Habitat for Humanity Quad Cities

Building **strength**, **stability** and **self-reliance** through **shelter**.

Dear Applicant,

Thank you for your interest in the **Accessibility Ramp Program** of Habitat for Humanity Quad Cities. We are a non-profit organization Building Thriving Communities through our three programs: Home Building, Home Repair & Accessibility Ramp Construction. Our programs give us the ability to improve the homes and lives of low-income families, elderly, disabled and veteran homeowners.

To be considered for the Accessibility Ramp Program, the home must be in Scott County Iowa or Rock Island County Illinois. Complete and return the attached application. Applications are selected on the basis of greatest need, the availability of funding and our ability to install the ramp up to code. If you rent the home, you must have the owner or landlord's approval.

There is an application fee of $15.00 per adult resident (18 years and older) and a signed authorization for background check is required from each adult resident (see form attached). There is a sliding fee based on total household income level and size of the project. Maximum out of pocket $375.

Please understand that your application is on hold until **all** required documents are received. If your home is selected and before we begin work, we will offer a homeowner's agreement for you to sign, stating the terms of the program and the specific work that we will do.

Submit the following documents with the attached application.

- Proof of income for every adult resident in the home (latest income tax return, or statements of Social Security, disability, pension or other retirement income, or 3 months of pay stubs)
- Proof of home ownership (deed or county property tax record)
- Proof of home insurance **with** dates and amount of coverage (Declaration Page - not a bill)
- Completed and signed Authorization for Background Check from all adult residents 18 years and older
- $15 application fee for each adult resident (not refundable)
- Completed Alimony/Child Support Self-Certification form (Iowa residents only)
- Completed Under $5,000 Asset Certification form (Iowa residents only)

people in household	maximum household income (gross)	
1	$54,600	• Homeowners are responsible for paying a sliding fee scale based on household income
2	$62,400	
3	$70,200	
4	$78,000	
5	$84,250	*HUD income guidelines 6-2026*
6	$90,500	

Habitat for Humanity®
Quad Cities
3625 Mississippi Ave, Davenport IA 52807 563-359-9066

ACCESSIBILITY RAMP PROGRAM APPLICATION

Section 1: Homeowner Information

Name of Homeowner/Renter 1_____ Age _____
DOB _____

Name of Homeowner/Renter 2_____ Age _____
DOB _____

Address _____ City/State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email Address _____

***Do you own and live in this home:** ☐ **Yes** ☐ **No (If No, please provide contact info of the landlord)**
Name of Landlord_____
Address _____ City/State _____Zip _____
Phone_____
***Do you have homeowner's insurance:** ☐ **Yes** ☐ **No**

List the names, ages, and relationship to homeowner of ALL people living in the home (attach another sheet if needed)

Name/Relationship _____ Age _____
Name/Relationship _____ Age _____
Name/Relationship _____ Age _____

Section 2: Personal Statement

Please write a brief explanation of your situation and need.

_____

_____

_____

_____

_____

_____

Section 3: Ramp Requested

Briefly describe location where ramp is needed on your property.

Category	Describe where a ramp is needed (please print)
Ramp	

Section 4: Income and Expenses

For each person 18 years old or older living in the home, provide the following information. If no income, enter $0 for Amount. (If more space is needed for other residents or other sources, please attach a separate sheet of paper.) For *every resident* in the home, include any *Alimony/Child Support* payments received during the year, and all *Income from Assets* such as interest from checking and savings accounts, and dividends and distributions from investments.

Name	Sources of Income	Gross Amount	Frequency (year, month, week)
Homeowner 1 _____ Driver's License No _____ State Issued ____ Expiration Date _____	Source 1: _____ Source 2: _____ Alimony/Child Support: Income from Assets:	$_____ $_____ $_____ $_____	_____ _____ _____ _____
Homeowner 2 _____ Driver's License No _____ State Issued ____ Expiration Date _____	Source 1: _____ Source 2: _____ Alimony/Child Support: Income from Assets:	$_____ $_____ $_____ $_____	_____ _____ _____ _____
Other Adult Resident _____	Source 1: _____ Source 2: _____ Alimony/Child Support: Income from Assets:	$_____ $_____ $_____ $_____	_____ _____ _____ _____
Other Adult Resident _____	Source 1: _____ Source 2: _____ Alimony/Child Support: Income from Assets:	$_____ $_____ $_____ $_____	_____ _____ _____ _____

Are your mortgage payments paid to date? ☐ Yes ☐ No If NO, why: _____
Are your property tax payments paid to date? ☐ Yes ☐ No If NO, why: _____
Are there any liens on your property? ☐ Yes ☐ No If YES, why: _____

