



Welcome to Green & Health Homes Initiative Salt Lake. Our primary objective is to help families who have a health condition that is impacted by conditions of the home. We want to partner with you and come up with solutions that will help improve the health of your family.

Once we receive your completed application and determine eligibility for the GHHI Salt Lake program, we will set up an appointment to come and meet with you. During the initial visit we want to accomplish two things: First, we want to complete a visual assessment of the home and have you help identify the things that you are most concerned about. Second, we will discuss with you the “Roots of the Problem, Roots of the Solution” booklet and assessment tool. If you have asthma, we will ask you to complete the asthma control test.

After the initial visit we may order (with your permission) other testing such as a lead-based paint risk assessment or radon gas testing. We will develop a work write up of the repairs you need. The work writes up will be used to obtain bids from licensed contractors. Your application will be reviewed by a loan committee. If you do not meet the program requirements you may be turned down.

After we have compiled all the assessments, we will meet again with you to review the assessments, complete the “*Roots of the Problem, Roots of the Solution*” booklet, and develop a healthy home plan. Usually the healthy home plan will have three elements.

1. **Medical treatment:** It is important that you are receiving the medical treatment that is needed.
2. **Family actions:** Depending on the health issue(s), factors such as smoking, and pets can have a big impact on the family’s well-being. GHHI partners will work with you to identify the most critical triggers.
3. **Remediation of the home:** Based on the completed assessments and the assistance that you provide to us; we will identify the most critical items that need remediation in the home.

As a condition of GHHI Salt Lake providing grants and loans to finance the remediation that is needed, we will ask that you help us to identify the costs of medical treatment before and after the remediation, as well as the number of days of school and work missed because of the health condition both before and after the remediation. As part of our agreement with you, we will also ask that you identify actions which are needed to ensure that the whole health of the family can be maintained.

**Sara Hernandez**  
**Intake Coordinator**  
2001 S State Street S-2100  
PO Box 144575  
Salt Lake City, Utah 84114-4575  
Phone: 385-468-4890  
FAX: 385-468-4894  
shernandez@slco.org

Please review this packet carefully and fill out and sign the Loan Application if you are interested in pursuing a 0% - 3% loan or possible grant from Salt Lake County to make repairs or replace critical components in your home.

*This document may need to be shared with partner organizations to enable you to get as much assistance as possible. **We will ask for your permission BEFORE sharing any information with another organization.** Credit reports will be obtained by our partners, Community Development Corporation or Habitat for Humanity.*

To Apply:

### **Fill out, sign and mail application**

#### **Include copies of the following:**

- Verification of income: last 2 months check stubs for everyone residing in the home 18 years of age or older or other verification of income (SSI, pension, etc.)
- Copy of homeowner's insurance certificate
- Copy of current or year-end mortgage statement

**If you have any questions or concerns, please contact Sara Hernandez at 385-468-4890.**

We will be happy to review the process involved in taking out a loan and the requirements for applying.

**Mail Application to:** Green & Healthy Homes Initiative/ Salt Lake  
Sara Hernandez  
2001 S State Street S2100  
PO Box 144575  
Salt Lake City, UT 84114-4575

**Email:** shernandez@slco.org  
**Fax:** 385-468-4894

The County does not discriminate based on race, color, national origin, sex, or religion. No qualified individual with disabilities shall, based on disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity conducted by this agency.

## APPLICATION

Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Disabled? Y \_\_\_N\_\_\_ Sex \_\_\_\_\_  
Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_  
\*See Below for Race Categories.  
Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work # \_\_\_\_\_  
Years Employed here \_\_\_\_\_  
Annual Income \_\_\_\_\_  
Other Income \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Disabled? Y \_\_\_N\_\_\_ Sex \_\_\_\_\_  
Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_  
\*See Below for Race Categories.  
Employer \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work # \_\_\_\_\_  
Years Employed here \_\_\_\_\_  
Annual Income \_\_\_\_\_  
Other Income \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

### Please list ***additional*** household members 18 years of age or older

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_  
Work Address \_\_\_\_\_ Wk # \_\_\_\_\_  
Disabled? Y \_\_\_N\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_  
Work Address \_\_\_\_\_ Wk # \_\_\_\_\_  
Disabled? Y \_\_\_N\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_  
Work Address \_\_\_\_\_ Wk # \_\_\_\_\_  
Disabled? Y \_\_\_N\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_

