

**OWNER-OCCUPIED REHABILITATION PROGRAM
PRE-APPLICATION FOR PROGRAM INTEREST
STRAWBERRY POINT, IOWA 52076**

In submitting this pre-application, I am expressing interest in participating in an owner-occupied housing rehabilitation program. Based on the number of pre-applications received, the City of Strawberry Point will determine if there is interest within the community to submit an application to the Iowa Department of Economic Development Housing Fund. All information contained in this pre-application will be kept confidential by the City of Strawberry Point and its administrative personnel.

Please complete the enclosed pre-application questions and
Return the completed application as soon as possible to:

Vicki Bloxham, Program Administrator
Upper Explorerland Regional Planning Commission
134 West Greene Street, Postville, IA 52162-0219
Phone: 563-864-7551, Ext. 107

HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD NAME:

ADDRESS:

CITY / STATE / ZIP CODE:

TELEPHONE #:

HOUSING INFORMATION

Year your home was built: _____

Date you purchased your home: _____

Do you have a mortgage on the home? YES / NO If yes, what is the name and address
of your mortgage lender? _____

Is your home a manufactured home? YES / NO

INCOME INFORMATION

Because participation in the housing rehabilitation program is based on household income we ask that you please estimate your total gross income (the amount prior to any deductions) from all persons over 18 years of age living in the household. (Include any rental income, welfare benefits received, Veteran's Administration benefits, Social Security benefits, pension(s) payment(s), retirement fund(s) payment(s), unemployment compensation, child support, alimony, etc.):

Check below the number of persons in this household, and on the same line, check whether the household income is above or below the dollar figure shown on that line:

- _____ 1 person in the household; is the total household income _____ above or _____ below \$30,050
- _____ 2 persons in the household; is the total household income _____ above or _____ below \$34,300
- _____ 3 persons in the household; is the total household income _____ above or _____ below \$38,600
- _____ 4 persons in the household; is the total household income _____ above or _____ below \$42,900
- _____ 5 persons in the household; is the total household income _____ above or _____ below \$46,350
- _____ 6 persons in the household; is the total household income _____ above or _____ below \$49,750
- _____ 7 persons in the household; is the total household income _____ above or _____ below \$53,200
- _____ 8 or more in the household; is the total household income _____ above or _____ below \$56,650

The City of Strawberry Point intends to apply for funds for an owner occupied housing rehabilitation program. Please indicate whether you support this project:

_____ Yes _____ No

COMMENTS: _____

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____