

Program Purpose

Repair damage to exterior and interior of the home incurred by the August 2020 derecho storm and:

- Lead-based paint hazards
- Health and safety Issues
- Code corrections

Program Eligibility

Please review the following program requirements and verify that your project meets them. If you have questions or concerns about these requirements, please contact nicole.beuc@ecicog.org.

- Projects are allowed up to \$42,000 in repairs, including lead-based paint repairs, or 50% of the pre-disaster assessed property value, whichever is lower. Actual amounts subject to inspection by Housing Rehabilitation staff.
- Homes must be located within the city limits of Cedar Rapids, IA.
- Homes must have derecho damage.
- An occupancy period of 2 years will be enforced by the recording of a forgivable mortgage on the property. **This will recede on a monthly basis and is subject to recapture if the home is sold during the occupancy period.*
- I have owned my home since March 20, 2023, or earlier and it is my primary place of residence.
- I have current homeowner's insurance on my property.
- I do not live in a mobile home.
- My mortgage and property tax payments are current.
- I understand there are additional program eligibility requirements that will be reviewed once my application is submitted.
- Home cannot be located in the 100-year floodplain.

Income must be at or below the following:

| | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|---------|----------|----------|----------|----------|----------|----------|----------|-----------|
| 80% AMI | \$56,300 | \$64,350 | \$72,400 | \$80,400 | \$86,850 | \$93,300 | \$99,700 | \$106,150 |

Maximum program income limit is 80% Area Median Income (AMI) based on household size as shown above.

Household Information

Complete the tables below for all household members

| | | |
|--------------|---------------|------------------------|
| Full Name | Date of Birth | Social Security Number |
| Address | | |
| Phone Number | Email Address | |

| | | | |
|--|---|--|---|
| *Race – please circle all that apply American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other | *Ethnicity – please circle one Hispanic/Latino Other (Non-Hispanic/Latino) | *Is the Head of Household a student? Yes or No | *Head of Household with a Disability? Yes or No <i>Physical or mental impairment</i> |
| | *Marital Status – please circle one Single Married Divorced Widowed | If Yes, name of school: _____ | *Head of Household with a special need? Yes or No <i>Elderly, disabled, persons with HIV/AIDS, and persons with alcohol or drug addictions</i> |

Chose not to respond: _____

*Information is for statistical use only, as required by U.S. Department of Housing and Urban Development.

| Name | | | | | | | | | | |
|-----------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
| Relationship to Head of Household | | | | | | | | | | |
| Date of Birth | | | | | | | | | | |
| Social Security # | | | | | | | | | | |
| Marital Status | | | | | | | | | | |
| Student? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| If yes, name of school | | | | | | | | | | |

*If you need additional lines, attach a separate piece of paper

Additional Household Information

Have you received funding from any other sources for derecho repairs? Yes No

If Yes, - FEMA, SBA, Homeowner's Insurance, Other?

Is the home habitable? Yes No Are there known structural issues? Yes No

Does the property have electricity and running water? Yes No

Do you anticipate any changes in household size in the next 12 months? Yes No

If yes, explain.

Are there any temporarily absent household members who will be returning in the next 12 months? Yes No

If yes, explain.

Household Asset Verification

Assets mean any money in a bank or financial institution, or items of value that can be converted to cash. Provide copies of the documents as required; All documents must be dated within the past 30 days to be accepted.

Mark "yes" or "no" for each asset type for all household members (including children). For all asset sources marked "yes", fill in the current cash value.

| DO YOU HAVE MONEY HELD IN: | | YES | NO | CASH VALUE | |
|----------------------------|---|------------------|----|------------|--|
| 1 | Checking Accounts | | | | |
| 2 | Savings Accounts | | | | |
| 3 | Stocks, Bonds, Securities, Capital Investments, Trusts, Mutual Funds | | | | |
| 4 | IRA Accounts, Pension/Retirement Funds | | | | |
| 5 | Certificates of Deposit, Treasury Bills (savings bonds, etc), Safe Deposit Box | | | | |
| 6 | Insurance Settlement | | | | |
| 7 | Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes? | | | | |
| 8 | Are any assets held jointly with another person? | | | | |
| | If yes, list person's name, asset(s) held jointly, and the relationship to the applicant: | | | | |
| 9 | Other (list): | | | | |
| 10 | Do you own any other property? | | | | |
| | If so, what is the full address: | | | | |
| 11 | Have you sold or disposed of any property for less than fair market value in the last two years? | | | | |
| | If so, what is the full address: | | | | |
| | Date Sold or Disposed of: | Amount Received: | | | |