**Total Household Income** \_\_\_\_\_

### Please list children living in the home under the age of 18

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_  
Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_  
Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_  
Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_  
Full Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Hispanic? Y \_\_\_N\_\_\_

1 - White  
2 - Black/African American  
3 - Asian  
4 - American Indian/Alaskan Native  
5 - Native Hawaiian/Hawaiian/Another Pacific Islander

6 - American Indian/Alaskan Native & White  
7 - Asian & White  
8 - Black/African American & White  
9 - American Indian/Alaskan Native & Black/African American  
10 - Other Multi-Racial

List the names of persons on the title to the property and your relationship to them:

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What is the balance owing on your home? \_\_\_\_\_ How much is your monthly payment? \_\_\_\_\_  
 How long have you owned this property? \_\_\_\_\_ Property Insurance Holder \_\_\_\_\_  
 What is the approximate value of your home? \_\_\_\_\_ Do you have any liens on your property? Y\_\_\_ N\_\_\_  
 Have any of your children been tested for lead paint poisoning? Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly describe the problems with your home and the repairs you would like to make: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Briefly describe the health conditions of the family or family members: \_\_\_\_\_  
 \_\_\_\_\_

**Please provide the following:**

Number of days of **school** missed by family members in the past twelve months that can be related to recurring health condition \_\_\_\_\_

Number of days of **work** missed by a family member in the past twelve months that can be related to recurring health condition \_\_\_\_\_

Number and costs of visits to **emergency** over the last twelve months by a family member related to recurring health condition \_\_\_\_\_

Number and costs of **hospital** stays over the last twelve months by a family member related to a recurring health condition \_\_\_\_\_

Other **medical** costs over the last twelve months by a family member related to recurring health condition \_\_\_\_\_

\*I reaffirm that if a grant is approved, I will be notified by Green and Healthy Homes Initiative Salt Lake (GHHI Salt Lake), I will work with the staff to comply with all of the policies and procedures as outlined. After such notification, I will have two weeks to respond. If I do not respond within that time limit, re-application and re-approval will be necessary.

\*I have read and understand the guidelines of this application and I agree to abide by the regulations of the GHHI Salt Lake Program. I will not hold the program and Salt Lake County legally liable for any actions of the county staff, representative or the contractor.

**DISCLAIMER**

The undersigned hereby acknowledges that any discussions with or any information given by a Salt Lake County employee or it's designee regarding application for the Green and Healthy Homes Initiative Salt Lake, prior to receipt of a formal commitment letter from GHHI Salt Lake or its designee committing a specific amount of funds to the project, is only for program information and may not be considered a binding commitment on the part of the GHHI Salt Lake to provide funds or technical assistance to the project.

By signing this application, the applicant is giving authorization to the County, or its designee, to obtain and verify any information including credit history, income and ownership. The undersigned also acknowledges that any costs incurred prior to receipt of a formal commitment letter from the County or its designee committing a specific amount of funds to the project, are at the risk and expense of the applicant. The applicant, by signing this document, certifies that all the information provided is accurate.

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

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

## Good Faith Estimate

Grants may be provided if there are critical needs in the home and/or if there is a critical health condition. To qualify for the grant, a housing inspection tool called HHRS will be used to assess the needs of the home. The amount of grant that could be provided will be determined by the HHRS assessment and the health of the family. Critical conditions of the home may be funded through a grant or a combination of a grant and loan. If the \$4,000 grant does not cover the cost of bringing the house up to property standard code (as verified by the GHHI inspection) a loan will be offered; a request for a grant will not be turned down if the homeowner does not wish to take out a loan.

Because of the limited funds we have, we may not be able to assist all applicants for funding. Each application will be reviewed for prioritization of need. Priority will be given to those with emergency needs (broken waterline, broken sewer lines, and other emergencies) and/or critical health needs (such as multiple visits to emergency or hospital because of health condition). You will be notified of the priority status of your home.

### Loan Processing Costs: (Included in rehab loan)

Title Insurance, Document Prep, Recording Fees \$200.00  
 Credit Check \$25.00

### Loan Terms:

Where possible all assistance is to be provided in the form of an amortized, payback loan. The terms and conditions of the loan will be determined by the underwriting of the loan, household income, and the status of the family (disabilities).

