED; SP-SEPARATED; W-WIDOW/WIDOWER*

***RACE**: 1-WHITE; 2-BLACK/AFRICAN AMERICAN; 3-AMERICAN INDIAN/ALASKAN NATIVE; 4-ASIAN; 5-NATIVE HAWAIIAN/PACIFIC ISLANDER; 6-OTHER; OR 8-CHOSE NOT TO RESPOND*

***ETHNICITY**: 1-HISPANIC OR LATINO; 2-NOT HISPANIC OR LATINO; 3-CHOSE NOT TO RESPOND*

***DISABLED**: 1-YES; 2-NO; 3-CHOSE NOT TO RESPOND*

Please answer ALL the following questions:

1. IS THERE ANYONE CURRENTLY LIVING WITH YOU THAT IS NOT ON THIS APPLICATION? YES ☐ NO ☐
   IF YES, PLEASE EXPLAIN:
2. PROVIDE THE NAME(S) OF ANY PERSON(S) NOT LISTED ON THIS APPLICATION WHO EXPECTS TO MOVE INTO THE HOME DURING THE NEXT 12 MONTHS -OR- ANY ANTICIPATED CHANGES TO HOUSEHOLD COMPOSITION:
3. DO YOU HAVE ANY MINOR CHILDREN? YES ☐ NO ☐
4. ARE THERE ANY ABSENT HOUSEHOLD MEMBERS WHO NORMALLY LIVE WITH YOU? YES ☐ NO ☐
   IF YES, PLEASE EXPLAIN:
5. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO ANY PERSON LISTED ON THE DEED:
   A. I HAVE FILED FOR BANKRUPTCY YES ☐ NO ☐
   B. I HAVE BEEN CONVICTED OF PROPERTY DAMAGE YES ☐ NO ☐
   C. I HAVE BEEN EVICTED FROM A RENTAL UNIT (APARTMENT, HOME, MOBILE HOME, OR TRAILER) YES ☐ NO ☐
6. DO YOU OR ANYONE IN YOUR HOUSEHOLD REQUIRE A LIVE-IN CARE ATTENDANT? YES ☐ NO ☐

HOUSEHOLD INCOME INFORMATION

ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY

FOR EACH HOUSEHOLD MEMBER AGE 18 OR OLDER, LIST CURRENT AND ANTICIPATED INCOME FOR THE 12-MONTH PERIOD COMMENCING OR ANTICIPATED FROM THE DATE OF THIS APPLICATION. INCLUDE ALL FULL-TIME, PART-TIME OR SEASONAL EMPLOYMENT.

	DOES ANY HOUSEHOLD MEMBER RECEIVE -OR- EXPECT TO RECEIVE	YES	NO	MONTHLY AMOUNT
1	SOCIAL SECURITY, SSI, SSDI OR OTHER PAYMENTS FROM THE SOCIAL SECURITY ADMINISTRATION	☐	☐	$
2	RETIREMENT PENSIONS OR BENEFITS, VETERAN'S BENEFITS OR ANNUITIES	☐	☐	$
3	EMPLOYMENT WAGES OR SALARIES (INCLUDING OVERTIME, BONUSES, TIPS, COMMISSIONS, AND CASH)	☐	☐	$
4	SELF-EMPLOYMENT SALARIES (INCLUDING OVERTIME, BONUSES, TIPS, COMMISSIONS, AND CASH)	☐	☐	$
5	UNEMPLOYMENT BENEFITS -OR- WORKER'S COMPENSATION	☐	☐	$
6	PUBLIC ASSISTANCE (GENERAL RELIEF, AID TO FAMILIES WITH DEPENDENT CHILDREN, OTHER ASSISTANCE)	☐	☐	$
7	ALIMONY AND/OR CHILD SUPPORT (EITHER COURT ORDERED OR PAID DIRECTLY FROM THE PAYOR)	☐	☐	$
8	REGULAR PAYMENTS AS PART OF A SEVERANCE PACKAGE FROM A PREVIOUS EMPLOYER	☐	☐	$
9	REGULAR PAYMENTS FROM ANY TYPE OF SETTLEMENT (INSURANCE SETTLEMENT/AWARD FROM LAWSUIT)	☐	☐	$
10	REGULAR PAYMENTS AS A MEMBER OF THE ARMED FORCES	☐	☐	$
11	REGULAR PAYMENTS FROM DISABILITY, DEATH BENEFITS, OR LIFE INSURANCE DIVIDENDS	☐	☐	$
12	REGULAR GIFTS OR PAYMENTS FROM ANYONE OUTSIDE THE HOUSEHOLD (INCLUDING CASH AND/OR GOODS)	☐	☐	$
13	REGULAR PAYMENTS FROM LOTTERY WINNINGS OR INHERITANCES	☐	☐	$
14	REGULAR PAYMENTS FOR RENTAL PROPERTIES (LAND CONTRACTS OR OTHER REAL ESTATE TRANSACTIONS)	☐	☐	$
15	EDUCATIONAL GRANTS, SCHOLARSHIPS OR OTHER STUDENT BENEFITS	☐	☐	$
16	ANY OTHER SOURCES OF INCOME NOT LISTED ABOVE	☐	☐	$
17	DOES ANY HOUSEHOLD MEMBER EXPECT CHANGES TO THEIR INCOME IN THE NEXT 12 MONTHS?	☐	☐	N/A
	IF YES, PLEASE EXPLAIN:			
18	IF YOU ANSWERED **NO** TO QUESTIONS 1-17, ARE YOU CLAIMING TO HAVE **ZERO** INCOME?	☐	☐	N/A