For any item marked "yes" above, fill in the chart below with the source of asset and household member name.

| NUMBER FROM ABOVE | FAMILY MEMBER | SOURCE/LOCATION OF ASSET |
|-------------------|---------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Required Documents

Please submit copies of the following documents with your application:

- 1 Year of federal tax returns for anyone over the age of 18
- Homeowner insurance declaration
- Most recent homeowner insurance claim for August 2020 storm damage
- Copy of driver's license or other form of photo identification for anyone over the age of 18
- Social Security Cards for all household members
- Current statement from mortgage lender showing payments are current
- If divorced, divorce decree is required to verify if alimony is received
- Receipts for derecho related repairs completed
- FEMA Written Consent and Release of Information (for all household members over the age of 18) **Provided to you*
- Consent and Release Form Non-Public Personal Information, Insurance and Other Funds Sources Affidavit (must be notarized), and Subrogation Agreement **Provided to you*

Asset and Income Required Source Documents (if answered "yes" on previous pages)

| Type of Asset | Documents Required |
|---|--|
| Checking Accounts AND Savings Accounts (includes online bank cards or check cards) | Six <u>months</u> of consecutive checking account statements – must show bank name, account number, and account owner. Two <u>months</u> of consecutive savings account statements. |
| Retirement Accounts (includes Pension, IRA, 401(k), 403(b) Accounts, etc.) | Current statement showing account balance |
| CD's, Stocks, Bonds, Securities, Capital Investments, & Trusts | Current Statement showing account balance |
| Treasury Bills (savings bonds, etc.) | Calculator print out from Treasury Direct.Com showing current value of treasury bills |
| Safety Deposit Box | Signed statement listing items and value |
| Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes? | Current appraisal showing value |
| Have you sold or disposed of any asset for less than fair market value in the last two years? | Documentation showing estimated value and amount received |
| Type of Income | Documents Required |
| Employment Wages, Salaries (includes overtime, tips, bonuses, commissions) | Two months of consecutive pay stubs showing gross year to date pay received |
| Self-Employment (includes home-based businesses, contract work, work for cash) | Current year-to-date Profit or Loss statement, showing gross income and expenses to show net income/loss |
| Child Support | Child support case number for each child and print out of 12 months of payment history. |
| Social Security Payments, including SSI or SSDI | Current award letter |
| FIP/TANF or other program payments | Current award letter |
| Does any member receive regular cash contributions or gifts from individuals not living in the household? | Signed statement from person paying stating how much is paid and how often |
| Worker's Compensation, Pensions, Retirement Benefits, Death Benefits, Lump Sum Payments | Current award letter |
| Unemployment Benefits or Severance Pay | Current printout from Iowa Workforce Development for unemployment or severance pay award letter |
| Alimony | Copy of legal award, or if no court order, signed statement from person paying stating how much is paid and how often |
| Annuities or Life Insurance Dividends | Current statement showing amount received year to date |
| Net Income from Rental Property | Copy of lease showing current rent amount |

Property Eligibility

Have you lived in your home since March 20, 2023 or earlier and it is your primary place of residence?

Yes No

Date of purchase? _____

Do you have a current homeowner's insurance policy?

Yes No

Are your mortgage payments and property taxes current?

Yes No

Was your property impacted by the August 2020 derecho storm?

Yes No

Is your property in the floodplain?

If so, is it in the 100-year or 500-year floodplain?

Yes No 100-year 500-year

Do you understand that there is a 2-year occupancy requirement and that a 2-year property lien will be placed if you participate in the program?

Yes No

What name is listed on the property deed, if different from applicant name? Please explain. What is the name of the mortgage lender?

