

City of Ames

CDBG Homebuyer Assistance Program w/Habitat for Humanity of Central Iowa

This program is designed for low-and- moderate-income, first-time homebuyer households to assist with the down payment and closing costs of a newly constructed home. The program assistance is limited to the city limits of Ames in the Baker Housing Subdivision and is subject to the availability of CDBG Homebuyer Assistance Program funds and changes in program guidelines from the Department of Housing and Urban Development (HUD).

❖ **Complete an Application:**

Refer to the attached *Application Submittal Form* and submit all required documents to the City of Ames, Department of Planning and Housing, as listed below. **Completing the application does not guarantee that you will be eligible for or that you will successfully purchase a home through this program. Incomplete applications will NOT be processed.**

❖ **Application Processing:**

COMPLETE applications will be processed on a first-come, first-served basis, based on the date and time received. Households will be notified of their “eligibility to continue” status.

❖ **Participating Lender:**

Habitat for Humanity of Central Iowa is the participating lender (s), and they will determine mortgage loan eligibility based on their program underwriting guidelines.

❖ **Down Payment and Closing Cost Assistance:**

Once approved for a mortgage through Habitat for Humanity of Central Iowa, applicants may qualify for additional down payment and closing cost assistance through the City of Ames in an amount determined through the mortgage loan program with Habitat for Humanity of Central Iowa.

ELIGIBILITY HIGHLIGHTS:

- Must be a first-time homebuyer.
- Must be a United States Citizen or have eligible immigration status.
- Must not have more than \$100,000 liquid assets and \$300,000 non-liquid assets.
- Total gross household income (at the time of application approval) must not exceed:

Household Size	1	2	3	4	5	6	7	8
Income Limit 80% of the Ames Metropolitan Statistical Area (MSA)	\$59,600	\$68,100	\$76,600	\$85,100	\$91,950	\$98,750	\$105,550	\$112,350
Effective June 15, 2023 Subject to Change								

NEED ASSISTANCE OR HAVE QUESTIONS?

515-239-5380

housingdivision@cityofames.org

APPLICATIONS ACCEPTED IN THE FOLLOWING WAYS:

DROP OFF

Monday–Friday, 8 am–4:30 pm
Ames City Hall
Department of Planning and Housing, Room 214
515 Clark Avenue, Ames

MAIL

City of Ames
Attn: Housing Division
PO Box 811
Ames, Iowa 50010

If you believe that you have been discriminated against, you may call the Fair Housing & Equal Opportunity National Toll-Free Hotline at 800-424-8590 or locally to the Ames Human Relations Commission at 515-239-5101.



CHECKLIST FOR APPLICATION SUBMITTAL



Please check items as completed and submit this checklist along with your application.

APPLICATIONS WILL NOT BE PROCESSED WITHOUT

- Application Form**
- Release of Information** for All Adult (Age 18+) Household Members
- Declaration of Citizenship**
- Documentation of ALL Household Income, Including but not limited to:
 - Employment – **Verification of Employment** Form (COPY MORE IF NEEDED)
 - Self-Employment - Year-to-date profit/loss statement along with an estimate of the income you expect to receive for the next twelve (12) months and an explanation as to how you came to that number.
 - Unemployment – Workforce Development Center Weekly Benefit Amount
 - Child Support – Last Three (3) Months of Payment Records Including Amounts Retained by the State
 - Social Security/SSI – Social Security Award Letter
 - Veteran's Benefits – Veteran's Affairs Award Letter
- Documentation of ALL Household Assets Including but not limited to:
 - Checking Account(s) –Three (3) months of most recent Bank Statement(s) OR **Verification of Assets** Form (COPY MORE IF NEEDED)
 - Savings Account(s) –Current Bank Statement(s) OR **Verification of Assets** Form (COPY MORE IF NEEDED)
 - All Other Assets (i.e., IRA, 401K, Cash Value of Life Insurance) – Current *Benefits Statement* from all other assets verifying the current balance, interest rate, and annual dividend payment.
- Federal Tax Returns - Complete SIGNED copies of last three (3) years - 2022, 2021 and 2020, including all schedules and corresponding W2's. If no taxes were filed, a copy of IRS Verification of Non-filing Letter (VNF) must be provided.
- Current State-Issued Driver's License/ID OR Passport for All Adult (Age 18+) Household Members
- SIGNED Social Security Card for All Adult (Age 18+) Household Members

ADDITIONAL ITEMS, ONLY IF APPLICABLE

- SEPARATED OR DIVORCED IN THE LAST THREE (3) YEARS? Submit a full copy of your divorce decree and verification of the division of marital assets, court-ordered custody arrangements, and child and/or alimony payments (this information is often documented in your separation agreement).
- JOINT OWNERSHIP IN PROPERTY IN THE LAST THREE (3) YEARS AND NO LONGER ON THE TITLE? Submit a Quit Claim Deed showing the termination of your interest in the property.
- CURRENTLY OWN OTHER REAL PROPERTY SUCH AS VACANT LAND OR COMMERCIAL PROPERTY? Submit a recent appraisal or Assessor's statement and a recent mortgage statement.