- All households at or below 50% of AMI qualify for a zero percent deferred loan or 0% loan with principal payments. Even though a household may qualify for a deferred loan, if the loan underwriting and due diligence shows the household is capable of making repayments, a principal payment loan should be provided.
- All households with at least one of the owners of the property who is over 70 will qualify for a zero percent deferred loan.
- All other households between 50% of AMI and 80% of AMI, qualify for a 3% amortized loan payable over ten years. The underwriting will be based on the current financial status of the household upon due diligence (review of credit reports, work history, loan to value, and critical needs) underwriting and approval by the GHHI committee. The start of the payments may be deferred for the time frame; payback may be adjusted.
- Targeted monthly repayment loan terms will be computed so that 35% of the household income is spent on housing expenses and 45% of the household income is spent on total debt as outlined in the GHHI Operating Standards.

Maximum Housing Rehabilitation Loan: \$24,999  
 Maximum Interest Rate: 3%  
 Maximum Repayment Period: 10 Years

### Sample Payments:

\$5,000 Payment: \$48.30  
 \$10,000 Payment: \$98.60  
 \$15,000 Payment: \$144.90

### Income Limits:

Income limits for all assistance are based on a maximum of 80 percent of the median family income as outlined below:

Family Size	1	2	3	4	5	6	7	8
80%	\$51,650	\$59,000	\$66,400	\$73,750	\$79,650	\$85,550	\$91,450	\$97,350
50%	\$32,300	\$36,900	\$41,500	\$46,100	\$49,800	\$53,500	\$57,200	\$60,900

### Income Verification:

Applicants must attach a copy of the most recent two (2) months' paycheck stubs or other income verification for all household members age 18 and over who receive income. Information provided by the applicant must be true to the applicant's knowledge.

Salt Lake County reserves the right to terminate assistance and to recover funds expended if the applicant is found to have willfully withheld accurate information or to have deliberately falsified the application.

### Property Eligibility:

Only owner-occupied units are eligible for rehabilitation loans. Each property must be inspected by Salt Lake County or its designee and pass an environmental review.

Additions, appliances, and/or any objects not directly attached to the house itself are not eligible. All improvements must be physically attached to the house and of permanent nature.

Units and items being rehabilitated will comply with all local codes at the completion of the rehabilitation. A County building permit may be required for certain rehabilitation projects.

\_\_\_\_\_ Initials

## Rights and Responsibilities of Owner, Contractor, & Community Development Corporation/OR Habitat for Humanity

The Owner understands that Community Development Corporation/OR Habitat for Humanity is not a party to the Bid Proposal submitted by the Contractor(s) or the approval by the Owner of the work and amount specified and does not act as the agent for either the Owner or Contractor(s). The Owner, Community Development Corporation/OR Habitat for Humanity and Contractor(s) with approved Bid Proposals, agree that the Rights and Responsibilities of each include the following:

### **Owner shall:**

- Receive a copy of all rehabilitation documents signed by the Owner and Contractor(s)
- Receive a written Bid Proposal from Contractor(s) prior to making a final selection of the Contractor(s) to do the work
- Choose the Contractor(s) to do the work (If the owner selects a Contractor other than the low bidder, the owner may be asked to pay any price difference between the low bidder and the selected bidder)
- Sign the Bid Proposal(s) from the Contractor(s) accepting the bid and the Home Repair Contract before loan closes and work proceeds
- Sign a Notice to Proceed to Contractor(s) after the 3 day right of rescission ends
- Approve any extension of time to complete the work granted to the Contractor(s)
- Approve Contractor's work before payment is made to the Contractor(s)
- Receive a copy of warranties of guarantees furnished by the Contractor(s)
- Cooperate with the Contractor(s) to facilitate performance of the work
- Permit the Contractor(s) to use, at no cost to the Contractor(s), existing utility services necessary to perform the work
- Pay for Title and Credit Reports if loan is not obtained

### **Contractor(s) shall:**

- Prepare and submit to the Owner (along with a copy to Community Development Corporation/OR Habitat for Humanity) a Bid Proposal for the work described in the Work Description prepared by Community Development Corporation/OR Habitat for Humanity
- Include in the Bid Proposal dates for accepting the bid, starting the work, and completing all work
- Perform all work in conformance with the Uniform Building Code and all other applicable building codes or regulations
- Comply with all Federal, State, and local nondiscrimination and other regulations and requirements
- Perform all work in a professional manner
- Obtain all necessary permits and inspections required for execution of the work
- Provide the owner with clearance from any liens resulting from the work
- Maintain comprehensive public liability insurance and worker's compensation insurance coverage.

