

## Owner-Occupied Rehabilitation Wait List Application

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Total number of persons in household:** \_\_\_\_\_

**Ages of all persons in household:** \_\_\_\_\_

**INCOME: \$** \_\_\_\_\_ (Anticipated 12 months' income of all persons in the household from any source (employment, self-employment, pensions, Social Security, ADC, child support, alimony, etc.).)

### **I/We are interested in being on the Waiting List for the following:**

\_\_\_\_\_ **Comprehensive Rehab(limit \$23,000)**(Includes lead hazard control, necessary roofing, plumbing and/or electrical, structural deficiencies or other code deficiencies, etc.)

\_\_\_\_\_ **Historic Preservation** (allows a grant from \$300 to \$4,999 as gap financing toward additional exterior costs due to requirements imposed on residential properties located within the locally designated historic districts)

\_\_\_\_\_ **Emergency** (While you are on the Waiting List, you may be eligible for up to \$4,500 in Emergency Assistance for major system failures that makes your home uninhabitable).

**DESCRIBE EMERGENCY:** \_\_\_\_\_

1. Have you lived in your home for at least one year? Yes \_\_\_\_\_ No \_\_\_\_\_  
When did you take possession? \_\_\_\_\_
2. Have you previously received financial assistance through this office? No \_\_\_\_\_  
Type \_\_\_\_\_ When? \_\_\_\_\_
3. Do you have a Case Manager or Power of Attorney to contact in case you can't be reached? Name \_\_\_\_\_ Phone \_\_\_\_\_

**I/We acknowledge that, depending on the income and family size, I/we may have to contribute a percentage of the costs for the rehabilitation assistance of my/our home.**

**I am/We are willing to allow the City of Cedar Rapids, Iowa to record a lien on the property in the amount of the rehabilitation financial assistance received, if applicable.**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are disabled or have specific needs, please tell us and we will provide reasonable accommodations.**

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**DO NOT COMPLETE THIS SECTION – FOR HOUSING SERVICES OFFICE USE ONLY**

Date received at Housing Services office \_\_\_\_\_ Staff Initial: \_\_\_\_\_  
Waiting List Area: \_\_\_\_\_ Census Tract: \_\_\_\_\_