



Historic WDM Housing Fund
 4200 Mills Civic Parkway
 PO Box 65320
 West Des Moines, IA 50265
Housing@wdm.iowa.gov
 515-273-0770



Down Payment Program Application

INSTRUCTIONS: Please answer the following questions as completely and accurately as you can. The information requested will only be used by the Historic West Des Moines Housing Fund Down Payment Program to determine your eligibility for the Program and will not be released without your written consent.

When completed, please mail or deliver this application to: Down Payment Program, 4200 Mills Civic Parkway, PO Box 65320, West Des Moines, IA 50265. It can also be emailed to housing@wdm.iowa.gov.

If you need any assistance in filling out the application or if you have any questions, please contact the Housing Planner at (515) 273-0770.

Head of Household: _____
Last First Middle Initial

Address: _____ City: _____ Zip Code: _____

Home/Cell Phone #: _____ Work Phone #: _____ Other Phone #: _____

Email address: _____

HOUSEHOLD COMPOSITION

****List all members of the household including children and adults.****

Name of every household member	Relationship to head of household	Date of Birth	*Social Security # (Last 4 digits)	Male/ Female	*Ethnic Composition	Employed/ In School/ Retired/Other	Disabled (Y or N)
	HEAD						

*To assist Historic West Des Moines Housing Fund Down Payment Program in evaluating our rehabilitation activities, we request that you provide your social security number(s) and household ethnic composition. Providing this information is voluntary and will not be used unlawfully in making decisions on rehabilitation assistance.

⇒ Are you Active-Duty Military, a Veteran or First Responder? _____ No _____ Yes

⇒ Which Down Payment Program will you be requesting? (check all that apply)

_____ \$2,500 Grant

_____ \$5,000 Loan

_____ \$2,500 Grant for Active-Duty Military, Veteran, or First Responder

CERTIFICATION BY APPLICANT(S)

The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a deferred/forgivable loan and/or grant, and is true and complete to the best of the applicant's knowledge and belief. The applicant(s) understands that any intentional misrepresentation may disqualify him/her from obtaining assistance under the Historic West Des Moines Housing Fund's Down Payment Program.

The applicant(s) further certifies that he/she is the applicant to the Down Payment Program and will be on the title and mortgage of the property to be purchased with assistance from the Historic West Des Moines Housing Fund's Down Payment Program.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . .or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documentation knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Verification of any of the information in this application may be obtained from any source named herein.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____



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Down Payment Program Application Checklist - The following documents will need to be submitted with your application:

- △ Completed City application for the Down Payment Program
- △ Verification of award from either one of Iowa Finance Authority's programs or Neighborhood Finance Corporation program.
- △ Verification of completion of a homebuyer education class from the approved list.
- △ Bank application
- △ Bank commitment letter
- △ If requesting additional grant for Active-Duty Military, Veteran or First Responder - provide verification of status.
- △ Completion of the Authorization for Release of Information

Please Note – Applications that are incomplete will be placed in an “inactive status” until all required documents are received.

AUTHORIZATION FOR RELEASE OF INFORMATION

Organization requesting release of information:
City of West Des Moines
Community & Economic Development Department
PO Box 65320
West Des Moines, Iowa 50265
515-273-0770

Purpose: I/We have applied for a grant at the organization above. As part of the application process, the organization named above may verify information contained in my/our grant application and in other documents required in connection with the grant, whether before the grant is closed or as part of its audit

Authorization: I/We authorize you to provide the organization named above with any and all information and documentation that they request.

Inquiries may be made about, but not limited to the following:

- △ Employment history and income
- △ Income from child support, unemployment, alimony, social security, veteran's benefits, federal or state benefit programs, etc.
- △ Bank information
- △ Retirement accounts, pension funds, life insurance, money markets, etc.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. This release shall remain in effect for twelve months or until revoked in writing, whichever comes first.

Full Legal Name: _____

Address: _____

Signature _____ Date _____

Full Legal Name: _____

Address: _____

Signature _____ Date _____