

**OWNER-OCCUPIED REHABILITATION PROGRAM  
PRE-APPLICATION FOR PROGRAM INTEREST  
GUTTENBERG, IOWA**

In submitting this pre-application, I am expressing interest in participating in an owner-occupied housing rehabilitation program. Based on the number of pre-applications received, the City of Guttenberg will determine if there is interest within the community to submit an application to the Iowa Economic Development Authority Housing Fund. All information contained in this pre-application will be kept confidential by the City of Guttenberg and its administrative personnel.

Please complete the enclosed pre-application questions and return the completed application as soon as possible to:

Sarah Snitker, Community Housing Associate  
Guttenberg City Manager  
Upper Explorerland Regional Planning Commission  
PO Box 219, Postville, IA 52162-0219  
Phone: 563-864-7551, Ext 106 Fax: 563-864-7535

Denise Schneider,  
502 S First St. PO Box 580  
Guttenberg IA 52052  
563-252-1161 ext. 203

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

ADDRESS/PO BOX:  
\_\_\_\_\_

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

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

**HOUSING INFORMATION**

Year your home was built: \_\_\_\_\_ Date you purchased your home: \_\_\_\_\_

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

Is your home a manufactured home? YES / NO

Are repairs needed? \_\_\_\_\_

Estimated Total Cost of repairs? \_\_\_\_\_

**INCOME INFORMATION**

Because participation in the housing rehabilitation program is based on household income we ask that you please estimate your total gross income (the amount prior to any deductions) from **all** persons over 18 years of age living in the household. (Include any rental income, welfare benefits received, Veteran's Administration benefits, Social Security benefits, pension(s) payment(s), retirement fund(s) payment(s), unemployment compensation, child support, alimony, etc.):

Check below the number of persons in this household, and ***on the same line***, check whether the ***household*** income is above or below the dollar figure shown on that line:

- \_\_\_\_\_ 1 person in the household; is the total household income \_\_\_\_\_ above or \_\_\_\_\_ below \$38,000
- \_\_\_\_\_ 2 persons in the household; is the total household income \_\_\_\_\_ above or \_\_\_\_\_ below \$43,400
- \_\_\_\_\_ 3 persons in the household; is the total household income \_\_\_\_\_ above or \_\_\_\_\_ below \$48,850
- \_\_\_\_\_ 4 persons in the household; is the total household income \_\_\_\_\_ above or \_\_\_\_\_ below \$54,250
- \_\_\_\_\_ 5 persons in the household; is the total household income \_\_\_\_\_ above or \_\_\_\_\_ below \$58,600
- \_\_\_\_\_ 6 persons in the household; is the total household income \_\_\_\_\_ above or \_\_\_\_\_ below \$62,950
- \_\_\_\_\_ 7 persons in the household; is the total household income \_\_\_\_\_ above or \_\_\_\_\_ below \$67,300
- \_\_\_\_\_ 8 or more in the household; is the total household income \_\_\_\_\_ above or \_\_\_\_\_ below \$71,650

The City of Guttenberg intends to apply for funds for an owner-occupied housing rehabilitation program.

***Please indicate whether you support this project:*** Yes \_\_\_\_\_ No \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_