# WATERLOO HOUSING TRUST FUND / 2024-2025 APPLICATION

## Activity 2 - Owner Occupied Rehabilitation

**All projects funded in this activity <u>must</u> serve households with incomes at or below 80% of Area Median Income.  Thirty Percent of the IFA funding must be spent on households at or below 30% of Area Median Income.**

## PART I- PROJECT OVERVIEW

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

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

**Agency**  ☐ Government   ☐ Nonprofit   ☐ Other:_____

**Identify the amount of WHTF funding you are seeking for the program(s) you hope to fund:**

$ _____

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

2. Provide a detailed explanation of 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 detailed explanation of the income verification process that the organization will utilize to ensure that the households 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.

**Be sure to complete all Parts of this Application.**

Part I.    Project Overview
Part II.   Program Budget
Part III:  Attachments
Part IV.  Certification

# 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 Source | TOTAL |
|---|---|---|---|
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| 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:_____