### **Community Development Corporation/OR Habitat for Humanity shall:**

- Be the Administering Agency for the loan process
- Explain the loan requirements and process to the Owner
- Review the housing repairs needed with the Owner, including the Owner's list of problems and repairs noted from a house inspection
- Provide a work description on the repair or replacement of critical components in the home
- Obtain a Property Title Report and Credit Report in preparation for the loan consideration. Credit problems do not necessarily mean that a loan would be denied. Adequate equity in the home is the main requirement for securing the loan. We recognize that some homeowners may have credit problems but that should not necessarily disqualify them from obtaining a 0% - 3% loan to repair critical problems in their homes.
- Request, receive and review Bid Proposals for the work needed from licensed contractor(s)

I have read the above Rights and Responsibilities and agree to follow them

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Green & Healthy Homes Initiative Salt Lake Owner Informed Consent

## Explanation of Procedures

This project will test how well health and safety upgrades improve the health and safety of those living in your home. The project is being paid for by funds from the U.S. Department of Housing & Urban Development and private foundations. People who participate in the program will receive services and materials that will fix health and safety hazards in your house. During one of the home visits, you will be given the “Roots of the Problem, Roots of the Solution” booklet by a qualified Health Advocate to help you assess the needs of your home and its overall health.

When construction upgrades are completed on the home, your Health Advocate will schedule a follow up visit and conduct another survey. During this visit, you will be asked questions like those you were asked at the first visit. The GHHI Salt Lake Assessor will conduct a final assessment after construction is complete to make sure the job was done right.

## Risks

We do not anticipate any significant risks to you or your family as a result of your participation in GHHI Salt Lake. You will receive tools, services and resources to make your home healthier and safer. The survey data collected will always be kept confidential and protected. You will be asked to allow an assessor to assess your home in detail, to meet with the health advocate on a number of occasions to answer questions about your household and home activities and to coordinate your schedule to allow a contractor to conduct work. Minimal data will be collected about the health status of you and your family.

## Benefits

The benefits to you and your family include services and materials to help you improve health and safety hazards. All GHHI Salt Lake services are provided at no cost to you, and typically the cost of critical remediation will be covered by grants & foundation funding. However, if remediation measures are recommended which exceed the maximum grant benefit, our partners will work together with you to find a cost-effective solution that is affordable for your family. Depending on the location and underwriting, you may be eligible for a loan.

## Confidentiality

The information you tell us about yourself will be kept private. This includes your name, address, information about your health history, costs for health services and allergens in your home. At the end of the project we will combine all the non-identifying information that you shared with us with similar information shared by other participants so that your information remains anonymous. From this information we will be able to report how well the GHHI Salt Lake Program improved housing and health conditions for participants.

## Withdrawal without Penalty

It is your choice whether to participate in this project. If you decide not to be in the project there will be no penalty. You are free to withdraw from this project at any time.

## Cost of Participation

All tools, intervention services, and education related to this project will be provided at no cost during the project period.

## Payment for Participation in Research

You will receive no payment for your participation beyond the home improvement and education services that are part of the GHHI Salt Lake Program.

## Questions

If you have any questions, concerns or complaints about the program, please contact Sara Hernandez, Salt Lake County at 385-468-4890

## Non-Liability for Personal Injuries

I will indemnify and hold the Salt Lake County Housing and Community Development, GHHI Salt Lake and their officials harmless against any claims for injury or damage of any kind to persons or property occurring or arising during this program.

## Legal Rights

You are not waiving any of your legal rights by signing this informed consent document.

## Signatures

Your signature below indicates that you agree to participate in this program. You will receive a copy of this signed document.

Applicant Signature \_\_\_\_\_ Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Co- Applicant Signature \_\_\_\_\_ Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# Radon Gas Testing Release Form

## Radon is a Cancer-Causing, Radioactive Gas

People cannot see, taste or smell radon. But it may be a problem in your home. Radon is estimated to cause many thousands of deaths each year. That's because when you breathe air containing radon, you can get lung cancer. In fact, the Surgeon General has warned that radon is the second leading cause of lung cancer in the United States today. Only smoking causes more lung cancer deaths. **If you smoke and your home has high radon levels, your risk of lung cancer is especially high.**

## Radon Can Be Found All Over the U.S.

Radon comes from the natural (radioactive) breakdown of uranium in soil, rock and water and gets into the air you breathe. Radon can be found all over the U.S. It can get into any type of building - homes, offices, and schools - and result in a high indoor radon level. But you and your family are most likely to get your greatest exposure at home, where you spend most of your time.

