

**DeWitt TIF-LMI HOUSING REHABILITATION PROGRAM - 2026**  
**APPLICATION FOR HOUSING REHABILITATION ASSISTANCE**

In submitting this application, I agree to and acknowledge the following:

1. To be considered eligible, my gross household income of all income earning persons must be less than 80% of the area median for household size. The income limits are as follows:

**80% County Median Income levels (2025)**

<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>52,150</b>	<b>59,600</b>	<b>67,050</b>	<b>64,500</b>	<b>80,500</b>	<b>86,450</b>	<b>92,400</b>	<b>98,350</b>

2. My house is in the City limits of DeWitt.
3. I will allow inspections of my home to determine eligibility and cost. If the building official determines my property **not** to be clean and accessible, he will give me two weeks notice to clean my property prior to his inspection. If after those two weeks, I have not cleaned my property, I will be ineligible for assistance.
4. If found eligible, the contractor to complete the work will be chosen by the City requesting quotes. I will allow the Housing Rehabilitation Committee to make all arrangements for the work.
5. There will be no work done unless I authorize it in writing.
6. Any work done on my house will be guaranteed for a minimum of one year.
7. Any work done that is **not** authorized by the Housing Rehabilitation Committee or Rehabilitation Specialist will be done at my expense and the City will not be responsible for the workmanship of unauthorized work.
8. If at anytime during the application process, construction or grant period, there is a change in my household income, or family or household composition, I agree to report this change to the City.
9. I reserve the right to withdraw from this program at any time prior to contract signing. I may withdraw after contract signing only with the consent and agreement of the Housing Rehabilitation Committee and the Contractor and all costs incurred to that point have been paid by the owner.
10. I acknowledge that all income and asset information received from this application will be kept confidential.
11. I will allow access to my home to representatives of the City of DeWitt, and the chosen contractor.

Printed name of applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

My signature affirms that I understand and will comply with the above listed requirements.

**DeWitt TIF LMI HOUSING REHABILITATION PROGRAM APPLICATION**

**2026**

**DeWitt, IOWA 52742**

Complete the enclosed application (answer all questions completely with full addresses - answer Not Applicable (N/A) if the question does not pertain to you) and return the application as soon as possible to:

City of DeWitt  
P.O. Box 407  
510 9<sup>th</sup> Street  
DeWitt, IA 52742

**HOUSEHOLD INFORMATION**

HEAD OF HOUSEHOLD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

CELLUAR TELEPHONE #: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

AGE: \_\_\_\_\_ RACE: \_\_\_\_\_

**ALL OTHER PERSONS LIVING AT THIS ADDRESS:**

NAME	AGE	SOCIAL SECURITY #	RACE
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____

**\*\* If more lines are needed, please list on a separate sheet of paper.**

Do any of these people receive compensation from Social Security because of a doctor diagnosed handicap or disability? YES or NO

If yes, please provide written proof of this statement (a letter from Social Security) with this application:

**INCOME AND ASSET INFORMATION**

Please provide total income from **all** persons living in the household. (Include employment income, rental income, welfare, VA benefits, child support, social security benefits, pensions, retirement funds, and any other source of income)

NAME	MONTHLY INCOME	SOURCE OF INCOME AND FULL ADDRESS/FAX # IF AVAIL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS/INVESTMENTS	AMOUNT	INTEREST RATE	NAME OF BANK/SOURCE and Complete Address/Fax # if avail
Cash on hand	_____	_____	_____
Savings Account	_____	_____	_____
Savings Account	_____	_____	_____
Checking Account	_____	_____	_____
Stocks/Bonds	_____	_____	_____
CDs/Other	_____	_____	_____
Retirement Account	_____	_____	_____

**IF YOU FILE AN INCOME TAX RETURN, PLEASE PROVIDE A COPY WITH THIS APPLICATION. If you do not have to file please note so here \_\_\_\_\_**

**HOUSING INFORMATION**

Age of Home: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Is your home located within the City of DeWitt? YES or NO

Is this property your principal place of residence? YES or NO

Have you or another family member received previous housing assistance thru the City of DeWitt?  
YES or NO If yes, when and under what name if different \_\_\_\_\_

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

Are you current on your mortgage payments? YES/NO

Do you have a land contract on the home? YES/NO If yes, what is the **name and address** of the contract? \_\_\_\_\_

Are you current on your land contract payments? YES/NO

Do you own any property other than your home? YES/NO If yes, where is it located?  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSING EXPENSES:**

Monthly Mortgage Payment: \_\_\_\_\_

Annual Property Tax: \_\_\_\_\_

Annual Property Insurance: \_\_\_\_\_

Are you current on your payment of Property taxes? Yes or No

How many bedrooms are there in your house? \_\_\_\_\_

What are the main concerns with your home?

COMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify all information provided is complete and accurate.

The penalty for false or fraudulent statements: USC Title 18, Section 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies ... or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000, or imprisoned not more than five years, or both."

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide the following information with your application:**

1. A copy of your house Insurance policy
2. Copies of all Social Security cards
3. A copy of your most recent federal income tax return.
4. A copy of your most recent heating and electrical bills
5. A copy of your most recent statement for retirement plans/SSI/investment accounts.
6. A copy of computer history of child support.
7. Documentation of child care expense currently being paid and for which child(ren).

Applications received between October 28, 2025 and December 5, 2025 will receive priority status. These applications will be ranked with all other applicants. Households who receive the greatest number of points will be served first and others will be served in descending order until all funds are used. The City expects to serve approximately 3 or 4 houses with this program this year.

PLEASE! Fill out the application completely. Especially complete mailing addresses! Fax numbers if available may speed up the verification process and reduce costs.

**Incomplete applications may be returned to the applicant for completion.**

If you have questions regarding the completion of this application, please call City Hall at 563-659-3811 or email [finance@cityofdewittowa.org](mailto:finance@cityofdewittowa.org). City hall can make copies for you if necessary.

This program is funded with TIF LMI funds.

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

The undersigned hereby authorize the source listed on this form, without liability, information regarding employment, income, and/or assets to City of DeWitt/ECIA/IFA/HUD, for the purposes of verifying information provided as part of determining eligibility for assistance under the DeWitt Home Ownership Program. I/We understand that only information necessary for determining eligibility can be requested.

**Types of Information to be verified:**

I/We understand that previous or current information may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments, or any other source of income or asset.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We have the right to review this file and correct any information found to be incorrect.

**This consent form expires 12 months after signed.**

<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Applicant Name	Address	City	State	Zip	
<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Applicant Signature	Applicant Social Security Number			Date	
<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant Name
	Address	City	State	Zip	
<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Date
Applicant Signature	Applicant Social Security Number			Date	
<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant Name (other
household members 18 or older)	Address	City	State	Zip	
<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Date
Applicant Signature	Applicant Social Security Number			Date	
<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant Name (other
household members 18 or older)	Address	City	State	Zip	
<input checked="" type="checkbox"/> _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Date
Applicant Signature	Applicant Social Security Number			Date	

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD)/ECIA is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member. Purpose: Your income and other information are being collected by HUD/City of DeWitt to determine your eligibility. Other Uses: HUD/City of DeWitt uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD/City of DeWitt, except as permitted or required by law. Penalty: You must provide all of the information requested by the City of DeWitt, including all Social Security Numbers you, and all other household members have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.