



WATERLOO HOUSING TRUST FUND / 2023-2024 APPLICATION

Activity 2 - Owner Occupied Rehabilitation

All projects funded in this Activity must serve individuals or households with incomes at or below 80% of AMI

PART I- PROJECT OVERVIEW

Organization Name:		
Contact Person:		
Street Address:		
City, State, Zip:		
Phone:		Email:

Project Name: _____ **Tax ID #** _____

Agency Type: Government Nonprofit Other:

Please identify the amount of funds you are seeking for the program(s) for which you are seeking funds.

ACTIVITY	Amount Requested
Activity 2 - Owner Occupied Rehabilitation and/or Repair	

1. Provide a brief description of the project for which you are applying for funds.

9. Will the homeowner be expected to contribute to the cost of the improvements?

If yes, describe how that process will work.

10. Will the dollars invested in a home be secured by the use of a recordable document, such as a lien against the home? If yes, how will this be accomplished?

11. How will contractors be selected? How will the organization ensure that any sub-contractors that are utilized have been paid for the work they completed?

12. Use the space below to explain anything else you would like WHTF Board to know about your project.

