



For Immediate Release: February 22, 2023

**City of Boone Announces \$90,000 Available to Support  
Home Improvements in Boone**

The City of Boone announces the availability of grant funding to support major home improvements and repairs to those that qualify. This grant program is designed to assist Boone homeowners in fixing up their homes. Funding partners include the City of Boone and the Central Iowa Housing Trust Fund (CIHTF).

We anticipate that \$90,000 in funding will be available to support "Major Improvement Grants". Grant funds from the CIHTF matched with support from City of Boone can assist homeowners that qualify within the city limits of Boone with up to \$10,000 in grant funding to support larger home improvements and safety projects in and/or outside their home. Special consideration will be given to applicants utilizing local suppliers and contractors for these improvements. While there is no homeowner match required, those applications that have a match will score higher. Applicants interested in this program must be at or below 80% of the average median income for their household size for Boone County. Income verification will be conducted by a third party as part of this application process. Projects cannot be started until application approval; work must be completed by November 30, 2023. Request for payments must be submitted no later than December 15, 2023.

Citizens interested in applying for these funds are invited to attend one of two informational Town Hall meetings scheduled for Saturday, March 4<sup>th</sup> at 9:00 am at the Tulips meeting space at Dutch Oven Bakery or Wednesday, March 8<sup>th</sup> at 6:30 pm at the upstairs conference room at City Hall. Details on the grant program will be discussed. Application assistance will be available as well.

Application materials may be picked up at the Ericson Public Library or Boone City Hall / Building Official's office. Applications are also available online at [www.boonegov.com](http://www.boonegov.com). Grantees will be selected and notified by May 15th. Grant funds will be made only after the expense has been incurred. The City of Boone reserves the right to determine eligibility, set the number of grants awarded, determine the amount of funds available and ensure program compliance. Please submit all required application materials to AEDC, 304 Main Street, Ames, IA 50010 no later than **May 1<sup>st</sup>, 2023**. The AEDC is administering this program for the City of Boone. Questions can be directed to Brenda Dryer, 515.232.2310 or [brenda@ameschamber.com](mailto:brenda@ameschamber.com).

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**2022 State Area Median Income for Boone County (Effective June 1, 2022)**

<b>Household Size</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>
<b>1</b>	\$26,070	\$43,450	\$69,520
<b>2</b>	26,070	43,450	69,520
<b>3</b>	37,475	62,459	99,935
<b>4</b>	37,475	62,459	99,935
<b>5</b>	37,475	62,459	99,935
<b>6</b>	37,475	62,459	99,935
<b>7</b>	37,475	62,459	99,935
<b>8</b>	37,475	62,459	99,935



## Major Improvement Grant Application

INSTRUCTIONS: Please answer the following questions as completely and accurately as you can. The information requested will only be used by the City of Boone to determine your eligibility for this grant program and will not be released without your written consent. When completed, please mail this application and the required documentation to: AEDC, 304 Main Street, Ames, IA 50010 no later than **May 1st, 2023**. The AEDC is administering this program for the City of Boone.

Head of Household: \_\_\_\_\_

Last

First

Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### HOUSEHOLD COMPOSITION

**\*\*List all members of the household including children and adults. \*\***

Name of every household member	Relationship to head of household	Date of Birth	*Social Security Number	Male/Female	Employed/In School/Retired/Other	Disabled (Y or N)
	HEAD					

Do you own your house outright, or are you making payments on it under a mortgage or contract?

Own

Buying under Mortgage

Buying on Contract

## INCOME OF MEMBERS OF THE HOUSEHOLD

For each household member aged 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
Wages, salaries (include overtime, tips, bonuses, commissions, self-employment)?		
Does any member work for someone who pays him/her cash?		
Regular pay for a member of the armed forces?		
Welfare or disability benefits (AFDC, SSDI, GA)?		
Worker's compensation?		
Unemployment benefits or Severance pay?		
Child Support?		
Alimony?		
Education grants, scholarships, or VA student benefits?		
Social Security payments?		
Pensions (PERA, railroad, etc.)?		
Death benefits?		
Retirement benefits?		
Annuities or life insurance dividends?		
Lump sum payments (include inheritance, insurance settlements, lottery winnings, etc.)?		
Net Income from rental property		
Regular cash contributions or gifts from individuals not living in the unit?		
Other?		

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

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

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

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Address of Employer: \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ GROSS salary/ year: \_\_\_\_\_

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

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Question # \_\_\_\_\_  
Household Member 1: \_\_\_\_\_  
Income Source (list all if more than one): \_\_\_\_\_  
Address of Employer: \_\_\_\_\_ Telephone \_\_\_\_\_  
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Date Employed: \_\_\_\_\_ GROSS salary/ year: \_\_\_\_\_

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## 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
Checking accounts?		
Savings accounts?		
Stocks?		
Capital investments?		
Bonds?		
Trusts?		
Securities?		
IRA/KEOGH accounts?		
Certificates of Deposits (CD's)?		
Pension/Retirement Funds?		
Mutual Funds?		
Treasury Bills?		
Safety Deposit Box?		
Insurance Settlement?		
Do you currently hold a contract for deed?		
Do you currently own real estate?		
Are any assets held jointly with another person?		
Do you know any coin collections, antique cars, gems/jewelry, stamps, or any other items held for investment purposes?		

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

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Question # \_\_\_\_\_

Household Member 1: \_\_\_\_\_

Income Source (list all if more than one):

Address of Employer: \_\_\_\_\_ Telephone \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Date Employed: \_\_\_\_\_ GROSS salary/year: \_\_\_\_\_

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Question # \_\_\_\_\_

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

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

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

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Address of Employer: \_\_\_\_\_ Telephone \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Date Employed: \_\_\_\_\_ GROSS salary/ year: \_\_\_\_\_

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*Have you ever been obligated on a mortgage which resulted in foreclosure, deed in lieu of foreclosure, or judgement?*  No  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:

\_\_\_\_\_

\_\_\_\_\_



*Please attach a description of the project, photos of the existing conditions and a project plan for your improvements.*

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*Please provide a) the total cost of the project and b) amount of funds requested*

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*Requested amount from Major Improvement Grant*

*(Max \$10,000)*

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*Can this project be completed and paperwork submitted by June 30, 2023? YES or NO*

*How did you find out about the Major Improvement Grant?*

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## ***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 grant 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 under this grant program.

The applicant(s) further certifies that he/she is the owner or mortgage holder of the property described in this application, and that the grant 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 Ogden Legacy 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 Ogden Legacy, 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 statement or entry, shall be fined under this title or imprisoned not more than five years, or both."*

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

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

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