

# REGION 6 HOUSING TRUST FUND

## HOUSING ASSISTANCE PRE-APPLICATION

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*This pre-application does not guarantee assistance. Further applicant information will need to be obtained later. Limited funds are available through the trust fund. Housing trust fund resources will not duplicate other forms of assistance, insurance, and other program aid.*

*This program is funded by the State of Iowa and funds from local counties.*

DATE: \_\_\_\_\_

NAME OF APPLICANT(S)/HOMEOWNER(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

MAILING ADDRESS (If different from above): \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

HOME DAMAGES: \_\_\_\_\_

\_\_\_\_\_

NUMBER OF PEOPLE THAT LIVE IN THE HOME: \_\_\_\_\_

ESTIMATED ANNUAL INCOME \$ \_\_\_\_\_

(The maximum allowable income is 80% of the county median as defined by HUD)

INCOME SOURCES: \_\_\_\_\_

IS YOUR HOME BEING PURCHASED UNDER CONTRACT?  YES  NO

(Note that **contract homebuyers are not eligible for assistance** unless refinanced)

DO YOU HAVE INSURANCE ON YOUR HOME?  YES  NO

(Note that **insurance is required**, if we provide any assistance)

IF YES, WHAT DAMAGES ARE COVERED BY INSURANCE: \_\_\_\_\_

\_\_\_\_\_

*If you had insurance on your property and the insurance payout does not appear to be enough to cover your damages, please include a copy of the insurance payment documentation. You can also stop by our office and we will make copies of that insurance payment paperwork. This will greatly help us with the processing.*

**Please return the completed form to the following address: Mark Newberg, Region 6 Resource Partners, 903 E. Main St., Marshalltown, IA 50158.**

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FOR OFFICE USE ONLY

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