



**H. E. L. P.**  
**(Housing Exterior Loan Program)**

♦ City of Iowa City Housing Rehabilitation ♦ 410 E. Washington St., Iowa City, IA 52240-1826 ♦  
♦ Phone: (319) 356-5246 ♦ FAX: (319) 356-5217 ♦ TDD: (319) 356-5493 ♦

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

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Project description -- Attach estimates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The applicant further certifies that he/she/it is the owner of the property located at the project address.

I understand that all information submitted to the City relating to this application is subject to the Open Records Law (Chapter 22 of the Iowa Code). I hereby certify that all representations, warranties or statements made or furnished to the City in connection with this application are true and correct in all material respects. I understand that it is a criminal violation under Iowa law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring financial assistance from a state agency or political subdivision.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date



**RETURN COMPLETED APPLICATION TO:**  
**Liz Osborne**  
**Housing Rehab, City of Iowa City**  
**410 E. Washington St., Iowa City, IA 52240**