**2019 Floyd County Housing Trust Fund Furnace Replacement Program Guidelines**

1. The Floyd County Housing Trust Fund anticipates funding for its 2019 Furnace Replacement Program for single family domiciles assessed as residential real estate

2. Applications are being accepted in the 0% - 30% and 31% - 50% median income categories

3. Income Determinant:

Household Size: 1 2 3 4 5 6 7 8

30% Median: 21930 21930 25219 25219 25219 25219 25237 26868

50% Median: 36550 36550 42032 42032 42032 42032 42062 44781

 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 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: 75.00% of furnace replacement costs

7. Any home receiving a furnace which is subsequently sold/transferred within two [2] years of installation date shall repay 100% of benefit. Benefit threshold maximum per residence is $4000

8. Timeline:

 a. Program Local Announcement: 2 August 2018

 b. Applications accepted from 2 August 2018 through 5:00 P.M. 16 December 2018

c. Applications should be submitted to Charles City Area Development Corporation, 401 North Main Street, Charles City, Iowa 50616, 641.228.3020; 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 the Program**

11. I have reviewed and hereby pledge to comply with the Guidelines listed above:

 **Signature: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Floyd County Housing Trust Fund Furnace Replacement Program Application 2019**

**Step 1: Circle the size of your household. Count yourself and all persons living at your home:**

Household Size: 1 2 3 4 5 6 7 8

**Step 2: Annual Household Income:**

 **Gross** **Household Income: $\_\_\_\_\_\_\_\_\_\_**

 Less: Annual Child Care Expenses [age 12 and under]: $\_\_\_\_\_\_\_\_\_\_

 Less: $480 for each child under age 18: $\_\_\_\_\_\_\_\_\_\_

 Less: $400 for each member disabled, and/or

 62 years of age or older: $\_\_\_\_\_\_\_\_\_\_

 Less: Family medical expenses over 3% of gross

 income if disabled or 62 years of age or older: $\_\_\_\_\_\_\_\_\_\_

 **Adjusted Household Income: $\_\_\_\_\_\_\_\_\_\_**

**Step 3: Locate your adjusted Household income:**

Household Size: 1 2 3 4 5 6 7 8

 30% Median: 21930 21930 25219 25219 25219 25219 25237 26868

 50% Median: 36550 36550 42032 42032 42032 42032 42062 44781

**Step 4: Is your adjusted household income above or below the amount for your household size given above? [Circle A, B or C]:**

 A. BELOW 30% MEDIAN INCOME

 B. MORE THAN 30% AND LESS THAN 50% MEDIAN INCOME

 C. ABOVE 50% MEDIAN INCOME

 **IF ABOVE 50% MEDIAN INCOME, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM**

**Step 5: Complete:**

Name: Date:

Address: Telephone:

Signature: 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_White \_\_\_Elderly [age 62+] \_\_\_Disabled \_\_\_Black or African American

\_\_\_American Indian or Alaska Native \_\_\_Asian \_\_\_Hispanic or Latino

\_\_\_Native Hawaiian or Other Pacific Islander

\_\_\_Other Ethnic Group [specify]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Are the property tax payments on your residence current? \_\_\_Yes \_\_\_No

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

 Name:

 Address & Telephone:

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]

10. How did you learn of the Furnace Replacement Program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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