

2012 Floyd County Housing Trust Fund Furnace Replacement Program Guidelines

1. The Floyd County Housing Trust Fund has been awarded funding for its 2012 Furnace Replacement Program
2. Applications are being accepted in the 0% - 30% and 31% - 50% median income categories [lower bound per household size using State Housing Trust Fund MRB and USDA income thresholds]
3. Income Determinant:

| <u>Household Size:</u> | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> | <u>7</u> | <u>8</u> |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 30% Median: | 20500 | 20519 | 23597 | 23597 | 23597 | 23597 | 23812 | 25350 |
| 50% Median: | 32750 | 34198 | 39328 | 39328 | 39328 | 39328 | 39687 | 42250 |

If your adjusted annual income is higher than the figure for your household size, you are ineligible for this Program

4. Eligible applicants are those complying with income thresholds, own the residence in which they reside [and which is their primary residence and classified "residential"], have a furnace greater than 10 years old, are current on property tax payments and have homeowner's insurance
5. Furnace replacement contractor selected must have business presence within Floyd County, Iowa. The program typically does not finance ductwork, electrical upgrades, service provision, etc.
6. Costs covered:
 - a. For residents below 30% median: 100.00% of furnace replacement costs
 - b. For residents between 31% - 50% median: 78.50% of furnace replacement costs
7. Any home receiving a furnace which is subsequently sold/transferred within two [2] years shall repay 100% of benefit
8. Timeline:
 - a. Program Local Announcement: 6 October 2011
 - b. Applications accepted from 1 December 2011 through 5:00 P.M. 29 December 2011
 - c. Applications should be submitted to Charles City Area Development Corporation, 401 North Main Street, Charles City, Iowa 50616, 641.228.3020 or 800.640.2936; fax 641.228.4744; email ccadc@charlescityia.com. Income documentation is required to be submitted, and considered part of the application. Application forms are available at www.charlescityia.com
9. Any factual misrepresentation or refusal to provide income documentation will immediately, irrevocably and permanently disqualify you from the Program
10. **Please note: applications are received with presumption that funding will be available. If project deemed ineligible by Iowa Finance Authority and/or United States Department of Agriculture, the Program is void. Income guidelines compliance does not in itself guarantee furnace replacement. Some eligible applicants may be denied benefit due to demand within the Program, income ranking or other circumstance. Efficiency rebate applicant is Charles City Area Development Corporation; proceeds are reinvested within Program**
11. I have reviewed and hereby pledge to comply with the Guidelines listed above:

Signature: _____

1. Do you have homeowner's insurance [hazard and liability] for your home?: Yes No

Agency Name: _____

Address & Telephone: _____

How long have you lived at current residence? _____

Current Ownership Interest:

Deed Title _____ Contract Owner _____ Life Estate _____

2. Type of heating unit in your home currently [heating oil, natural gas, electric]: _____

3. Type of heating that could be installed in your home: _____

4. Utility Provider for Heating Source [natural gas, etc.]: _____

Exact Name on Billing Statement: _____

Account Number: _____

4. Your current furnace is: Less Than Greater Than 10 years old

5. Indicate the demographic group[s] to which your household belongs:

White American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander Hispanic or Latino

Other Ethnic Group [specify]: _____ Disabled Elderly [age 62+]

6. Are the property tax payments on your residence current? Yes No

7. Which furnace contractor do you prefer to do business with?

Name: _____

Address & Telephone: _____

8. Was your home affected by flooding in 2008? Yes No

9. Gross Income Calculation:

You must state ALL sources of income. This may include, but is not limited to: wages and salaries [gross amount]; commissions; fees; bonuses; Social Security benefits; annuities and pensions; IRA distributions; periodic payments from insurance policies; company disability or death benefits; unemployment; worker's compensation; self-employment net income; interest; dividends; real estate rent; alimony; child support; Department of Human Services assistance: Family Investment Program, Food Stamps, Child Care Assistance, State Supplementary Assistance, Medicaid/Title 19

Please list all income sources, and amount per month. Please attach supporting documentation. Please note that income from employment of family or household members under the age of 18 is excluded from the annual gross income calculation. Also, earned income of full-time students in excess of \$480 is excluded [except legal head of household or spouse]:

USDA NON DISCRIMINATION STATEMENT – ENGLISH AND SPANISH

USDA issued Departmental Regulation 4300-3, November 16, 1999, which establishes a policy to ensure positive and continued notification of USDA's equal opportunity policy to the public.

It is USDA's policy: **“that no person shall be discriminated against on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs). This policy will be communicated to the public through all appropriate USDA public information channels, in English or languages appropriate to the local population and in alternative means of communication (Braille, large print, audiotape, etc.).”**

The following is the translation to Spanish:

El Departamento de Agricultura de los Estados Unidos (USDA) prohíbe la discriminación por raza, color, origen nacional, sexo, edad, incapacidad, y donde aplique, sexo, estado marital, estado familiar, estado parental, religión, orientación sexual, creencias políticas, represalias o por que todo o parte del ingreso de un individuo proviene de un programa de asistencia pública. (No todas las prohibiciones se aplican a todos los programas).

The nondiscrimination statement shown below shall be posted in all recipients' offices, and included, in full, on all materials regarding such recipient's programs that are produced by the recipients for public information, public education, and public distribution.

“In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6832 (TDD)”

The following is the “nondiscrimination statement” in Spanish

“De acuerdo con la Ley Federal y la política del Departamento de Agricultura de los Estados Unidos, a esta Institución se le prohíbe discriminar por razones de raza, color, origen nacional, sexo, edad, incapacidad física o mental. (No todas las prohibiciones aplican a todos los programas).

Para radicar una querrela sobre discriminación, escriba a: USDA, Director, Oficina de Derechos Civiles, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 o llame al (800) 795-3272 (voz), o (202) 720-6832 (TDD)”

If the material is too small to permit the full statement to be included, the material will at minimum include the statement, in print size no smaller than the text, that **“This institution is an Equal Opportunity Provider”** and in Spanish **“Esta institución es un Proveedor de Igual Oportunidad.”**