Have you or anyone in your household served in the military? ☐ Yes ☐ No
If yes, please indicate who and current status _____

Section 5: Special Needs

Is anyone in the home living with a disability? ☐ Yes ☐ No
If yes, indicate the type of disability below (check all that apply, please describe if "other")

☐ Uses a wheelchair ☐ Uses a walker, cane or crutches ☐ Visual Disability ☐ Hearing disability
☐ Mental disability ☐ Other, please specify _____

Section 6: History

Have you applied to HABITAT in the past? ☐ Yes ☐ No
Has HABITAT done work at your home in the past? ☐ Yes ☐ No If yes, when? _____
Has your home been assessed for lead, asbestos or mold? ☐ Yes ☐ No ☐ I don't know
How did you learn about this program: ☐ TV ☐ Radio ☐ Flyer ☐ Friend ☐ Neighbor ☐ Other:_____

Demographic Information

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW:

The purpose of collecting this information is to help ensure that all applicants are being treated fairly, that the housing needs of communities and neighborhoods are being fulfilled, and to otherwise evaluate our programs and report to our funders. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex and race) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant	Co-applicant
Ethnicity ***(check one or more):***	**Ethnicity** ***(check one or more):***
☐ Hispanic or Latino ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic or Latino – *Origin:* _____ *For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ☐ Not Hispanic or Latino ☐ I do not wish to provide this information	☐ Hispanic or Latino ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic or Latino – *Origin:* _____ *For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ☐ Not Hispanic or Latino ☐ I do not wish to provide this information
Sex: ☐ Female ☐ Male ☐ I do not wish to provide this information	**Sex:** ☐ Female ☐ Male ☐ I do not wish to provide this information
Race ***(check one or more):***	**Race** ***(check one or more):***
☐ American Indian or Alaska Native — *Name of enrolled or principal tribe*: _____ ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — *race:* _____ *For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — *race:* _____ *For example: Fijian, Tongan, and so on.* ☐ White ☐ I do not wish to provide this information	☐ American Indian or Alaska Native — *Name of enrolled or principal tribe*: _____ ☐ Asian ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian — *race:* _____ *For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander — *race:* _____ *For example: Fijian, Tongan, and so on.* ☐ White ☐ I do not wish to provide this information

Agreements and Signatures

I/we certify that the information on this application is accurate and that I own the property at the address given on this application. All application questions have been answered truthfully. **I/we understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home repair, I may be disqualified from the program.** I/we understand that by filing this application, I am authorizing Habitat for Humanity Quad Cities to evaluate my need for a Habitat ramp. I understand that the evaluation could include personal visits, inspections, background check, financial information and employment/income verification. I/we also understand that Habitat for Humanity Quad Cities screens all potential applicants on the sex offender registry, and that by completing this application, I/we understand that all adult residents in the home must consent to a criminal background check.

If selected for this program, I/we understand that an agreement will be signed for the terms and conditions of the program, approving the scope of work and agreeing to the repayment plan and the sweat equity for hours of work to perform by home residents, family members or friends on this project or another project. I/we understand that if I receive a ramp and I/we sell my home within two years, I may be required to pay back a prorated amount of the total project cost.

Signature of Homeowner 1 _____ Date _____
Signature of Homeowner 2 _____ Date _____

Complete the following if you are NOT the homeowner, but are assisting the homeowner in completing this application.

Your Name _____ Relationship _____
Signature _____ Daytime Phone Number _____

Application Checklist

- ☐ All questions answered
- ☐ Fully read the Agreement above and signed the form

PLEASE SEND COPIES OF:

- ☐ Proof of income for every adult residing in the home. (Examples: latest income tax return, statements of social security, disability, pension or other retirement income, or 3 months of pay stubs)
- ☐ Proof of home ownership. (Examples: deed or county property tax record)
- ☐ Proof of home insurance. Provide current renewal notice listing **dates of coverage**.
- ☐ Completed and signed Authorization for Background Check from all adult (18 yrs & older) residents
- ☐ $15 application fee for each adult (18 yrs & older) resident (not refundable)

FOR SCOTT COUNTY IOWA RESIDENTS ONLY:

- ☐ Completed and signed IFA Alimony/Child Support form
- ☐ Completed and signed IFA Assets form

NOTE: Your application will NOT be considered unless all items in Application Checklist are submitted.