## How Does Radon Get into Your Home?

Radon is a radioactive gas. It comes from the natural decay of uranium that is found in nearly all soils. It typically moves up through the ground to the air above and into your home through cracks and other holes in the foundation. Your home traps radon inside, where it can build up. Any home may have a radon problem. This means new and old homes, well-sealed and drafty homes, and homes with or without basements. Radon from soil gas is the main cause of radon problems. Sometimes radon enters the home through well water. In a small number of homes, the building materials can give off radon, too. However, building materials rarely cause radon problems by themselves.



### Radon gets in through:

- Cracks in Solid Floors
- Construction Joints
- Cracks in Walls
- Gaps in Suspended Floors
- Gaps Around Service Pipes
- Cavities Inside Walls
- The Water Supply

## You Can Fix a Radon Problem

Radon reduction systems work, and they are not too costly. Some radon reduction systems can reduce radon levels in your home by up to 90%. Even very high levels can be reduced to acceptable levels.

## Should You Test for Radon?

Testing is the only way to know if you and your family are at risk from radon. The EPA and the Surgeon General recommend testing all homes below the third floor for radon. The EPA also recommends testing in schools. Testing is inexpensive and easy - it should only take a few minutes of your time. Millions of Americans have already tested their homes for radon (see How to Test Your Home).

For more information about radon gas you can go to the State of Utah Radon Gas webpage.

[http://www.radon.utah.gov/more\\_info.htm](http://www.radon.utah.gov/more_info.htm). A radon gas test can be performed as part of the Lead Safe Salt Lake Program Assessment of your home.

**ACKNOWLEDGEMENT:** Homeowner understands that the LSSL Program's control of test conditions is limited to the actual placement of a testing device. Changes in heating and ventilation may raise or lower radon levels. Inclement weather such as storms or high winds can contribute to unreliable test results. Since radon level can vary greatly from season to season as well as from room to room, this screening measurement only serves to indicate the potential for a radon problem. Changing soil conditions can also affect results from year to year. The test results are only an average of radon concentrations in the area tested during the period the measurement device was exposed. Due to the above variables, together with the fact that the LSSL Program is conducting radon testing as a service and without compensation, Homeowner agrees that the LSSL Program, its agents, employees and inspectors, shall not be liable in any way connected with the radon testing, nor shall they be liable if Homeowner chooses not to have the LSSL Program conduct radon testing, or if Homeowner chooses not to remediate radon gas after the LSSL Program conducts radon testing.

The homeowner chooses to have their home tested for radon gas: (Please answer) Yes \_\_\_\_ No \_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## CERTIFICATE OF ZERO INCOME

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone \_\_\_\_\_

I certify that I do not individually receive income or have not received income from any of the following sources outlined below for the period \_\_\_\_\_ through \_\_\_\_\_.

- a. Wages from employment (including commissions, tips, bonuses, fee, etc.).
- b. Income from operation of business;
- c. Rental income from real or personal property;
- d. Unemployment or disability payments;
- e. Public assistance payments;
- f. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- g. Social Security payment, annuities, insurance policies, retirement funds, pensions, or death benefits;
- h. Veteran's benefits;
- i. Supplemental Security Income; and
- j. Any other source not named above.

Please check all that apply:

- I am a stay-at-home parent.
- There is no imminent change expected in my financial status or employment status during the next 12 months.
- I am currently looking for employment. I have been unemployed since \_\_\_\_\_.
- I filed for unemployment compensation on \_\_\_\_\_ and am awaiting a response. (The FHLBDM will not finalize income eligibility until receipt of benefit statement.)
- I am currently a student. My expected graduation date is \_\_\_\_\_.
- I currently have an offer of employment. My start date is \_\_\_\_\_ and my pay rate is \$ \_\_\_\_\_ per \_\_\_\_\_. (Please attach supporting offer letter/correspondence.)
- I am currently in an unpaid apprentice program. My expected completion date is \_\_\_\_\_.

I certify that the information provided above is true, complete, and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the federal Home Loan Bank of Des Moines Affordable Housing Program or Down Payment Products. I will fully cooperate with the Program Administrator and Member to obtain or provide any necessary documents to confirm the information provided.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature