

# De Soto Newsletter

January 2020



## 69.09 Snow and Ice Removal.

During the period of time when snow and/or ice is falling and for a period of forty-eight (48) hours after cessation of snow-fall and/or icefall, it is unlawful for any person to park, abandon, or leave unoccupied or unattended any vehicle on any public street, alley, or public off-street parking area.

(Code of Iowa, 321.236[1])



## Did You Know?

\*Thousands of books and movie titles

\*Craft kits for at-home family nights

\*Thousands of downloadable eBooks and Audio-books

\*FREE Language Learning Database

\*Passes to the Blank Park Zoo and Science Center

All available with your De Soto Public Library card!

### De Soto City Hall

405 Walnut St.  
PO Box 100  
(515) 834-2233

### De Soto Public Library

405 Walnut St.  
PO Box 585  
(515) 834-2690

### De Soto Public Works

(515)834-2502

### De Soto Police Department

Emergency—911

Non-Emergency  
Dispatch

(515)993-4567

### Mayor Butch Ostrander

### Council Members

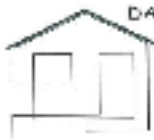
Kelly Summy  
(515) 834-2151

Karen Wilson  
(515) 991-0711

Pam Bach  
(515) 834-2122

Terri Golightly  
(515) 988-1964

Ted Hansen  
(515) 834-2316



# Dallas County Local Housing Trust Fund Owner-Occupied Rehabilitation Program

The Dallas County Local Housing Trust Fund (DCLHTF) has a mission "to provide and expand safe and affordable housing to low income residents of Dallas County." The Dallas County Local Housing Trust Fund has an Owner-Occupied Rehabilitation Program to assist homeowners within Dallas County with housing repairs and correcting code violations.

*To qualify for assistance from this program, the homeowner must meet all of the following requirements:*

- The property to be assisted must be located within Dallas County.
- Income limits of the household must fall at or below 80% of the median family income.

Number of Persons in Household	1	2	3	4	5	6	7	8+
Maximum Total Gross Household Income for Program	\$71,360	\$71,360	\$82,064	\$82,064	\$82,064	\$82,800	\$88,500	\$94,200

- The property must be a single family residence.
- The property must be owner occupied.
- The property to be assisted must be the homeowner's primary residence.
- Property taxes and/or mortgage payments must be current and paid-to-date and there cannot be any mechanics liens on the property to be assisted.

### WHAT ARE THE FINANCIAL IMPLICATIONS TO THE HOMEOWNER?

The work is paid for by the Program through funding from the Dallas County Local Housing Trust Fund, Inc., the participating cities and other contributors. The financial assistance from the Program is in the form of a forgivable loan. The maximum loan is \$10,000 and the minimum loan is \$500 per household. The loan will be recorded as a mortgage to the property, with a term of five (5) years, decreasing proportionately with the passage of time, bearing no interest. The loan only comes due if the homeowner sells the house in the five years following the time of participation.

### Program Eligible Activities Include:

- 1) Basic structural repairs: (a) Exterior walls; (b) Roof and roof structure; (c) Foundation; (d) Floor joists and ceilings
- 2) Building Systems: (a) Electrical; (b) Plumbing; (c) Heating
- 3) Weatherization: (a) Insulation; (b) Windows; (c) Siding
- 4) Handicap accessibility: (a) Exterior ramp; (b) Bathroom facilities

If you have questions or would like to request an application, please contact Christine Gordon or Kay Schoon at 515-273-0770.



## INCOME OF MEMBERS OF THE HOUSEHOLD

For each household member age 18 or older, answer the questions below based on current and anticipated income for the 12-month period commencing or anticipated from date of application.

Include all full time, part time, or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	YES	NO
1	Wages, salaries (include overtime, tips, bonuses, commissions, self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does any member work for someone who pays him/her cash?	<input type="checkbox"/>	<input type="checkbox"/>
3	Regular pay for a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>
4	Welfare or disability benefits (AFDC, SSDI, GA)?	<input type="checkbox"/>	<input type="checkbox"/>
5	Worker's compensation?	<input type="checkbox"/>	<input type="checkbox"/>
6	Unemployment benefits or Severance pay?	<input type="checkbox"/>	<input type="checkbox"/>
7	Child Support?	<input type="checkbox"/>	<input type="checkbox"/>
8	Alimony?	<input type="checkbox"/>	<input type="checkbox"/>
9	Education grants, scholarships or VA student benefits?	<input type="checkbox"/>	<input type="checkbox"/>
10	Social Security Payments?	<input type="checkbox"/>	<input type="checkbox"/>
11	Pensions (PERA, railroad, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
12	Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>
13	Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>
14	Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>
15	Lump sum payments (include inheritance, insurance settlements, lottery winnings, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
16	Net income from rental property?	<input type="checkbox"/>	<input type="checkbox"/>
17	Regular cash contributions or gifts from individuals not living in the unit?	<input type="checkbox"/>	<input type="checkbox"/>
18	Other?	<input type="checkbox"/>	<input type="checkbox"/>

