

Application for Special Assessment Financial Assistance

This Application for Special Assessment Financial Assistance is provided to satisfy the requirements of utilizing Tax Increment Financing (TIF) Low Moderate Income (LMI) set aside for property owners seeking financial assistance with city directed improvements to their property. The use of these funds requires that applicants are below 80% of the HUD median income for Dubuque County and reside at the property that is being assessed in the City of Asbury.



Application for Financial Assistance

		Applicant Informa	ation		
Full Name:				Date:	
	Last	First	M.I.		
	Current Address	City	State	Zip	
	Phone		Email		

Household Income Information

Household income includes income for all persons living in the household.

				Monthly Amount
	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO	
1	Social Security, SSI or other payments from the Social Security Administration			\$
2	Employment pensions or retirement benefits, veteran's benefits or annuities			\$
3	Employment wages or salaries (including overtime, bonuses, tips, commissions, and cash)			\$
4	Self-employment salaries (including overtime, bonuses, tips, commissions and cash)			\$
5	Unemployment benefits or Worker Compensation			\$
6	Public assistance (General Relief, Aid to Families w/dependent children or other such support			\$
7	Alimony or child support (either court ordered or paid directly from the payor)			\$
8	Regular payments from a severance package from a previous employer			\$
9	Regular payments from any type of settlement (Insurance settlement/award from lawsuit)			\$
10	Regular payments as a member of the Armed Forces			\$
11	Regular payments from disability, death benefits or life insurance dividends			\$
12	Regular gifts or payments from anyone outside of the household (including cash or good)			\$
13	Regular payments from lottery winnings or inheritances			\$
14	Regular payments from rental property (land contracts or other real estate transactions)			\$
15	Educational grants, scholarships or other student benefits			\$
16	Any other sources of income not listed			\$
17	Do you expect any changes to your income in the next twelve months?			
	If Yes, Please explain:			
18	If you have answered no to questions 1-17, are you claiming you have zero income			

The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the approval process.

Question #	SOURCES OF INCOME:			
	Name	Address		
	Phone	Fax	Email	
	Name	Address		
	Phone	Fax	Email	
	Name	Address		
	Phone	Fax	Email	

	DO YOU HAVE MONEY HELD IN:	YES	NO	Amount
1	Checking accounts			\$
2	Savings accounts			\$
3	Certificates of deposit (CDs), money market accounts or treasury bills			\$
4	Stocks, bonds, mutual funds or securities			\$
5	Any capital gains (assets sold in excess of purchase price) during the past 12 months			\$
6	Trust Funds			\$
7	IRA, KEOGH or other retirement accounts			\$
8	Cash on hand over \$500 (other than money previously reported in checking and savings)			\$
9	Rental Property (land contracts/contract for deed or real estate holding other than primary residence)			\$
10	Property held as an investment (paintings, coins or antiques)			\$
11	Regular gifts or payments from anyone outside of the household (including cash or good)			\$
12	Regular payments from lottery winnings or inheritances			\$
13	Regular payments from rental property (land contracts or other real estate transactions)			\$
14	Educational grants, scholarships or other student benefits			\$
15	Any other sources of income not listed			\$

The following section must be completed for each asset source listed as YES. If you have more than one source of asset from the question, use a separate line for each source. Failure to complete this area in its entirety will delay the approval process.

Question #	SOURCES OF ASSETS				
	Institution	Address			
	Account No.:	Phone:	Email		
	Institution	Address			
	Account No.:	Phone:	Email		
	Institution	Address			
	Account No.:	Phone:	Email		
	Institution	Address			
	Account No.:	Phone:	Email		
Have you file	ed for bankruptcy? n:	Disclaimer and Signature	YES NO		
I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of this application. I consent to have the City verity the information contained in this application for the purposes of proving my eligibility for financial assistance.					
Signature:			Date:		