

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

Head of Household:						
	Last		First		Middl	e Initial
Address:			_City:		Zip Co	ode:
Home Phone #:	Work	Phone #: _		Other	Phone #:	
Email:						
**List all n	HOUSI		COMPOS			
Name of every household member	Relationship to head of household	Date of Birth	*Social Security Number	Male/ Female	Employed/ In School/ Retired/Other	Disabled (Y or N)
	HEAD					
						1
Do you own your hou. contract?	se outright, or a	re you mak	ing payment	s on it und	der a mortgag	re or
Own	Ruving	nder Mortg	TO 07 A	П	Buying on Cor	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?		

For each question above you answered "YES", please provide more information below.

Question #		
Household Member 1:		
Income Source (list all if more than one):		
Address of Employer:	Telephone	
Position Held:		
Date Employed:	GROSS salary/ year:	
Question # Household Member 1:		
Income Source (list all if more than one):		
	Talanhona	
Address of Employer:Position Held:	Supervisor Name:	
Data Familiana di	CDOSC1/	
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:	
Question #		
Household Member 1:		
Income Source (list all if more than one):		
Address of Employer:		
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, ge any other items held for investment purposes?	ems/jewelry, stamps, or		
For each question above you answered "Y	YES", please provide more	information	below.
Question #			
Household Member 1:			
Income Source (list all if more than one):			
Address of Employer:	Telephone		
Position Held:Sup	ervisor Name:		
Date Employed: GR	OSS salary/year:		

Question #		
Household Member 1:		
ncome Source (list all if more than or		
Address of Employer:	Telephone	
Position Held:	Supervisor Name:	
Date Employed:	GROSS salary/ year:	
Question # Household Member 1:		
Income Source (list all if more than or		
	Telephone	
Date Employed:	Supervisor Name:	
Jate Employed.	GROSS salary/ year:	
Question #		
Household Member 1:		
ncome Source (list all if more than or		
	Telephone	
	Supervisor Name:	
Date Employed:	GROSS salary/ year:	
Question # Household Member 1: Income Source (list all if more than of Address of Employer: Position Held: Date Employed:	TelephoneSupervisor Name:	
Have you ever been obligated of foreclosure, or judgement?	on a mortgage which resulted in fo	oreclosure, deed in lieu of vide the following:
Property Address:		
Name and Address of Lender: _		
	s on your property or any unpaid taxes, mechanic liens, etc.)	encumbrances on your

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. (ALL PERSONS OVER AGE OF 18 MUST SIGN)

Signature of Owner:	Date: _	
Signature of Owner:	Date: _	