Please describe your derecho repair concerns, such as roof, siding, fascia/soffit, windows, wall/structural, porch/decks, etc.

Please describe your other repair concerns including code violations.

ACKNOWLEDGEMENT, CONSENT, AND RELEASE

To be completed by everyone age 18 and older.

- I acknowledge and certify that this application includes complete information for every person who will live in the property, regardless of who will be shown on the deed or on the mortgage. All income, asset, and debt information listed, and documents provided are true and accurate representations.
- I understand that requirements for program eligibility include income and property requirements. Additional program guidelines will be applied as required by the U.S. Department of Housing and Urban Development.
- I understand there may be additional documents needed to meet eligibility requirements other than the documents listed in the application.
- I authorize ECICOG to verify all information contained in the application and to share information with the Federal Emergency Management Agency (FEMA), The Small Business Administration (SBA) insurance carriers, and other entities providing disaster assistance. I/we further authorize the Federal Emergency Management Agency (FEMA), The Small Business Administration (SBA), insurance carriers, and any other entities providing disaster assistance, to release the information required by ECICOG, and agree that photocopies of those forms may be used for the purposes stated above.
- I understand that this application does not guarantee program qualification and is not a guarantee of assistance.
- I understand that the City of Cedar Rapids and/or its contractor, ECICOG, will retain this application and all documentation whether or not it is approved.
- I confirm that my home was impacted by the August 2020 derecho storm.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

United States Code Title 18, Section 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 representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

By signing this form, I acknowledge and agree to the above and that this application is true, correct, and complete.

Print Applicant Name

Applicant Signature

Date

Print Co-Applicant Name

Co-Applicant Signature

Date

Print Other Household Adult Name

Other Household Adult Signature

Date

Print Other Household Adult Name

Other Household Adult Signature

Date

Print Other Household Adult Name

Other Household Adult Signature

Date

IOWA ECONOMIC DEVELOPMENT AUTHORITY

Owner-Occupied Rehabilitation Program

Community Development Block Grant-Disaster Recovery

Consent and Release Form Non-Public Personal Information

Instructions: You must fill out this form in order to allow the Iowa Economic Development Authority (IEDA) to share yours, all of your household member's information, and all owner's non-public personal information with agencies and companies in order to process your application.

You may end this agreement at any time; however, if you end the agreement, IEDA will not be able to process your application.

This form does **NOT** need to be signed in front of a notary public.

I, _____ (Name) do hereby consent to and authorize IEDA (including its partners, affiliates, agents, contractors, and the respective assigns), as part of my application for the Disaster Recovery Rehabilitation Program (the "Program") to request, access, review, disclose, release and share any and all information received with respect to my application for the Program ("Non-public Personal Information" or "NPI"), whether provided by me in my application or otherwise provided by me, or by additional outside third parties with whom I may or may not have a relationship, and only as necessary or desirable, in the sole discretion of IEDA, for final determination of my eligibility for and the amount of assistance under the Program. I, as Primary Applicant/Owner/Occupant, authorize the release of all household member's(s') and owner information in order to comply with the Program eligibility and benefit determination requirements. I understand and acknowledge that any part disclosing information on behalf of IEDA or to IEDA on my behalf is not responsible for any negligent misrepresentation or omission, and I agree to hold IEDA and such disclosing parties harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to their disclosure.

As part of this Consent, I further authorize IEDA and any other financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or any other third part to obtain, use and disclose any of my NPI in their possession, as necessary or desirable, in the sole discretion of IEDA, to enable IEDA to administer the Program and process my application.

I understand and acknowledge that IEDA may obtain, use and disclose any NPI received in its investigation of my application with third parties, including those referenced above, as necessary or desirable, in the sole discretion of IEDA, for final determination of my eligibility for and the

IOWA ECONOMIC DEVELOPMENT AUTHORITY

Owner-Occupied Rehabilitation Program

Community Development Block Grant-Disaster Recovery

amount of assistance under the Program. All NPI will be retained by IEDA in accordance with Program requirements.

My consent may be revoked or ended at any time by giving written notice to IEDA. I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the Program. Unless revoked by me, this Consent shall remain in full force and effect until all obligations to IEDA are satisfied in full.