THE FOLLOWING SECTION MUST BE COMPLETED FOR EACH INCOME SOURCE LISTED AS YES. IF A HOUSEHOLD MEMBER HAS MORE THAN ONE SOURCE OF INCOME FROM THE SAME QUESTION, USE SEPARATE LINE FOR EACH SOURCE. FAILURE TO COMPLETE THIS SECTION IN ITS ENTIRETY WILL DELAY THE APPLICATION PROCESS. USE BACK OF SHEET IF ADDITIONAL SPACE IS NEEDED

QUESTION #	HOUSEHOLD MEMBER	SOURCE OF INCOME NAME	START DATE	SOURCE OF INCOME MAILING ADDRESS	SOURCE OF INCOME PHONE

HOUSEHOLD ASSETS

ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY

	DOES ANY HOUSEHOLD MEMBER HAVE	YES	NO	AMOUNT
1	CHECKING ACCOUNTS	☐	☐	$
2	SAVINGS ACCOUNTS	☐	☐	$
3	CERTIFICATES OF DEPOSIT (CDS), MONEY MARKET ACCOUNTS, TREASURY BILLS	☐	☐	$
4	STOCKS, BONDS, MUTUAL FUNDS, SECURITIES	☐	☐	$
5	ANY CAPITAL GAINS (ASSETS SOLD IN EXCESS OF PURCHASE PRICE) DURING PREVIOUS 12 MONTHS	☐	☐	$
6	TRUST FUNDS	☐	☐	$
7	IRA, KEOGH, OR OTHER RETIREMENT ACCOUNTS	☐	☐	$
8	CASH ON HAND OVER $500 (OTHER THAN MONEY PREVIOUSLY REPORTED IN CHECKING OR SAVINGS)	☐	☐	$
9	REAL ESTATE, RENTAL PROPERTIES (LAND CONTRACTS, CONTRACTS FOR DEED, OR OTHER REAL ESTATE)	☐	☐	$
10	PERSONAL PROPERTY HELD AS AN INVESTMENT (PAINTINGS, COINS, ART WORKS, ANTIQUES, ETC.)	☐	☐	$
11	WHOLE OR UNIVERSAL LIFE INSURANCE POLICIES (DO NOT INCLUDE TERM LIFE INSURANCE POLICIES)	☐	☐	$
12	PRE-PAID DEBIT CARDS (STORE VALUE, EBT CARD, RELIACARD, ETC.)	☐	☐	$
13	SAFE DEPOSIT BOX WITH A MONETARY CONTENT OF $500 OR MORE	☐	☐	$
14	ASSETS HELD JOINTLY WITH ANOTHER PERSON (LIST ASSET AND NAME OF PERSON BELOW)	☐	☐	$
15	HAS ANY HOUSEHOLD MEMBER SOLD, DISPOSED, OR GIVEN AWAY ANY PROPERTY IN LAST TWO YEARS?	☐	☐	$

THE FOLLOWING SECTION MUST BE COMPLETED FOR EACH ASSET LISTED AS YES. IF A HOUSEHOLD MEMBER HAS MORE THAN ONE ASSET FROM THE SAME QUESTION, USE SEPARATE LINE FOR EACH SOURCE. FAILURE TO COMPLETE THIS SECTION IN ITS ENTIRETY WILL DELAY THE APPLICATION PROCESS. USE BACK OF SHEET IF ADDITIONAL SPACE IS NEEDED

QUESTION #	HOUSEHOLD MEMBER	ASSET NAME	START DATE	ASSET MAILING ADDRESS	ASSET PHONE

PROJECT DESCRIPTION

Briefly describe the planned improvements. Please attach additional information to back of application.

Estimated total cost of planned improvements/repairs: $ _____

Amount of Financial Assistance requested from the RHTF: $ _____

REQUIRED ATTACHMENTS Checklist:

- ☐ Copy of each Deed Holders' legal photo identification (driver's license, military ID, etc.)
- ☐ PROOF of PROPERTY OWNERSHIP (copy of Deed with legible legal description of property)
- ☐ PROOF of PROPERTY INSURANCE (copy of policy/coverage showing effective dates)
- ☐ Verification that first MORTGAGE is current (copy of mortgage statement showing outstanding balance)
- ☐ Verification that PROPERTY TAXES are current
- ☐ Verification that UTILITY accounts are current (copies of most recent gas, electric, and water bills)
- ☐ FEDERAL INCOME TAX RETURN(s) with W-2s/1099s attached for ALL wage-earners in the household
- ☐ VERIFICATION OF EMPLOYMENT INCOME for ALL wage-earners in the household
  (two (2) most recent payroll stubs no older than thirty (30) days)
- ☐ VERIFICATION OF OTHER INCOME for ALL persons in the household
  (Pensions, Social Security, Unemployment Compensation, Child Support, Alimony, etc.)
- ☐ AT LEAST one (1) signed, itemized contractor cost estimate detailing REPAIR activities
  The AHEAD RHTF may require estimates from more than one (1) contractor
  Contractors must be registered with the State of Iowa and have appropriate insurance coverage

APPLICANT CERTIFICATION

I/we, by signing below certify that I/we are the legal the owner(s) of the property with a legal right to construct, rehabilitate and enter into loans and contracts committing the property as collateral as necessary. I/we certify by signing below that the information provided above is complete, true and correct and that each household member is represented above including all income and asset information. It is understood that the above information is being collected to determine eligibility. I/we authorize the AHEAD RHTF 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. I/we understand that additional information may be required to determine eligibility. I/we understand that providing false statements or information is punishable under State and/or Federal law.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Co-Applicant Date