



## WATERLOO HOUSING TRUST FUND / 2021-2022 APPLICATION

### Activity 2 - Owner Occupied Rehabilitation

---

#### 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.

2. Explain your agency's administrative capacity to complete the activity. How will you monitor and track expenditures?

3. What are your proposed outcomes for this project? How many households / units will be assisted?

4. How will you obtain applicants?

5. If full funding is not awarded from WHTF, how will this project be completed?

6. What is your timeline for this project? List project tasks or milestones.

7. Provide a brief explanation of the income verification process that the organization will utilize to ensure that the homeowners being funded meet the income eligibility guidelines.

8. Provide a brief explanation of the process the organization will utilize to ensure that the homeowner's repair need exists, the repair has been completed and all parties are satisfied with the result.

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.

## Part II – PROGRAM BUDGET

Complete the Program Budget below. You may add supplemental information or a separate project budget, if you feel it will help clarify your costs or proposal.

DESCRIPTION	AMOUNT REQUESTED FROM WHTF	AMOUNT FROM OTHER SOURCES	TOTAL
TOTALS			

## Part III – ATTACHMENTS

- Documentation of 501c3 or other agency status
- Other documents to support your application as necessary

## Part IV – CERTIFICATION

*I certify that all statements in this application, including all requested supplemental information are true, complete and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**You may mail or scan / email your application and attachments to INRCOG@inrcog.org  
Due: NOON, March 12, 2021**