

Housing Rehabilitation Application

City of Camanche

818 7th Ave. PO Box 77 563-259-8342

Date: _____

Homeowner:

Name _____
(Last) (First) (M.I) (SS#) (Birthdate)

If married _____
(Spouse's Name) (SS#) (Birthdate)

Mailing Address _____

How many years have you lived at this address? _____

How many years have you lived in Camanche? _____

Please write a brief paragraph detailing housing problems or services requested including the estimated cost if known. (Example: paint, furnace, shingles, structural repair, etc.?)

Household Income Application Directions

Line 1. Wages, Salaries, tips, etc.

Enter total net wages, salaries, fees, bonuses and commissions received by you and/or your spouse.

Line 2. Social Security Income

Enter the total of all social security payments received by you and/or your spouse on this line.

Line 3. Pensions, Annuities, and IRA's

Income of you and your spouse from pensions, annuities and IRA's is to be entered on this line. Income from Iowa Public Employees Retirement System, Iowa Police, Fireman, and railroad Retirement Systems pension are considered income and reported here.

Line 4. Interest Income/Dividend Income

Interest income from saving accounts, bonds, notes, and loans. This amount must include ALL interest from federal, state and municipal securities.

All dividends and distributions from stocks received. These dividends are to include cash dividends and dividends paid in the form of merchandise, dividend reinvestment, or other property which are to be reported at their fair market value.

Line 5. Other Income

Enter on this line the combined total of all income of you and/or your spouse from the following sources:

- a) Child support and alimony payments.
- b) Welfare payments received. Non-cash government assistance is not considered.
- c) Disability income or any other retirement income.
- d) Any insurance income received because of time lost from work, or workman's compensation payment not entered on Line 1.
- e) Other income received by you and/or your spouse which was not included in Lines 1 through 5, including unemployment benefits.

Line 6. Subtotal of Income

Lines 1-5

Line 7. Medical Exemptions

If your medical expenses exceed 7% of Line 7, enter that amount on this line. Provide documentation to support the amount entered.

Line 8. Net Income

Line 6 less Line 7.

Household Income (Annual Amounts):

- (1) Wages, salaries, tips..... \$ _____
- (2) Social security income..... \$ _____
- (3) All pension, annuities, and IRS's..... \$ _____
- (4) Interest income, dividend income..... \$ _____
- (5) Other income..... \$ _____
- (6) Subtotal of Lines 1-6..... \$ _____
- (7) Medical exemptions..... \$ _____
- (8) Total income- Line 6 less Line 7..... \$ _____

Current Value of Personal Assets:

- (1) Other real estate owned..... \$ _____
- (2) Checking, savings, investments..... \$ _____
- (3) Life insurance (cash value) \$ _____
- (4) Automobiles(s) (current value) \$ _____
- (5) Other (example 401k or other retirement account)..... \$ _____
- (6) Total of Lines 1-5..... \$ _____

Assessed Value of House/Property: \$ _____

Is house paid for? _____ If not, balance of mortgage _____

With Whom: _____

Signature

Signature

Note: Please attach a copy of your federal income tax forms (all schedules) for the past two years.
Please provide two (2) months of pay stubs.

Urban Rehabilitation Application Valuation Report

City of Camanche

818 7th Ave. PO Box 77 563-259-8342

Dear Applicant: _____ Date: _____

Address: _____

The Urban Rehabilitation Committee has met to review your application. Based on the information provided on your application, you (have) (have not) been approved.

You are eligible for \$_____ deferred loan. The Program Administrator will be in contact with you.

Your application was denied due to the following reason(s): Only the checked items pertain to your application.

- Back taxes are owed in the amount of \$_____. You will qualify if your back taxes are paid in full (bring a copy of the receipt).
- You have not resided in this home for a least one year.
- Your income for the year _____ exceeded the limits established by the committee.
- You must own the home you are living in.
- The property is not located within the city limits of Camanche.
- You have previously received assistance from the program in the past 12 months.
- You may re-apply again _____

If you have further questions, please call City Hall at 259-8342.

Sincerely,

City of Camanche Urban Rehabilitation Committee
Program Administrator

Notice of Lien

Grantors - Borrowers
to
City of Camanche
Grantee

State of Iowa }
County of Clinton }

_____, being first duly sworn on oath, deposes and says that he is _____ of the City of Camanche; that under date of _____ the City of Camanche granted a Housing Rehabilitation Loan to _____ in the amount of \$ _____ for improvements on the premises known as:

Affiant further states that in and by the application for said deferred loan the said borrowers agreed that said loan shall constitute a lien on said premises and that no further transfer or further encumbrance of said premises shall be made until the said deferred loan is fully satisfied or paid.

Affiant further says the City of Camanche claims a lien on said premises for the unpaid balance of said deferred loan as though the same were evidenced by a mortgage or trust deed.

A release of this lien will be given by the City of Camanche, if and when, the entire amount of said deferred loan has been satisfied or paid.

City of Camanche, Iowa
By _____

Subscribed and sworn to before me
this ___ day of _____, 20 _____

Notary Public

Promissory Note

\$ _____, 20 _____

For value received, the undersigned, each as principal, jointly and severally, promise(s) to pay to the order of the City of Camanche Housing Rehabilitation Program at _____, Iowa, the sum of _____ Dollars as follows:

- a) If the rehabilitated property is sold, transferred or the homeowner vacates the property prior to the first anniversary of the agreement, one hundred percent (100%) of the Note becomes due.
- b) If the rehabilitated property is sold, transferred or the homeowner vacates the property between the first and second anniversary dates of the agreement, eighty percent (80%) of the Note becomes due.
- c) If the rehabilitated property is sold, transferred or the homeowner vacates the property between the second and third anniversary dates of the agreement, sixty percent (60%) of the Note becomes due.
- d) If the rehabilitated property is sold, transferred or the homeowner vacates the property between the third and fourth anniversary dates of the agreement, forty percent (40%) of the Note becomes due.
- e) If the rehabilitated property is sold, transferred or the homeowner vacates the property between the fourth and fifth anniversary dates of the agreement, twenty percent (20%) of the Note becomes due.
- f) After the fifth anniversary of the agreement, one hundred percent (100%) of the Note is forgiven.

The applicant hereby agrees that the indebtedness created by this promissory note shall be secured by a lien upon the property until paid in full or otherwise satisfied.

Interest shall first be deducted from the payment and any balance shall be applied on principal. Principal not paid when due shall draw interest at the rate of 10% per annum. The undersigned, in case of suit on this note, agree to pay attorney's fees. Makers, endorser and sureties waive demand of payment, notice of nonpayment, protest and notice. Sureties, endorser and guarantees agree to all of the provisions on this note and consent that the time or times of payment of all or any part hereof may be extended after maturity, from time to time with out notice.

Signature (Homeowner) _____ Date: _____

Signature (Spouse) _____ Date: _____

Address: _____

Phone Number: _____

Subscribed and sworn to before me
this ____ day of _____, 20 _____

Notary Public

Mechanic's Lien Waiver- General Type of Labor/Materials

Owner(s): _____

In the consideration of the sum of \$_____ the receipt of which is hereby acknowledged, the undersigned does hereby waive, release and forever discharge the City of Camanche and the owners of the below described real estate from any and all claims to priority of rights to mechanics liens because of labor or materials furnished to this date, per invoice #'s by the undersigned to or upon the premises described as and locally known as:

Dated this _____ day of _____, 20_____

Signature

Please sign and return to:

City of Camanche
Housing Rehabilitation
818 7th Ave
PO Box 77
Camanche, Iowa 52730