Should I disagree with the findings of IEDA in reviewing duplication of benefits, I may contest the finding by contacting Disaster@IowaEDA.com, calling 515.348.6204, or by mail to:

Attention: Disaster Recovery Team Lead
Iowa Economic Development Authority
1963 Bell Avenue Suite 200
Des Moines, IA 50315

By completing and signing this form, I acknowledge and agree to the above and agree that this Consent may be furnished on my behalf to any financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or other third party.

Applicant/Owner/Occupant
Name (Printed)

Applicant/Owner/Occupant
Signature

Date

IOWA ECONOMIC DEVELOPMENT AUTHORITY

Owner-Occupied Rehabilitation Program

Community Development Block Grant-Disaster Recovery

Insurance and Other Funds Sources Affidavit

Instructions: You must fill out this form even if you did not have insurance on the date of the damage to your home due to the severe storms giving rise to the presidentially declared major disaster for the State of Iowa (FEMA-4557-DR), which occurred on August 10, 2020. This form requires you to indicate to the Iowa Economic Development Authority (“IEDA”) and the Disaster Recovery Rehabilitation Program (the “Program”) whether or not there was insurance on the damaged property on the date of the damage to your home (August 10, 2020).

If you selected that there was insurance on the damaged property, you are required to fill in the name of the insurance company, policy number, claim number, and the settled amount, if any, the settled amount for lost personal property, the settled amount for structural damage to the home, and attach copies of the insurance policies and any correspondence with the insurance companies relating to the claim.

You must sign this form in front of a notary public.

STATE OF IOWA

COUNTY OF LINN

Before me, the undersigned authority, on this day personally appeared the person(s) name below (“Applicant(s)”), who, being by me duly sworn under penalty of perjury and penalty of violation of Federal and State laws applicable to my application for and receipt of a grant of deferred loan under the Iowa Economic Development Authority (“IEDA”) and the Disaster Recovery Rehabilitation Program (the “Program”), made the following statements and swore that they were true:

I/we hereby state and certify to the United States Department of Housing and Urban Development and to the Iowa Economic Development Authority as follows (please check one blank):

- On the date of damage to my home, August 10th, 2020, Homeowners, flood, and/or wind insurance **WAS** carried and in force on the property with respect to which I/we made an application under the Program.
- On the date of damage to my home, August 10th, 2020, Homeowners, flood, and/or wind insurance **WAS NOT** carried and in force on the property with respect to which I/we made an application under the Program.

IOWA ECONOMIC DEVELOPMENT AUTHORITY

Owner-Occupied Rehabilitation Program

Community Development Block Grant-Disaster Recovery

If insurance was carried on the damaged property, fill in the information requested below using the insurance information in effect at the time of damage to my home due to the Iowa Severe Storms (August 2020 Midwest Derecho). The space at the bottom is provided to you in case you are unsure about whether a payment is for structural or personal property.

Homeowner Insurance

| | | | |
|-----------------------------------|--|-----------------------------------|--|
| Company Name: | | Policy Number: | |
| Claim Number: | | Total Settled Amount: | |
| Personal Property Settled Amount: | | Structural Damage Settled Amount: | |

Wind Insurance

| | | | |
|-----------------------------------|--|-----------------------------------|--|
| Company Name: | | Policy Number: | |
| Claim Number: | | Total Settled Amount: | |
| Personal Property Settled Amount: | | Structural Damage Settled Amount: | |

Flood Insurance

| | | | |
|-----------------------------------|--|-----------------------------------|--|
| Company Name: | | Policy Number: | |
| Claim Number: | | Total Settled Amount: | |
| Personal Property Settled Amount: | | Structural Damage Settled Amount: | |

Notes:

IOWA ECONOMIC DEVELOPMENT AUTHORITY

Owner-Occupied Rehabilitation Program

Community Development Block Grant-Disaster Recovery

Other Fund Sources

Instructions: This section identifies any sources of funds that the applicant has received as a result of the August 2020 Midwest Derecho other than insurance. Sources of funds include but are not limited to: Federal, state and local loan/grant programs; private or bank loans;

