



Building strength, stability and self-reliance through shelter.

Dear Applicant,

Thank you for your interest in the Accessibility Ramp Program of Habitat for Humanity Quad Cities. We are a non-profit organization Building Thriving Communities through our three programs: Home Building, Home Repair & Wheelchair Ramp Construction. Our programs give us the ability to improve the homes and lives of low-income families, elderly, disabled and veteran homeowners.

To be considered for the Accessibility Ramp Program, the home must be in Scott County Iowa or Rock Island County Illinois, you must own and live in the home, meet the income level, and have current homeowner's insurance. Complete and return the attached application. Applications are selected on the basis of greatest need, the availability of funding and our ability to install the ramp up to code. As we process your application, we may use services from Illinois Iowa Center for Independent Living.

There is an application fee of \$15.00 per adult resident (18 years and older) and a signed authorization for background check is required from each adult resident (see form attached). There is a sliding fee based on total household income level and size of the project (see HFHQC Sliding Fee).

Please understand that your application will be put on hold until **all** required documents are received. If your home is selected and before we begin work, we will offer a homeowner's agreement for you to sign, stating the terms of the program and the specific work that we will do.

Submit the following documents with the attached application & be sure to black-out personal information.

- Proof of income for every adult resident in the home (latest income tax return, or statements of Social Security, disability, pension or other retirement income, or 3 months of pay stubs)
- Proof of home ownership (deed or county property tax record)
- Proof of home insurance **with** dates of coverage (Declaration Page - not a bill)
- Completed and signed Authorization for Background Check from all adult residents 18 years and older
- \$15 application fee for each adult resident (not refundable)
- Completed Alimony/Child Support Self-Certification form (Iowa residents only)
- Completed Under \$5,000 Asset Certification form (Iowa residents only)

Habitat for Humanity QC - Repair Program Sliding Fee		8/25/2023
people in household	maximum household income (gross)	
1	\$49,500	<ul style="list-style-type: none"> • Homeowners are responsible for paying a sliding fee scale based on household income • Sweat equity is also required
2	\$56,600	
3	\$63,650	
4	\$70,700	
5	\$76,400	
6	\$82,050	



Habitat for Humanity®

Quad Cities

3625 Mississippi Ave, Davenport IA 52807 563-359-9066

ACCESSIBILITY RAMP PROGRAM APPLICATION

Section 1: Homeowner Information

Name of Homeowner 1 _____ Age _____

DOB _____ Driver's License No _____ State Issued _____ Expiration Date _____

Name of Homeowner 2 _____ Age _____

DOB _____ Driver's License No _____ State Issued _____ Expiration Date _____

Address _____ City/State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email Address _____

*Do you own and live in this home: Yes No

*Do you have homeowners insurance: Yes No

List the names, ages, and relationship to homeowner of ALL people living in the home (attach another sheet if needed)

Name/Relationship _____ Age _____

Name/Relationship _____ Age _____

Name/Relationship _____ Age _____

Have you or anyone in your household served in the military? Yes No

If yes, please indicate who and current status _____

Section 2: Special Needs

Is the homeowner or anyone in the home living with a disability? Yes No

If yes, indicate the type of disability below (check all that apply, please describe if "other")

Uses a wheelchair Uses a walker, cane or crutches Visual Disability Hearing disability

Mental disability Other, please specify _____

Section 3: History

Have you applied to HABITAT in the past? Yes No

Has HABITAT done work at your home in the past? Yes No If yes, when? _____

Has your home been assessed for lead, asbestos or mold? Yes No I don't know

How did you learn about this program: TV Radio Flyer Friend Neighbor Other: _____

Section 4: Income and Expenses

For each person 18 years old or older living in the home, provide the following information. If no income, enter \$0 for Amount. (If more space is needed for other residents or other sources, please attach a separate sheet of paper.) For every resident in the home, include any Alimony/Child Support payments received during the year, and all Income from Assets such as interest from checking and savings accounts, and dividends and distributions from investments.

