

## City of Ironton Home Improvement Program Full Application

### Part II: Household Information

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How many people live permanently in your household? \_\_\_\_\_

List all household members, their monthly gross income and source of income including Social Security, Wages, Pensions, AFDC, Child Support or Alimony, SSI, General Assistance, Self-employment, Farm income, and Rental income: (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

Name	Birth Date	Monthly Gross Income	Source of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you made all of your monthly payments (housing payments, utilities, loans, credit cards) in a timely manner?  
 Yes  No If the answer is "no," please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From your last property tax statement:

- What is the Estimated Market Value of your home? \_\_\_\_\_
- What are your yearly property taxes? \_\_\_\_\_
- Are your property taxes current? \_\_\_\_\_

What year was your home built (approximately)? \_\_\_\_\_

Is your home insured?  Yes  No  
 If so, with which insurance company? \_\_\_\_\_

Have you ever received a Minnesota Housing Finance Agency Loan or Grant?  Yes  No

Has your home ever been weatherized with Department of Energy funds?  Yes  No

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**Part III: Bank Accounts**

Please list the name and address of your bank, savings and loan, or credit union:

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Checking Account and/or  Savings Account

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Checking Account and/or  Savings Account

Check here if you have no bank accounts of any kind.

**Part IV: Assets**

Please list the name and value of your assets that would include, but not limited to, stocks, bonds, equity in property other than your home, cash value of insurance or proceeds from inheritance, capital gains, insurance settlements, court judgements, and other claims.

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

**Part V: Credit History**

Please answer all questions. If the answer to any of them is "yes," please attach a written explanation.

Are there any outstanding financial judgements or liens against you?  Yes  No

Have you declared Bankruptcy within the last 36 months?  Yes  No

Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure?  Yes  No

Are you a co-signer on any note or loan?  Yes  No

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### Part VI: Debts

Please list all current financial obligations, child support or alimony, installment accounts, charge accounts, debts to banks, finance companies, and government agencies.

Creditor:	City and State Location of Creditor:	Year Loan Account Opened:	Maximum Amount Owed:	Present Balance:	Monthly Payments:	Is Debt Business Related?
Mortgage company:	_____	_____	\$	\$	\$	_____
Contract-for-Deed holder:	_____	_____	\$	\$	\$	_____
_____	_____	_____	\$	\$	\$	_____
_____	_____	_____	\$	\$	\$	_____
_____	_____	_____	\$	\$	\$	_____
_____	_____	_____	\$	\$	\$	_____
TOTALS:				\$	\$	_____

### Part VII: Certification

I certify that by signing this that the information stated above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from assistance in the Housing Rehabilitation Program.

I hereby authorize the Housing Rehabilitation staff to enter my home to identify rehabilitation necessary work items, to take photographs, and to inspect work in progress while construction is occurring during regular business hours.

I hereby authorize the Housing Rehabilitation staff to distribute photos of my rehab project.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date: April 13,2021  
From: Nancy Grabko  
SCDP Housing Rehab Grant Administrator  
Phone: 218-398-7626 Email: ngrabko@gmail.com

This program is for income eligible households where grant funds will cover approximately \$21,000 in major improvements to your home while increasing the health, safety and energy efficiency of the home.

If you are income eligible, a zero interest and 100% deferred (no monthly payments) grant could be available.

**Income Limits Maximum** for a 1 person household is \$40,550, 2 person-\$46,350, 3 person-\$52,150,

4 person-\$57,900, 5 person-\$62,550, 6 person-\$67,200, 7 person-\$71,800, 8 person- \$76,450 *Updated Attached*

If you are still interested in participating, you are encouraged to return your full application (attached).  
If you need assistance filling out the application, I am available to meet with you.

In order to process your application and to make income eligibility determination, please include the following:

- o Proof of ownership: Copy of your Deed or Certificate of Title
- o Proof that your property taxes are paid current (current property tax statement)
- o Proof of identification and residency (anything showing your name and address)
- o Proof of Homeowner's Insurance
- o Proof of income of all those who live in the home and are 18 or more years of age
  1. 1 month of current paystubs of all household income. (Child Support, wages)
  2. Social Security Award Letter- if applicable
  3. Pension Award Letter- if applicable
  4. If you are self-employed, seasonal worker or your income is different from week to week, we will then need 2 years of tax returns with w2's and 1099's.

Only full applications which includes all supporting documentation will be processed. Once completed, you can drop off your full application and supporting documents in an envelope at City Hall. You can also scan and email me the documents at [ngrabko@gmail.com](mailto:ngrabko@gmail.com)

**Attention**  
**Nancy Grabko**  
**SCDP Housing Rehab Administrator**



# FY 2021 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#) [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

## FY 2021 Income Limits Summary

Selecting any of the buttons labeled "Click for More Detail" will display detailed calculation steps for each of the various parameters.

FY 2021 Income Limit Area	Median Family Income <a href="#">Click for More Detail</a>	FY 2021 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Crow Wing County, MN	\$70,800	Very Low (50%) Income Limits (\$) <a href="#">Click for More Detail</a>	26,100	29,800	33,550	<b>37,250</b>	40,250	43,250	46,200	49,200
		Extremely Low Income Limits (\$)* <a href="#">Click for More Detail</a>	15,650	17,900	21,960	<b>26,500</b>	31,040	35,580	40,120	44,660
		Low (80%) Income Limits (\$) <a href="#">Click for More Detail</a>	41,750	47,700	53,650	<b>59,600</b>	64,400	69,150	73,950	78,700

\* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2021 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2021 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

[FY2020 Median Family Income and Income Limits for Crow Wing County, MN](#)

Select a different county or county equivalent in Minnesota:

- Chisago County
- Clay County
- Clearwater County
- Cook County
- Cottonwood County
- Crow Wing County

Select any FY2021 HUD Metropolitan FMR Area's Income Limits:

Abilene, TX MSA

Or press below to start over and select a different state:

Prepared by the [Program Parameters and Research Division](#), HUD.