Source of Funds #1

| | | | |
|--------------|--|---|--|
| Lender Name: | | Government Loan/Grant/ Loan/Forgivable Loan: | |
| Purpose: | | Amount: | |
| Purpose: | | Amount: | |

Source of Funds #2

| | | | |
|--------------|--|---|--|
| Lender Name: | | Government Loan/Grant/ Loan/Forgivable Loan: | |
| Purpose: | | Amount: | |
| Purpose: | | Amount: | |

Source of Funds – Small Business Administration (SBA):

| | | | |
|--|------------------------------|-----------------------------|--|
| Have you received disaster recovery assistance from the SBA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, what is the amount of the loan? | \$ _____ | | |
| If no, did you apply for an SBA loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Did you decline an SBA loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| What was the amount of the loan? | \$ _____ | | |
| Why was the loan not accepted? | _____ | | |

Notes:

IOWA ECONOMIC DEVELOPMENT AUTHORITY

Owner-Occupied Rehabilitation Program

Community Development Block Grant-Disaster Recovery

Attached to this Insurance Affidavit are copies of (1) each insurance policy under which a claim was filed with respect to the damage to my home as a result of the presidentially declared major disaster for the State of Iowa (FEMA-4557-DR), and (2) all correspondence relating to the claims described in (1) of this sentence. No other correspondence with respect to any such insurance claims has been received by me as of the date of this Insurance Affidavit.

By executing this Insurance Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Dated this the ____ day of _____, 2025.

Applicant (Affiant) Signature

Print Applicant name (Affiant)

Joint Applicant (Affiant) Signature

Print Joint Applicant name (Affiant)

SUBSCRIBED AND SWORN TO before me, by the above-named Affiant(s) this, the ____ day of _____, 2025, to certify which witness my hand and official seal.

NOTARY PUBLIC

My Commission Expires: _____

IOWA ECONOMIC DEVELOPMENT AUTHORITY

Owner-Occupied Rehabilitation Program

Community Development Block Grant-Disaster Recovery

EXHIBIT TO INSURANCE AFFIDAVIT

COPIES OF INSURANCE POLICIES
AND
CORRESPONDENCE REGARDING CLAIMS

SUBROGATION AGREEMENT

This Subrogation and Assignment Agreement (“Agreement”) is made and entered into on this ___ day of _____, 2025, by and between _____ (“Applicant”) and the City of Cedar Rapids (“Grantor”).

In consideration of Applicant’s financial situation or the commitment by Grantor to evaluate Applicant’s application for the receipt of funds (collectively, the “Grant”) under the Disaster Recovery Rehabilitation Program (the “Program”) administered by Grantor, Applicant hereby assigns to Grantor all of Applicant’s future rights to reimbursement and all payments received from any grant, subsidized loan, or assistance under any housing assistance programs that are determined in the sole discretion of the Iowa Economic Development Authority to be a duplication of benefits (“DOB”) as provided in this Agreement.

The proceeds or payments referred to in the preceding paragraph, whether they are from a federal grant or any other source, and whether or not such amounts are a DOB, shall be referred to herein as “Proceeds,” and any Proceeds that are a DOB shall be referred to herein as “DOB Proceeds.” Upon receiving any Proceeds not listed on the Duplication of Benefits Certification, the Applicant agrees to immediately notify the Grantor of such additional amounts. The Grantor will determine in its sole discretion if such additional amounts constitute a DOB. If some or all of the Proceeds are determined to be a DOB, the portion that is a DOB shall be paid to the Grantor.

Applicant’s assistance and cooperation shall include but shall not be limited to allowing suit to be brought in Applicant’s name(s) and providing any additional documentation with respect to such consent, giving depositions, providing documents, producing record and other evidence, testifying at trial, and any other form of assistance and cooperation reasonably requested by the Grantor. Applicant further agrees to assist and cooperate in the attainment and collection of any DOB Proceeds that the Applicant would be entitled to under any applicable housing assistance program.