Please return completed application to:
Habitat for Humanity Quad Cities
Questions? Call us at (563)359-9066

THANK YOU FOR APPLYING

Habitat for Humanity®
Quad Cities

EQUAL HOUSING OPPORTUNITY

3625 Mississippi Ave. Davenport IA 52807 563-359-9066

BACKGROUND CHECK AUTHORIZATION

Applicant___ Co-Applicant ___

PLEASE PRINT LEGIBLY

I, _____, hereby consent and authorize *Habitat for Humanity Quad Cities*, its employees and/or agents, to conduct a background on me. Public records may be used in this report, such as the registered sex offender database, Sanctions Search List, civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my participation with Habitat for Humanity Quad Cities. I am providing the following information for the preparation and proper verification of this report.

Have you used another name such as maiden name or other married name? Yes____ No____

If yes, list name(s) and corresponding years:

_____ _____

_____ _____

Date of Birth: _____ Social Security Number: _____

_____ _____ _____ _____

Address City State Zip

_____

Signature

_____

Full name (First, Middle, Last)

NOTE: This document will be shredded after the report is obtained. Reports truncate social security numbers and date of birth. Habitat QC keeps these reports in a locked file.

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If yes, list name(s) and corresponding years:

_____ _____

_____ _____

Date of Birth: _____ Social Security Number: _____

_____ _____ _____ _____

Address City State Zip

_____

Signature

_____

Full name (First, Middle, Last)

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ALIMONY/CHILD SUPPORT SELF-CERTIFICATION

IOWA FINANCE AUTHORITY

Complete one form per household member who is eligible to receive alimony and/or child support.
Please attach any court documentation you have that supports your position.

Property Name:	IFA Project #:
Household Name:	BIN & Unit #:

Case Number(s) _____

List Covered Dependent(s) (if applicable) _____

			Amount	Frequency
1.	☐	I certify that I have been *awarded* the following amount of alimony and/or child support.	_____	☐ Weekly ☐ Monthly ☐ Annually
2.	☐	I certify that I *receive* the following amount of alimony and/or child support. *Please provide proof of payment (i.e. printout from DHS).*	_____	☐ Weekly ☐ Monthly ☐ Annually
3.	☐	I certify that I do not receive payments of awarded alimony and/or child support at this time and I do not expect to receive payments in the next 12 months. I have made reasonable attempts to collect the all support awarded. *Please provide documentation of attempts to collect court ordered support. This can be in the form of a narrative provided by the household member.*		
4.	☐	I certify that I have not been awarded alimony and/or child support and that I do not reasonably expect to receive payments in the next twelve months.		

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

_____ _____
Applicant/Resident Signature Date

Under $5,000 Asset Certification*

IOWA FINANCE AUTHORITY

For households who combined NET assets DO NOT exceed $5,000.
Complete one form per household; include assets from children of the household

Property Name:	**IFA Project #:**
Household Name:	**BIN & Unit #:**

1. My/our assets include:

(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source		(A) Cash Value**	(B) Int. Rate	(AxB) Annual Income	Source
			Savings Account					Checking Account
			Cash on Hand					Safety Deposit Box
			Certificates of Deposit					Money Market Funds
			Stocks					Bonds
			IRA Accounts					401K Accounts
			Keogh Accounts					Trust Funds
			Equity in Real Estate					Land Contracts
			Lump Sum Receipts					Capital Investments

				(Name of Asset)
			Whole Life Insurance Policies	
			Other Retirement/Pension Funds	
			Personal Property held as an Investment***	
			Any account only accessed through a debit card#	
			Other (Attach list if necessary)	

PLEASE NOTE: Certain Funds (e.g. Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are:

** Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

*** Personal property held as an investment may include, but is not limited to, gems or coin collections, art, antique cars, etc. DO NOT include necessary personal property such as, but not necessarily limited to, household furniture, daily use of autos, clothing, assets of an active business, or special equipment for use of the disabled.

Do not count food stamp accounts or checking accounts already listed. Example: Payroll, Social Security or Welfare Accounts

2. Disposed Assets

☐ YES) ☐ (NO) I/We have disposed of assets for less than fair market value in the last 2 years. Examples would include such items as charitable donations or giving/selling assets (such as real estate) to family.

3. No Assets

☐ YES) I/We DO NOT have any assets at this time.

The Net Family Assets (as defined in CRF 813.102) above do not exceed $5,000 AND the Annual Income from the Net Family asset is:$_____. This amount is included in the total Gross Annual Income.

Under penalty of perjury I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature	Date	Applicant/Resident Signature	Date
Applicant/Resident Signature	Date	Applicant/Resident Signature	Date

*May not be used for HOME/National Housing Trust Fund Full Recertification Requirements