* **COMPLETE APPLICATIONS will be processed on a first come, first served basis.** *

APPLICATION FORM

PLEASE ANSWER EVERY QUESTION. USE THE CORRECT LEGAL NAME FOR EACH HOUSEHOLD MEMBER AS IT APPEARS ON THEIR SOCIAL SECURITY CARD. ALL ADULT (AGE 18+) HOUSEHOLD MEMBERS MUST SIGN ON THE BACK, CERTIFYING THE INFORMATION PERTAINING TO THEM. IF YOU HAVE ANY QUESTIONS OR NEED HELP FILLING OUT THIS FORM, PLEASE CONTACT OUR HOUSING HOTLINE AT (515) 239-5380.

PART 1: HOUSEHOLD INFORMATION

Section A - Please complete the following section for all adult (18+) household members who will occupy the property. Make copies for any additional adult household members.

Head of Household (HOH):

Last Name, First Name, Middle Initial (MI)

Current Address

City, State, Zip

Phone #

DOB

SSN

Email

Sex

Currently Married?

Separated or divorced in the last 3 years?

Full-Time Student?

F M

Yes No

Yes No

Yes No

Live in Ames?

Yes No

How long? _____

Work in Story County?

Yes No

How long? _____

Language

Do you speak English as your primary language? Yes No

IF NO, what is your primary language? _____

Do you read, write, speak, or understand English well? Yes No

Additional Adult Household Member:

Last Name, First Name, Middle Initial (MI)

Relationship to HOH

Current Address

City, State, Zip

Phone #

DOB

SSN

Email

Sex

Currently Married?

Separated or divorced in the last 3 years?

Full-Time Student?

F M

Yes No

Yes No

Yes No

Live in Ames?

Yes No

How long? _____

Work in Story County?

Yes No

How long? _____

The following information is requested by the Granting Agency for certain types of affordable housing programs related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so.

Head of Household:

I do not wish to furnish this information.

Race

(Check Only 1 Box)

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native & White
- Asian/White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial

Ethnicity

(Check Only 1 Box)

- Hispanic
- Not Hispanic

Section B - Please complete the following section for all household members under 18 who will occupy the property.

Last Name, First Name, MI	Relationship to HOH	DOB	Sex	Number of Months During the Year the Household Member Lives with You
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	
			<input type="checkbox"/> F <input type="checkbox"/> M	

Section C - Other Information

1. Have you or any household member owned any residential property/real estate within the last 3 years or have interest in the same, including real estate in foreign countries? Yes No

If so, list the address and state: _____

Market Value: _____

Have you sold the property? Yes No If yes, list the date of sale: _____

2. If you have not sold your home, please tell us about your mortgage:

Lender/Company: _____ Unpaid Balance: _____

Do you have a second loan on this property? Yes No If yes, what is the unpaid balance? _____

3. Has any household member used any name(s) other than the one they are currently using (i.e. maiden name, former married name, alias)? Yes No

If yes, please explain: _____

4. Please list your credit score(s), if known: _____

PART 2: INCOME, DEBT, AND ASSET

Please complete a separate Income, Debt, and Asset Section for EACH individual in the household who receives income or holds debts or assets. Make copies of this part of the application if necessary. You do not need to provide employment income information for household members younger than 18. You do need to include assets held by ALL household members, or benefit income received by ALL household members.

On the following list, check YES if you receive the particular income, and check NO if you do not receive the income.

The following information is for: (Name) _____

A. Income

Gross income is the combined household income which includes, but is not limited to, job earnings, Social Security and Social Services income (for all in household), TANF, VA benefits, unemployment income, military pay, worker's compensation payments, child support, alimony/maintenance payments, income from pensions or retirement plans, stocks, etc. Failure to report household income is considered fraud and can have serious consequences.

Employment Income

(Do not include employment income of household members younger than 18)

Self-Employment	Receive?		Type of Income	Anticipated <u>Net</u> Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
<i>Name and Address of Business:</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	\$	
Employer #1	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
<i>Name and Address of Employer:</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Overtime Pay	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Commissions	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Fees/Tips	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Bonuses	\$	
Avg # hours work/week: _____					
Employer #2	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
<i>Name and Address of Employer:</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Overtime pay	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Commissions	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Fees/Tips	\$	
	<input type="checkbox"/>	<input type="checkbox"/>	Bonuses	\$	
Avg # hours work/week: _____					

PLEASE ADD ALL EMPLOYMENT INCOME AND RECORD THE TOTAL HERE \$ _____

Benefit Payments

Type of Income	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Supplemental Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Worker's Comp/Disability Pay/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Unemployment Insurance/Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Insurance Policy Payments/Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Pension/Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	

PLEASE ADD ALL BENEFIT INCOME AND RECORD THE TOTAL HERE \$ _____

Alimony and Child Support

Type of Support	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Alimony/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$	

PLEASE ADD ALL SUPPORT INCOME AND RECORD THE TOTAL HERE \$ _____

Other Sources of Income

Type of Other Income	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Money or gifts regularly given by persons not living in the home	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Lottery winnings paid in periodic payments	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	\$	

PLEASE ADD ALL "OTHER" INCOME AND RECORD THE TOTAL HERE \$ _____

B. Debt – Do you have any debt? Yes No If so, please list. Include debt in deferment or forbearance.

Creditor's Name	Unpaid Balance	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

C. Assets

Name _____

An asset is cash, or non-cash item that can be converted to cash.

Report the following assets: Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. Equity in rental property or other capital investments. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty). Retirement and pension funds. Cash value of life insurance policies available to the individual before death. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements, and other amounts not intended as periodic payments. Mortgages or deeds of trust held by an applicant.

Do Not Report necessary personal property such as clothing, furniture, cars, and vehicles specially equipped for persons with disabilities.

Bank Accounts

Have?		Name of Institution	Type of Account	Current Balance
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Other (specify)	\$

PLEASE ADD ALL BANK ACCOUNT BALANCES AND RECORD THE TOTAL HERE \$ _____

Other Assets

Have?		Name of Institution	Type of Investment	Current Value of Assets	Clarification Notes
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>		Individual Stocks	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Bonds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Mutual Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Trust Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Retirement Accounts (ie, IRA, Keogh, 401K, 403B, PERA)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Cash value of life insurance policy	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Gift Money for down payment - <i>provide a copy of the gift letter</i>	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Estimated Proceeds from Sale of Home	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Value of Other Property (specify)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Other Asset (specify)	\$	

PLEASE ADD VALUE OF ALL OTHER ASSETS AND RECORD THE TOTAL HERE \$ _____



CDBG Homebuyer Assistance Program



**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION
(All ADULT Household Members Must Complete and Sign)**

Last Name, First Name, MI	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The undersigned hereby authorizes any or all of the following resources to **release, disclose, and/or deliver** to the **City of Ames Department of Planning and Housing** information related to the above-named client for the purposes of determining eligibility and/or continued participation in the CDBG Homebuyer Assistance Program:

- ◆ Employers
- ◆ Social Security Administration
- ◆ Financial Institutions
- ◆ Property Managers/Owners
- ◆ Utility Companies
- ◆ Educational Institutions
- ◆ Law Enforcement/Correctional Agencies
- ◆ Relatives/Friends
- ◆ Central Iowa Regional Housing Authority (CIRHA)
- ◆ Iowa Finance Authority
- ◆ Churches
- ◆ State/County Human Service Agencies (including case managers, etc.)
 - Central Iowa Community Services
 - Department of Human Services
 - Good Neighbor
 - MICA
 - Story County Community Services
 - The Bridge Home
 - The Salvation Army
 - United Way
- ◆ Other _____
- ◆ Other _____

I understand that I have a right to inspect the disclosed information at any time by making inquiry to the above-named resources at any time.

This Authorization will automatically expire 1 year from the date of signature, except as specified: _____ (list specific number of days or months). I understand that I may revoke this Authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to the City of Ames Department of Planning and Housing.

A photocopy or exact reproduction of the signed Authorization shall have the same force and effect as the original. **I hereby authorize the release of information as indicated above.**

Signature of Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult	Date	Signature of Other Adult	Date



**City of Ames
CDBG Homebuyer Assistance Program**



DECLARATION OF CITIZENSHIP

PART 1: APPLIES TO ALL FAMILY MEMBERS

Each person who will benefit under the CDBG Homebuyer Assistance Program must either be a citizen or national of the United States or be a noncitizen who has eligible immigration status that qualifies them for assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the household to be assisted who do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status, should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status	Signature of Adult listed to the left, or Signature of Guardian for Minors
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

WARNING – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance.

HEAD OF HOUSEHOLD CERTIFICATION

As head of household, I certify under penalty of perjury that all members of my household are listed on Part 1 of this form and that members of my household who have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature of Head of Household

Date

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status MUST complete Part 2 of this form.



City of Ames
CDBG Homebuyer Assistance Program



DECLARATION OF CITIZENSHIP CONT'D

**PART 2: APPLIES TO NONCITIZEN
WITH ELIGIBLE IMMIGRATION STATUS
FAMILY MEMBERS ONLY**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified

Do not mail original documents to this office.

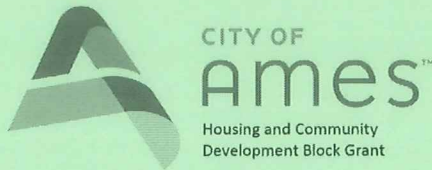
If documents are not presented and verified, your family's ability to receive assistance under the CDBG Homebuyer Assistance Program will be denied as provided in regulations promulgated by the U.S. Department of Housing and Urban Development.

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult listed to the left, or Signature of Guardian for Minors	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the City of Ames Housing Division, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.



Department of Planning & Housing CDBG Homebuyer Assistance Program

515 Clark Avenue ♦ PO Box 811 ♦ Ames, IA 50010 ♦ 515-239-5400
FAX 515-239-5699 ♦ TDD 515-239-5133 ♦ www.cityofames.org



Re: Verification of Employment

**MUST Be Completed By Employer,
NOT Self-Declared**

To Whom It May Concern:

Please provide the information that is requested below. This information will be used only for the purpose of determining the household's eligibility for the City of Ames CDBG Homebuyer Assistance Program and will not be disclosed except in accordance with federal regulations or state law.

If you have any questions, please contact a Housing Specialist at (515) 239-5400.

Employee Name

Address/City/State/ZIP

CURRENT EMPLOYMENT STATUS

Employment Start Date: _____

Current Rate of Pay: \$ _____ per Hour, Day, Week, Month (Circle One)

Overtime Rate of Pay: \$ _____ per Hour, Day, Week, Month (Circle One)

Average # of Hours Scheduled to Work per Week: Straight time _____ Overtime _____

Estimated Weekly Income from Tips \$ _____

ANTICIPATED EMPLOYMENT STATUS

Increase in Pay During Next 12 Months? _____ Yes _____ No

If Yes, Effective Date _____

Anticipated Rate of Pay: \$ _____ per Hour, Day, Week, Month (Circle One)

The information provided is accurate and current. I understand that providing false information is a violation of federal regulations and state law.

Agency/Business Name

Phone Number

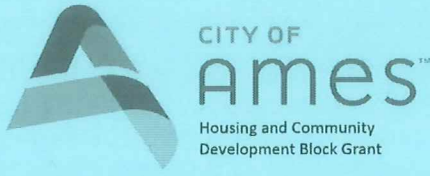
Agency/Business Address/City/State/ZIP

Email

Name/Title (Please Print)

Signature

Date



Department of Planning & Housing CDBG Homebuyer Assistance Program

515 Clark Avenue ♦ PO Box 811 ♦ Ames, IA 50010 ♦ 515-239-5400
FAX 515-239-5699 ♦ TDD 515-239-5133 ♦ www.cityofames.org



Re: Verification of Assets

**MUST Be Completed By Financial Institution,
NOT Self-Declared**

To Whom It May Concern:

Please provide the information that is requested below. This information will be used only for the purpose of determining the household's eligibility for the City of Ames CDBG Homebuyer Assistance Program and will not be disclosed except in accordance with federal regulations or state law.

If you have any questions, please contact a Housing Specialist at (515) 239-5400.

Account Holder Name **Address/City/State/ZIP**

Checking Account # _____

Current Balance: \$ _____ Interest Rate _____ %

Savings Account # _____

Current Balance: \$ _____ Interest Rate _____ %

Other: (For example CDs, Money Markets, Trust Funds, Burial Fund, Stocks and/or Bonds)

_____ Current Balance: \$ _____ Interest Rate _____ %

Type of Account

_____ Current Balance: \$ _____ Interest Rate _____ %

Type of Account

The information provided is accurate and current. I understand that providing false information is a violation of federal regulations and state law.

Financial Institution Name Phone Number

Financial Institution Address/City/State/ZIP Email

Name/Title (Please Print) Signature Date