Name	Sources of Income	Gross Amount	Frequency (year, month, week)
Homeowner 1 _____	Source 1: _____ Source 2: _____ Alimony/Child Support: _____ Income from Assets: _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____
Homeowner 2 _____	Source 1: _____ Source 2: _____ Alimony/Child Support: _____ Income from Assets: _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____
Other Adult Resident _____	Source 1: _____ Source 2: _____ Alimony/Child Support: _____ Income from Assets: _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____
Other Adult Resident _____	Source 1: _____ Source 2: _____ Alimony/Child Support: _____ Income from Assets: _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____

Are your mortgage payments paid to date? Yes No If NO, why: _____

Are your property tax payments paid to date? Yes No If NO, why: _____

Are there any liens on your property? Yes No If YES, why: _____

Section 5: Personal Statement

Please write a brief explanation of your situation and need.

Section 6: Type of Work/Repairs Requested

Briefly describe the type of work you would like done. Attach a separate piece of paper if there is not enough space to list all work/repairs. All items listed below will be considered, but the final decision regarding the work to be performed is based on our volunteer skills/time and financial resources and only after visiting your home to assess the nature and extent of work/repairs needed. Habitat for Humanity Quad Cities prioritizes safety and health, however, please indicate your **three most important categories** of work/repairs in the right column below.

Category	Describe nature of repairs requested (please print)	✓ top 3 priorities
Safety & Accessibility Modifications Installing grab bars, shower seats, wheelchair ramps, Securing or installing stair hand rails, etc.		
Carpentry Repairs Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair		
Electrical Repairs List rooms where wall outlets, switches and light fixtures do not work.		
Plumbing Repairs Describe sink, tub or toilet leaks, etc.		
Painting List all interior rooms that require painting and any exterior painting requirements.		
Doors and Windows Describe repairs required, including locks, glass, frames, weather-stripping, etc.		
General Cleaning Indicate if there is cleaning, trash removal, or yard work needed.		
Other Identify other repairs requested not listed above.		

Demographic Information

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for “Ethnicity” and one or more designations for “Race.” **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Ethnicity (check one or more):</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – <i>Origin:</i> _____ <i>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i></p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> I do not wish to provide this information</p>
<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>	<p>Sex:</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information</p>
<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>	<p>Race (check one or more):</p> <p><input type="checkbox"/> American Indian or Alaska Native — <i>Name of enrolled or principal tribe:</i> _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian — <i>race:</i> _____ <i>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i></p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander — <i>race:</i> _____ <i>For example: Fijian, Tongan, and so on.</i></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I do not wish to provide this information</p>

Agreements and Signatures

I/we certify that the information on this application is accurate and that I own the property at the address given on this application. All application questions have been answered truthfully. **I/we understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home repair, I may be disqualified from the program.** I/we understand that by filing this application, I am authorizing Habitat for Humanity Quad Cities to evaluate my need for a Habitat home repair. I understand that the evaluation could include personal visits, inspections, background check, financial information and employment/income verification. I/we also understand that Habitat for Humanity screens all potential applicants on the sex offender registry, and that by completing this application, I/we understand that all adult residents in the home must consent to a criminal background check.

If selected for this program, I/we understand that an agreement will be signed for the terms and conditions of the program, approving the scope of work and agreeing to the repayment plan and the sweat equity for hours of work to perform by home residents, family members or friends on this project or another project. I/we understand that if I receive a repair I/we sell my home within two years I may be required to pay back a prorated amount of the total project cost.

Signature of Homeowner 1 _____ Date _____
Signature of Homeowner 2 _____ Date _____

Complete the following if you are NOT the homeowner, but are assisting the homeowner in completing this application.

