



CITY OF CLINTON

OWNER OCCUPIED ROOF REHAB PROGRAM 2026

APPLICATION FOR ROOF ASSISTANCE



YOU MUST PROVIDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

1. Signed Authorization for Release of Information form
2. A copy of your house insurance policy
3. A copy of all Social Security Cards
4. A copy of your most recent federal income tax return
5. A copy of your most recent utility bills (heating, electrical, water, sewer, other)

Incomplete applications will be returned to the applicant for completion.

In submitting this application, **I agree to, understand, & acknowledge the following:**

(Please initial next to each item).

1. _____ **My total household income before taxes is within the guidelines below:**

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
\$52,150	\$59,600	\$67,050	\$74,500	\$80,500	\$86,450

***NOTE:** Income is the total amount of money brought into my home by everyone who receives disability, business income, an employment paycheck of any kind, interest income, child support, rental income, etc. The income limits are updated annually, these limits were effective as of April 21, 2022.

2. _____ **I understand that If the roof project costs less than \$10,000, I have to pay 10% of the total cost of the project + the \$60.00 permit fee.**

_____ **I understand that if the roof project is more than \$10,000, I have to pay 10% of the first \$10,000, I also have to pay 100% of the additional costs above that first \$10,000, and I have to pay the \$60.00 permit fee.**

***NOTE:**

-If the roofing project cost \$7000.00, I would have to pay \$760.00 (10% + permit fee).

-If the roofing project cost is \$14,000, I would have to pay \$5060.00 (10% of initial \$10,000 + 100% of the additional costs over \$10,000 + permit fee).

3. _____ **I understand that I have to pay 100% of any upgrades and/or extra expenses that are not covered under the scope of the roofing program.**

4. _____ **I understand have to pay 100% of any unauthorized work that was completed without the approval of the City of Clinton.** ***NOTE:** The City will not be responsible for the workmanship of unauthorized work.

5. _____ **I understand that the assistance that I am applying for is subject to available funding (not guaranteed) and will be administered based on a priority ranking determined by the NIC.**
6. _____ **I understand that the contractor who provides the lowest most responsive bid will be selected, and I agree to allow the City of Clinton to make all arrangements for the rehabilitation work on my behalf.**
7. _____ **I understand that no work will be completed unless authorized in writing.** *NOTE: My signature is required on the construction contract and possible change order(s).
8. _____ **I understand that any work completed on my home will be guaranteed for a minimum of one year.** *NOTE: Manufacturer's warranties may exceed this warranty time limit.
9. _____ **I agree to report any changes in my household income or family or household composition, to the City of Clinton.** *NOTE: The penalty for false or fraudulent statements: USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies ... or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false, fictitious or fraudulent statements or entry shall be fined not more than \$10,000, or imprisoned no more than five years., or both."
10. _____ **I understand that I reserve the right to withdraw from this program at any time prior to contract signing.** *NOTE: I may withdraw from this program after contract signing, only with consent and agreement of the Neighborhood Improvement Committee, the Contractor, and, only I have paid in full, all costs incurred to that point.
11. _____ **I agree to allow access of my home to representatives of the City of Clinton to conduct inspections, and to determine eligibility and cost.**
12. _____ **I acknowledge that all income and asset information received from this application will be kept confidential.**

Printed applicant name _____ Signature _____ Date _____

Printed applicant name _____ Signature _____ Date _____

***NOTE:** My signature and initials affirm that I understand and will comply with the above listed requirements.
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Please answer all questions completely. If the question does not pertain to you, answer Not Applicable (N/A). If more lines are needed, please list on a separate sheet of paper.

HOUSEHOLD INFORMATION

Head of Household: _____

Address: _____

City/State/Zip code _____

Telephone # _____

Cell-Phone # _____

E-Mail Address _____

Social Security # _____

ALL OTHER PERSONS LIVING AT THIS ADDRESS:

	NAME	AGE	SOCIAL SECURITY #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

- 1) Do any of these people receive compensation from Social Security because of a doctor diagnosed handicap or disability? **YES OR NO**

If yes, please provide written proof of this statement (a letter from Social Security) with this application: ***NOTE:** You must have a S.S. letter to declare disability.

INCOME AND ASSET INFORMATION

Please provide total income from ALL persons living in the household. Include employment income, rental income, welfare, VA benefits, child support, social security benefits, pensions, retirements funds, business income, and any other source of income.

NAME	MONTHLY INCOME	SOURCE OF INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS/INVESTMENTS	AMOUNT	INTEREST RATE	NAME OF BANK/SOURCE AND COMPLETE ADDRESS
Savings Account	_____	_____	_____
Savings Account	_____	_____	_____
Checking Account	_____	_____	_____
Stocks/Bonds	_____	_____	_____
CDs/Other	_____	_____	_____

HOUSE INFORMATION: Year of house construction: _____ Date of Purchase: _____

- 1) Do you have a mortgage on the home? **YES or NO**
If yes, where is it located? _____
- 2) Do you own any other property other than your home? **YES or NO**
If yes, where is it located? _____
- 3) Have you ever received prior assistance by the City of Clinton for the purchase or rehabilitation of the home in which you now live? **YES or NO**
- 4) How old is your current roof?
Please provide the approximate year it was installed or the number of years since installation.
Response: _____
- 5) Are you currently experiencing issues with your roof (such as leaks, missing shingles, or structural concerns)? **YES or NO**
If yes, please describe the problems you are facing.
Response: _____

HOUSING EXPENSES:

Monthly Mortgage Payment: _____

Annual Property Tax: _____

Annual Property Insurance: _____

Are you current on your payment of Property taxes? **YES or NO**

By signing the application below, I acknowledge that the information I submitted is true and correct to the best of my knowledge.

Household Signature: _____ Date: _____

Household Signature: _____ Date: _____

Initial application will be ranked according to the Administration plan scoring criteria. Applications received after the initial enrollment period will be served on a first-come, first serve basis subject to funds available. All laws and requirements apply. The City and its representatives reserve the right to make changes to this program to stay in compliance with local, state, or federal laws. No funds are guaranteed until a rehabilitation contract is signed by the City, the applicant, and the contractor. All application material will be considered confidential information.

Return completed applications mail to:

Community Development
Attn: Tammy Johnson
611 South 3rd St.
Clinton, IA 52732

You may also email completed application to tammyjohnson@cityofclintoniowa.gov

For questions about your application, please contact Tammy Johnson at (563) 242-2144 ext. 3