If requested by the Grantor, Applicant agrees to execute such further and additional documents and instruments as may be requested to further and better assign to the Grantor, to the extent of the Grant paid to Applicant under the Program, the Policies, any amounts received under the the Program that are DOB Proceeds and/or any rights thereunder, and to take, or cause to be taken, all actions and to do, or cause to be done, all things requested by the Grantor to consummate and make effective the purposes of this Agreement.

Applicant explicitly allows the Grantor to request of any organization with which the Applicant has applied for or is receiving *Proceeds*, any non-public or confidential information determined to be reasonably necessary by the Grantor to monitor/enforce its interest in the rights assigned to it under this Agreement and give Applicant’s consent to such company to release said information to the Grantor.

Applicant represents that all statements and representations made by the Applicant regarding Proceeds received by the Applicant shall be true and correct as of the date of Closing.

NOTICE: Applicant executing this Agreement are hereby notified that intentionally or knowingly making a materially false or misleading written statement to obtain property or credit is a violation of Title 18 United States Code Section 1001 and, depending upon the amount of the Grant, is punishable by a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

The Applicant executing this Agreement hereby represents that he/she has received, read, and understands this notice of penalties for making a materially false or misleading written statement to obtain the Grant.

In any proceeding to enforce this Agreement, the Grantor shall be entitled to recover all costs of enforcement, including actual attorney's fees.

APPLICANT

Signature: _____

Name: _____

Date: _____

CO-APPLICANT

Signature: _____

Name: _____

Date: _____

GRANTOR:

ECICOG
Program Administrator

Signature: _____

Name: _____

Title: _____

Date: _____

DUPLICATION OF BENEFITS CERTIFICATION

CDBG-DR OWNER-OCCUPIED REHAB

The funding program to which you are applying (CDBG-DR) requires verification of additional financial assistance to comply with The Robert T. Stafford Disaster Relief and Emergency Assistance Act, (Stafford Act Section 312 42 U.S.C. 5121–5207) which prohibits federal agencies from providing financial assistance to any person, business concern, or other entity from receiving federal funds that are duplicative from any other program or any other source where the assistance amount exceeds the need for specific disaster recovery purpose.

Property

Address: _____

I/We, _____, affirm the following:

Print Name

I/We make this Affidavit in connection with Community Development Block Grant Disaster Recovery (CDBG-DR) assistance through the Iowa Economic Development Authority (IEDA) and its local government partners.

I/We have received, or expect to receive, the funding listed on the funding Sources/Uses budget within the Application:

| Assistance | Awarded/ Approved | Expected or Application Pending |
|--|----------------------|---------------------------------------|
| PATCH Program | | |
| HOME program | | |
| CDBG program | | |
| Federal Home Loan Bank | | |
| Housing Trust Fund | | |
| Charitable contributions | | |
| Neighborhood Financing Corporation | | |
| Other assistance to purchase or provide a downpayment (please name) | | |

Or

| | |
|--|----------------|
| I/We received or expect to receive no additional recovery funds | (please check) |
|--|----------------|

I/We agree to include all sources and uses of funds in the CDBG-DR Application and notify IEDA in writing of any changes to the information contained in this certification from the date of this Certification through the completion of the Project(s).

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I/We certify under penalty of perjury that all information provided as part of this application is true and correct to the best of my/our knowledge. I give my consent to the sponsoring organization considering this application to use the information provided herein for the purpose of CDBG-DR program consideration.

Signature

Date

Signature

Date



FEMA WRITTEN CONSENT AND RELEASE OF INFORMATION FORM

THIS FORM MUST BE COMPLETED BY ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18

I, _____, born on _____ in _____, residing at
(First and Last Name of Applicant) (MM/DD/YYYY) (City/State of Birth)

_____ hereby consent to
Address of damaged property City State Zip Code

disclosure of the information collected by FEMA under the last four digits of my SSN # XXX-XX-_____ and
my FEMA Application Number _____ to the organizations or individuals listed below.
FEMA registration # (if applicable)

My phone number is: _____

I specifically consent to have the following items disclosed to ECICOG and the City of Cedar Rapids:

- My damaged property address, contact information, and the amount of disaster assistance received specifically for home repairs.
- Additionally, I consent to have the above-named organizations speak on my behalf and represent me before FEMA.

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

Sign: _____ Date: _____