

## **Major Improvement Grant Application**

INSTRUCTIONS: Please answer the following questions as completely and accurately as you can. The information requested will only be used by the City of Nevada to determine your eligibility for this grant program and will not be released without your written consent. When completed, please drop off this application and the required documentation to: City of Nevada-City Hall Attention: Brenda Dryer, Project Advisor no later than February 19th, 2025, by 5:00 pm.

| Head of Household:                   |   |                     |                               |                 |  |                   |
|--------------------------------------|---|---------------------|-------------------------------|-----------------|--|-------------------|
|                                      | Last                                    |                     | First                         |                 | Middl                                    | e Initial         |
| Address:                             |   |                     | _City:                        |                 | Zip Co                                   | ode:              |
| Iome Phone #:                        | Work Phone #:                           |                     | Other Phone #:                |                 |  |                   |
| mail:                                |   |                     |                               |                 |  |                   |
| **List all r                         | HOUSI nembers of the                    |                     | COMPOS                        |                 |  |                   |
| Name of every<br>household<br>member | Relationship<br>to head of<br>household | Date<br>of<br>Birth | *Social<br>Security<br>Number | Male/<br>Female | Employed/<br>In School/<br>Retired/Other | Disabled (Y or N) |
|                                      | HEAD                                    |                     |                               |                 |  |                   |
|                                      |   |                     |                               |                 |  |                   |
|                                      |   |                     |                               |                 |  |                   |
|                                      |   |                     |                               |                 |  |                   |
| Do you own your hou<br>contract?     | se outright, or a                       | re you mak          | ing payments                  | s on it und     | der a mortgag                            | e or              |
| Own                                  | Buying under Mortgage                   |                     |                               |                 | Buying on Co                             | ntract            |

## INCOME OF MEMBERS OF THE HOUSEHOLD

For each household member aged 18 or older, answer the questions below based on current and anticipated income for the 12-month period commencing or anticipated from date of application. Include all full time, part time, or seasonal employment.

| DO YOU RECEIVE OR EXPECT TO RECEIVE   | YES | NO |
|---|-----|----|
| Wages, salaries (include overtime, tips, bonuses, commissions, self-employment)?        |     |    |
| Does any member work for someone who pays him/her cash?                                 |     |    |
| Regular pay for a member of the armed forces?   |     |    |
| Welfare or disability benefits (AFDC, SSDI, GA)?  |     |    |
| Worker's compensation?  |     |    |
| Unemployment benefits or Severance pay?   |     |    |
| Child Support?  |     |    |
| Alimony?  |     |    |
| Education grants, scholarships, or VA student benefits?                                 |     |    |
| Social Security payments?   |     |    |
| Pensions (PERA, railroad, etc.)?  |     |    |
| Death benefits?   |     |    |
| Retirement benefits?  |     |    |
| Annuities or life insurance dividends?  |     |    |
| Lump sum payments (include inheritance, insurance settlements, lottery winnings, etc.)? |     |    |
| Net Income from rental property   |     |    |
| Regular cash contributions or gifts from individuals not living in the unit?            |     |    |
| Other?  |     |    |

| Question #   |                               |  |
|--|-------------------------------|--|
| Household Member 1:  |                               |  |
| Income Source (list all if more than one):   |                               |  |
| Address of Employer:   | Telephone                     |  |
| Position Held:   |                               |  |
| Date Employed:   |                               |  |
|  |                               |  |
| Question #   |                               |  |
| Household Member 1:  |                               |  |
| Income Source (list all if more than one):   |                               |  |
| Address of Employer:   | Telephone                     |  |
| Position Held:   | Supervisor Name:              |  |
| Date Employed:   | GROSS salary/ year:           |  |
| Question # Household Member 1: Income Source (list all if more than one): Address of Employer: Position Held: Date Employed: | Telephone<br>Supervisor Name: |  |
| Question #   |                               |  |
| Household Member 1:  |                               |  |
| Income Source (list all if more than one):   |                               |  |
| Address of Employer:   | Telephone                     |  |
| Position Held:   | Supervisor Name:              |  |
| Date Employed:   | GROSS salary/ year:           |  |
| Question #   |                               |  |
| Household Member 1:  |                               |  |
| Income Source (list all if more than one):   |                               |  |
| Address of Employer:   | Telephone                     |  |
| Position Held:   | Supervisor Name:              |  |
| Date Employed:   | GROSS salary/ year:           |  |

