



City of Kalona

Student Build Home Purchase Program

Please answer **all** the questions on this application completely. If a question does not apply, please write N/A (Not Applicable) in the space provided.

Applicant Name: _____ Date of Application: _____

Current Address: _____
Street City State Zip

Home Phone: _____ Day Phone: _____
Work / Cell phone (Circle one)

Email Address: _____
 (Most communication will be via e-mail, please be sure to check your spam folder and add ecicog.org to your spam filter)

List everyone living with you at the present time (including yourself)

Name	Date of Birth	Gender	Relationship	College Student Status (part time, full time, n/a)
			<i>Head of household</i>	

Do you currently or have you previously owned any real estate? Yes No Year(s) owned _____

If yes, please provide address: _____
Street City State Zip

Is the number of people living with you anticipated to change within the next 12 months? Yes No

If yes, please explain: _____



Financial

In the spaces provided, please give an account of your finances, following the directions carefully above each set of boxes. These figures will help us estimate your annual household income.

****PLEASE NOTE**** - The information requested below is solely for the purpose of pre-approving you for participation in this program. A formal approval will occur after a lender approves you for a loan and the information is consistent on both applications.

Section I. Income Data: Provide the following income information for yourself *and each member of your household 18 years of age and older.*

Family Member	Wages	Public Assistance	Social Security	SSI	Pensions/ Benefits	Other
Total Income:	\$	\$	\$	\$	\$	\$

Section II. Assets: List all assets including checking, savings accounts, stocks, bonds, trusts, IRA, retirement plans, real estate etc.

Family Member	Asset Description	Current Market Value	Income from Asset
	Total:	\$	\$

****INCLUDE A COPY OF YOUR MOST CURRENT INCOME TAX FORMS AND CURRENT DOCUMENTATION FOR ALL INCOME AND ASSETS****

Lender Information

If you have already met with a lender on the list, please note the following:

Name of Lending Institution: _____ Name of Loan Officer: _____



Applicant Statement

As an applicant to the City of Kalona Student Build Home Purchase Program, I(we) understand the following (please initial each item):

- 1) ___ The home purchased through the program will remain my (our) primary residence for 5 years following closing or the amount of assistance provided by through City of Kalona at the time of the purchase must be repaid to the City of Kalona.

- 2) ___ I (we) acknowledge that the City of Kalona reserves the right to give preference to first time qualified home buyers.

- 3) ___ I (we) acknowledge that my annual household income from all sources must be under the limit provided by HUD for Washington County by household size (see below) to ensure program compliance. I (we) also acknowledge the information on this application must be consistent with that on the mortgage loan application.

- 4) ___ I (we) also acknowledge that ECICOG will process applications in the order in which they are received, and an application is not considered complete until all information requested in the application and/or requested by ECICOG has been provided.

- 5) ___ I (we) acknowledge that the assistance received under this program will be in the form of a forgivable loan, and a lien will be placed on the property for the five-year period following the closing. Applicant is responsible for paying the recording fee for this lien.

- 6) ___ I (we) acknowledge that City of Kalona and ECICOG do not guarantee applicants will receive assistance.

- 7) ___ If, at any time during the application period and before the closing, there is a change in my (our) household income and/or family or household composition, I (we) agree to report this change to ECICOG, even though this may make me (us) ineligible to purchase the home.

- 8) ___ I (we) acknowledge that program requires that the home being purchase must meet the HUD definition of affordable, which is based on my income and anticipated housing costs.

HUD 80% Income Limit by Household Size for Washington County

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$47,050	\$53,800	\$60,500	\$67,200	\$72,600	\$78,000
Effective April 2022					



I (we) authorize ECICOG and any participating lenders in this program to obtain and share any information, including all the documentation necessary to determine my (our) eligibility for this program. I (we) hereby release the aforementioned institutions to obtain information regarding my (our) financial standings from government entities, asset holding institutions and employers with whom I (we) currently or previously participate(ed).

I (we), the undersigned, certify that I (we) have read and understand the entire Applicant Statement and that the information in this application is true and correct. I (we) acknowledge that any applicant who knowingly or willfully makes a false, fictitious, or fraudulent statement in application for this program can be subject to a fine, imprisonment, or both, per 18 USC Section 1001.

I (we) also acknowledge that I (we) have read and understand all aspects of this program’s guidelines as outlined in the information available online at <http://www.ecicog.org> or in paper form at the office of The East Central Iowa Council of Governments.

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature *Date*

Applicant Signature *Date*

Return this completed original (not faxed or copied) application to:

**East Central Iowa Council of Governments
Attn: Tracey Achenbach
700 16th Street NE
Suite 301
Cedar Rapids, IA 52402**

****Please remember to include a copy of your most current Income Tax Form and proof of all income and asset with this application****

**If you have any questions regarding this application or need assistance in completing it, please call 319-289-0072.
www.ecicog.org**