



APPLICATION UniverCity Affordable Home Ownership Program



Please answer **all** of the questions on this application completely.
If a question does not apply write "N/A" (Not Applicable) in the space provided.

Date of Application: _____

Name of Applicant: _____

Current Address: _____

Street

City

Zip

Home Phone: _____ Day Phone: _____

Email Address: _____

List everyone living who will potentially live with you in a UniverCity home.*

Name	Date of Birth	Relationship	College Student Status
		<i>Head of household</i>	

*For example, family size changes, marital status, or number of roommates.

Is the number of people living with you anticipated to change within the next 12 months? _____

If yes, please explain: _____

Financial

Section I. Income Data

Provide the following income information for yourself and each member of your household 18 years of age and older. Note: Third-party income verifications will be completed before you enter into a purchase agreement with the UniverCity program.

Family Member	Gross Wages	Public Assistance	Social Security	SSI	Pensions/ Benefits	Other
Total Income	\$	\$	\$	\$	\$	\$

****PLEASE INCLUDE A COPY OF THE FEDERAL INCOME TAX FORMS FOR ALL ADULTS AND A PRE-APPROVAL LETTER FROM A LENDER STATING THE MAXIMUM LOAN AMOUNT****

Section II. Assets

List all assets including checking, savings accounts, stocks, bonds, trusts, IRA, retirement plans, real estate, etc.

Family Member	Asset Description	Current Market Value	Income from Asset
Total			

Lender Information

Name of Lender: _____

Contact Name: _____

Maximum Loan Amount: _____

Please provide employment information for every household member.

Name	Occupation	Employer	Contact name and phone # of supervisor

What homes are you interested in touring? (please view homes on the Property Viewer at www.icgov.org/UniverCity)

How did you find out about our program? (please check all that apply)

- () City website
- () Facebook page
- () Newspaper, television, etc...
- () Lender
- () Other _____

Applicant Statement

As an applicant to the UniverCity Neighborhood Partnership Program, I(we) understand the following:

- 1) The home purchased through the program must be one of the participating properties.
- 2) The home purchased through the program will remain my(our) primary residence for the five years following closing and that the home must be affordable and owner-occupied for 30 years.
- 3) I(we) acknowledge that all applicants must have income below income criteria as stated in the FAQ Information Guide and on the program web page at www.icgov.org/univercity.
- 4) I(we) also acknowledge that the City will process applications on a first-come first-serve basis.
- 5) I(we) also acknowledge that only complete applications will be considered and applications are only considered complete under the following conditions:
 - a) The application is filled in completely and accurately.
 - b) The application includes a copy of most recent federal tax forms for all adults intending to live in the home.
 - c) The application includes a pre-approval letter from a lender.
- 6) I(we) acknowledge that the renovation assistance received under this program will be in the form of a forgivable loan and/or a conditional occupancy loan, and a lien will be placed on the property for the five-year period following the closing in the amount of the cost of the renovation not to exceed \$50,000.
- 7) I(we) acknowledge that the City does not guarantee applicants will receive assistance.

I(we) authorize the City of Iowa City and any lenders in this program to obtain and share any information, including all the documentation necessary to determine my(our) eligibility and application ranking for the UniverCity Neighborhood Partnership Program. I(we) hereby release the City of Iowa City and our lender to obtain information regarding my(our) financial standings from government entities, asset holding institutions, and employers with whom I(we) currently participate.

I(we), the undersigned, certify that I(we) have read and understand the entire Applicant Statement and that the information in this application is true and correct. I(we) also acknowledge that I have read and understand all aspects of this program’s guidelines as outlined in the information guide available online at www.icgov.org/univercity or in paper form at the City of Iowa City.

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature

Date

Applicant Signature

Date

City of Iowa City, 410 East Washington Street, Iowa City, Iowa 52240
If you have any questions about this application or need help in its completion, call (319)356-5230.
www.icgov.org/univercity



No person shall be excluded from or denied on the basis of age, race, color, religion, creed, national origin, gender identity, sex, marital status, disability, sexual orientation or, with respect to the sale of real property or housing accommodations, the presence or absence of dependents, familial status or public assistance source of income. All current and prospective project applicants must, however, be persons in need of the programs provided by the UniverCity Neighborhood Partnership program.