## ASSETS OF MEMBERS OF THE HOUSEHOLD

For each household member age 18 or older, answer the questions below based on current and anticipated assets for the 12-month period commencing or anticipated from date of application

| DO YOU HAVE MONEY HELD IN?   | YES         | NO     |
|--|-------------|--------|
| Checking accounts?   |             |        |
| Savings accounts?  |             |        |
| Stocks?  |             |        |
| Capital investments?   |             |        |
| Bonds?   |             |        |
| Trusts?  |             |        |
| Securities?  |             |        |
| IRA/KEOGH accounts?  |             |        |
| Certificates of Deposits (CD's)?   |             |        |
| Pension/Retirement Funds?  |             |        |
| Mutual Funds?  |             |        |
| Treasury Bills?  |             |        |
| Safety Deposit Box?  |             |        |
| Insurance Settlement?  |             |        |
| Do you currently hold a contract for deed?                               |             |        |
| Do you currently own real estate?  |             |        |
| Are any assets held jointly with another person?                         |             |        |
| Do you know any coin collections, antique cars, gems/jewelry, stamps, or |             |        |
| any other items held for investment purposes?                            | <u> </u>    | •      |
| For each question above you answered "YES", please provide more in       | formation t | below. |
| Question #<br>Household Member 1:  |             |        |
| Income Source (list all if more than one):                               |             |        |
| Address of Employer: Telephone   |             |        |
| Position Held: Supervisor Name:  |             |        |
| Date Employed:GROSS salary/year:   | <del></del> |        |
|  |             |        |
| Question #   |             |        |
|  |             |        |

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|--|--|--------------|
| ncome Source (list all if more than o                      | ne):   |              |
| Address of Employer:                                       | Telephone  | _            |
| Position Held:   | Supervisor Name:   | _            |
| Date Employed:   | GROSS salary/ year:  |              |
| Question #   |  |              |
| Household Member 1:  |  |              |
| ncome Source (list all if more than o                      |  |              |
|  | Telephone  |              |
|  | Supervisor Name:   | _            |
| Date Employed:   |  | <del>-</del> |
| Question #   |  |              |
| Household Member 1:  |  |              |
| Income Source (list all if more than o                     | ne):   |              |
|  | Telephone  | _            |
| Position Held:   | Supervisor Name:   |              |
| Date Employed:   | GROSS salary/ year:  |              |
| Position Held:   | ne):Telephone Supervisor Name:GROSS salary/ year:                            | _            |
|  |  |              |
| Have you ever been obligated of foreclosure, or judgement? | on a mortgage which resulted in foreclosure, d No If yes, provide the follow | -            |
| Property Address:  |  |              |
| Name and Address of Lender: _                              |  |              |
|  | s on your property or any unpaid encumbranc                                  |              |

| Please attach a description of the project, photos of the existing conditions, two project estimates if possible, and a project plan for your improvements. |
|---|
|   |
|   |
| Please provide a) the total cost of the project (should match estimate)   |
| Requested amount from Major Improvement Grant   |
| (Max \$10,000)  |
| How did you find out about the Major Improvement Grant?   |
|   |

## **CERTIFICATION BY APPLICANT(S)**

The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a grant is true and complete to the best of the applicant's knowledge and belief. The applicant(s) understands that any intentional misrepresentation may disqualify him/her from obtaining assistance under this grant program.

The applicant(s) further certifies that he/she is the owner or mortgage holder of the property described in this application, and that the grant proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards, as applicable, which are prescribed for the property described in this application. If the City of Nevada determines that the deferred/forgivable loan proceeds will not or cannot be used for the purposed described herein, the applicant agrees that the proceeds shall be returned forthwith, in full, to the City of Nevada, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.

The applicant (s) agrees that a 5-year deed restriction will be placed on the property for all awards over \$4,000.

The applicant (s) agrees that their home and the work can be inspected upon completion.

The Story County Assessor will be notified of the completed improvements made to the homes that receive funding from this program.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . . or makes any false, fictitious, or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Verification of any of the information of this application may be obtained from anu source named herein.

| Signature of Owner: | Date: |
|---------------------|-------|
|                     |       |
| Signature of Owner: | Date: |