Your Name _____ Relationship _____
Signature _____ Daytime Phone Number _____

Application Checklist

- All questions answered
- Fully read the Agreement above and signed the form

PLEASE SEND COPIES OF:

- Proof of income for every adult residing in the home. (Examples: latest income tax return, statements of social security, disability, pension or other retirement income, or 3 months of pay stubs)
- Proof of home ownership. (Examples: deed or county property tax record)
- Proof of home insurance. Provide current renewal notice listing **dates of coverage.**
- Completed and signed Authorization for Background Check from all adult (18 yrs & older) residents
- \$15 application fee for each adult (18 yrs & older) resident (not refundable)

FOR SCOTT COUNTY IOWA RESIDENTS ONLY:

- Completed and signed IFA Alimony/Child Support form
- Completed and signed IFA Assets form

NOTE: Your application will NOT be considered unless all items in Application Checklist are submitted.

Please return completed application to:
Habitat for Humanity Quad Cities
Questions? Call us at (563)359-9066

THANK YOU FOR APPLYING

BACKGROUND CHECK AUTHORIZATION

Applicant _____ Co-Applicant _____

PLEASE PRINT LEGIBLY

I, _____, hereby consent and authorize *Habitat for Humanity Quad Cities*, its employees and/or agents, to conduct a background on me. Public records may be used in this report, such as the registered sex offender database, Sanctions Search List, civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my participation with Habitat for Humanity Quad Cities. I am providing the following information for the preparation and proper verification of this report.

Have you used another name such as maiden name or other married name? Yes _____ No _____

If yes, list name(s) and corresponding years:

Date of Birth: _____ Social Security Number: _____

Address City State Zip

Signature

Full name (First, Middle, Last)

NOTE: This document will be shredded after the report is obtained. Reports truncate social security numbers and date of birth. Habitat QC keeps these reports in a locked file.

BACKGROUND CHECK AUTHORIZATION

Applicant _____ Co-Applicant _____

PLEASE PRINT LEGIBLY

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Date of Birth: _____ Social Security Number: _____

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Signature

Full name (First, Middle, Last)

NOTE: This document will be shredded after the report is obtained. Reports truncate social security numbers and date of birth. Habitat QC keeps these reports in a locked file.

ALIMONY/CHILD SUPPORT SELF-CERTIFICATION



Complete one form per household member who is eligible to receive alimony and/or child support.
Please attach any court documentation you have that supports your position.

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

Case Number(s) _____

List Covered Dependent(s) (if applicable) _____

		Amount	Frequency
1.	<input type="checkbox"/> I certify that I have been <u>awarded</u> the following amount of alimony and/or child support.	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
2.	<input type="checkbox"/> I certify that I <u>receive</u> the following amount of alimony and/or child support. Please provide proof of payment (i.e. printout from DHS).	_____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
3.	<input type="checkbox"/> I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded. Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.		
4.	<input type="checkbox"/> I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.		

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature

Date

Under \$5,000 Asset Certification*



For households who combined NET assets DO NOT exceed \$5,000.
 Complete one form per household; include assets from children of the household

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

1. My/our assets include:

(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source	(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account				Checking Account
			Cash on Hand				Safety Deposit Box
			Certificates of Deposit				Money Market Funds
			Stocks				Bonds
			IRA Accounts				401K Accounts
			Keogh Accounts				Trust Funds
			Equity in Real Estate				Land Contracts
			Lump Sum Receipts				Capital Investments
(Name of Asset)							
			Whole Life Insurance Policies				
			Other Retirement/Pension Funds				
			Personal Property held as an Investment***				
			Any account only accessed through a debit card [#]				
			Other (Attach list if necessary)				

PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:

** Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

*** Personal property held as an investment may include, but is not limited to, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.

Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

2. Disposed Assets

(YES) (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

3. No Assets

(YES) I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CRF 813.102) above do not exceed \$5,000 AND the Annual Income from the Net Family asset is: \$_____. This amount is included in the total Gross Annual Income.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

*May not be used for HOME/National Housing Trust Fund Full Recertification Requirements