**For each question above you answered "YES", please provide more information below.**

Question # \_\_\_\_\_  
 Household member 1: \_\_\_\_\_  
 Income Source (list all if more than one): \_\_\_\_\_  
 Address of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Date Employed: \_\_\_\_\_ GROSS salary/year : \_\_\_\_\_

Question # \_\_\_\_\_  
 Household member 2: \_\_\_\_\_  
 Income Source (list all if more than one): \_\_\_\_\_  
 Address of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Date Employed: \_\_\_\_\_ GROSS salary/year: \_\_\_\_\_

Question # \_\_\_\_\_  
 Household member : \_\_\_\_\_  
 Income Source (list all if more than one): \_\_\_\_\_  
 Address of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Date Employed: \_\_\_\_\_ GROSS salary/year:: \_\_\_\_\_

Question # \_\_\_\_\_  
 Household member : \_\_\_\_\_  
 Income Source (list all if more than one): \_\_\_\_\_  
 Address of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Date Employed: \_\_\_\_\_ GROSS salary/year:: \_\_\_\_\_

## ASSETS OF MEMBERS OF THE HOUSEHOLD

For each household member age 18 or older, answer the questions below based on current and anticipated assets for the 12-month period commencing or anticipated from date of application.

	DO YOU HAVE MONEY HELD IN:	YES	NO
1	Checking accounts?	<input type="checkbox"/>	<input type="checkbox"/>
2	Savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>
3	Stocks?	<input type="checkbox"/>	<input type="checkbox"/>
4	Capital investments?	<input type="checkbox"/>	<input type="checkbox"/>
5	Bonds?	<input type="checkbox"/>	<input type="checkbox"/>
6	Trusts?	<input type="checkbox"/>	<input type="checkbox"/>
7	Securities?	<input type="checkbox"/>	<input type="checkbox"/>
8	IRA/KEOGH accounts?	<input type="checkbox"/>	<input type="checkbox"/>
9	Certificates of Deposits (CD's)?	<input type="checkbox"/>	<input type="checkbox"/>
10	Pension/Retirement Funds?	<input type="checkbox"/>	<input type="checkbox"/>
11	Mutual funds?	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasury Bills?	<input type="checkbox"/>	<input type="checkbox"/>
13	Safety Deposit Box?	<input type="checkbox"/>	<input type="checkbox"/>
14	Insurance Settlement?	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you currently hold a contract for deed?	<input type="checkbox"/>	<input type="checkbox"/>
16	Do you currently own real estate?	<input type="checkbox"/>	<input type="checkbox"/>
17	Are any assets held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>
18	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	<input type="checkbox"/>	<input type="checkbox"/>

**For each question above you answered "YES", please provide more information below.**

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Question # \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_  
 Name of Bank or Financial Institution \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Account Number # \_\_\_\_\_ Account Amount \$ \_\_\_\_\_  
 Does the account earn interest?     Yes     No    If yes, how much interest is earned? \_\_\_\_\_

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Question # \_\_\_\_\_  
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Question # \_\_\_\_\_  
 Household Member's Name \_\_\_\_\_  
 Name of Bank or Financial Institution \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Account Number # \_\_\_\_\_ Account Amount \$ \_\_\_\_\_  
 Does the account earn interest?     Yes     No    If yes, how much interest is earned? \_\_\_\_\_

⇒ Have you ever been obligated on a mortgage which resulted in foreclosure, deed in lieu of foreclosure, or judgment?  No  Yes – If yes, provide the following:

Property Address: \_\_\_\_\_

Name and Address of Lender: \_\_\_\_\_

⇒ Do you presently have any liens on your property or any unpaid encumbrances on your property? (Example: property taxes, mechanic liens, etc.)

No  Yes – If yes, describe:

What repair(s) are you requesting assistance for through this program?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

### CERTIFICATION BY APPLICANT(S)

The applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a deferred/forgivable loan and is true and complete to the best of the applicant's knowledge and belief. The applicant(s) understands that any intentional misrepresentation may disqualify him/her from obtaining assistance from the Dallas County Local Housing Trust Fund, Inc.

The applicant(s) further certifies that he/she is the owner or mortgage holder of the property described in this application, and that the deferred/forgivable loan proceeds will be used only for the work and materials necessary to meet the rehabilitation or code standards, as applicable, which are prescribed for the property described in this application. If Dallas County Local Housing Trust Fund, Inc. determines that the deferred/forgivable loan proceeds will not or cannot be used for the purposed described herein, the applicant agrees that the proceeds shall be returned forthwith, in full, to Dallas County Local Housing Trust Fund, Inc., and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.

*PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 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 representations, or makes or uses any false writing or documentation knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."*

Verification of any of the information in this application may be obtained from any source named herein.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit**