



# Estimated Completion Dates

## April 15, 2025

**1200 West 5<sup>th</sup> Street (Two Story)**

**1204 West 5<sup>th</sup> Street (Single Story; ADA Accessible)**

**1208 West 5<sup>th</sup> Street (Two Story)**

## June 1, 2025

**1221 West 5<sup>th</sup> Street (Two Story)**

## June 15, 2025

**1217 West 5<sup>th</sup> Street (Single Story; ADA Accessible)**

## July 1, 2025

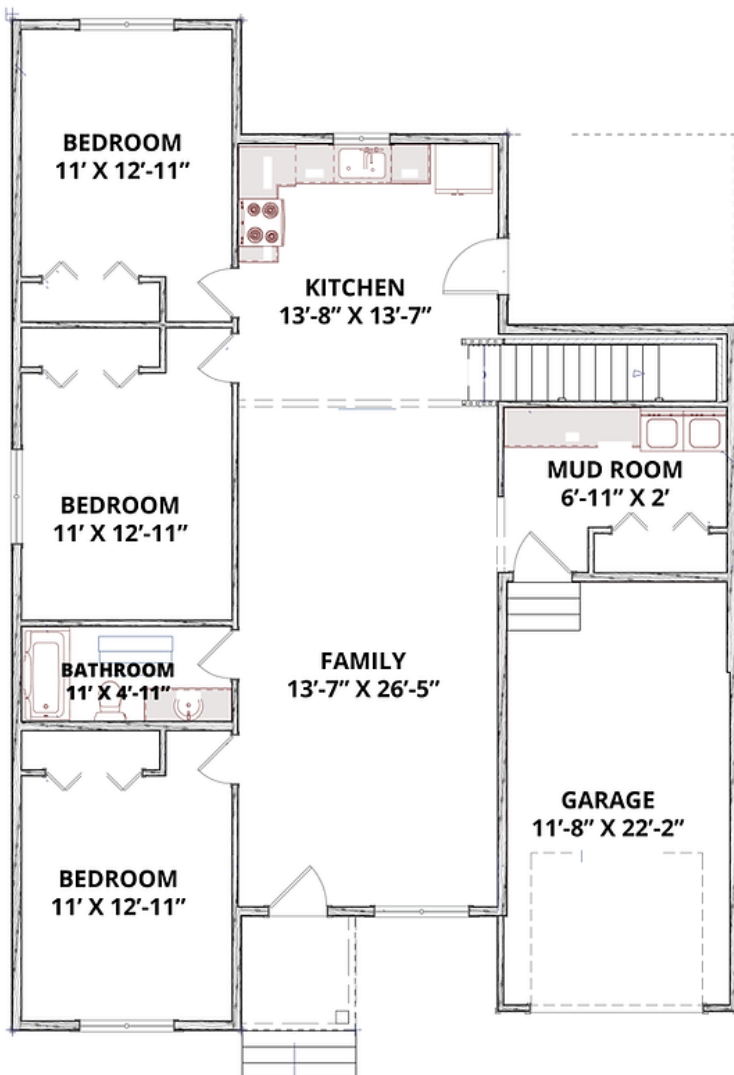
**510 Isabella Street (Single Story)**

# ISABELLA SQUARE



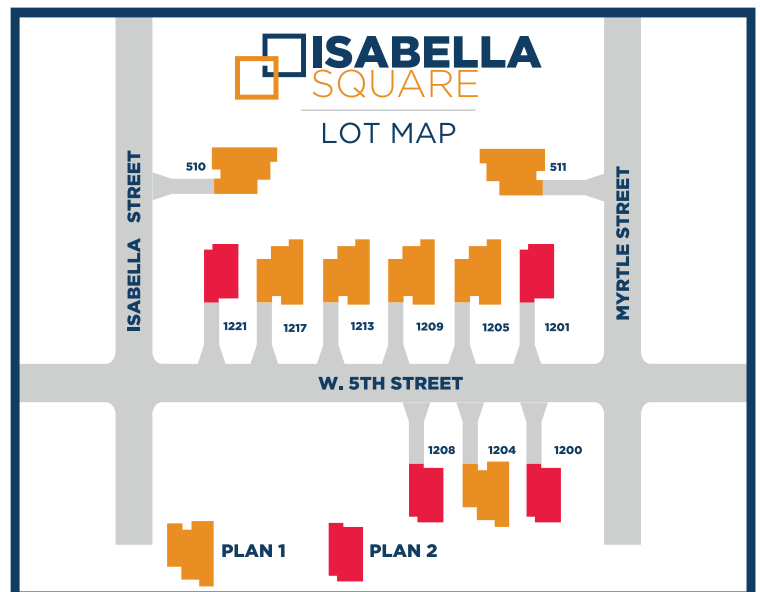
## ISABELLA ONE

The Isabella One floor plan is a ranch style home that measures 1,370 square feet with a single car garage & off-street parking. When you walk into this single-family home from the front covered porch, you enjoy an open-concept living room with LVP flooring and kitchen with quartz countertops. Also on the main floor are 3 bedrooms and 1 bathroom with a tub/shower combo, along with a mud/laundry room right off the garage. This floor plan has 9' ceilings and an unfinished basement with plumbing roughed in. Kitchen appliances included.



## PRICING

510 Isabella St. - \$230,000	1209 W. 5th St. - \$235,000
511 Myrtle St. - \$230,000	1205 W. 5th St. - \$230,000
1217 W. 5th St. - \$230,000	1204 W. 5th St. - \$230,000
1213 W. 5th St. - \$235,000	



**FOR MORE  
INFORMATION**

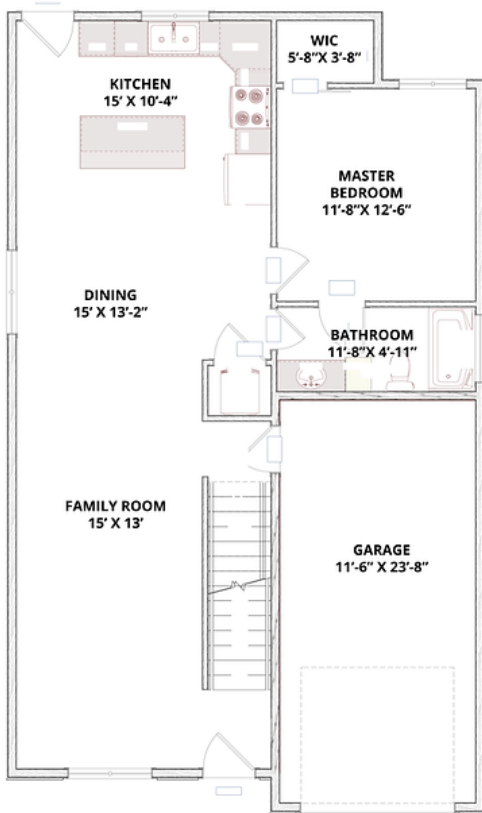
**ISABELLASQUARE.COM / (712) 823-8877**

# ISABELLA SQUARE



## ISABELLA TWO

The Isabella Two plan is a two-story home that measures 1,475 square feet with a single car garage & off-street parking. The main floor includes an open-concept kitchen with eat-in dining, living & dining room, as well as a full bathroom including a tub/shower combo which leads into the master bedroom with a walk-in closet. The second story has two bedrooms with oversized closets and a full bathroom with tub/shower combo. The unfinished basement is ready for a future finish with plumbing roughed in. Kitchen appliances included.



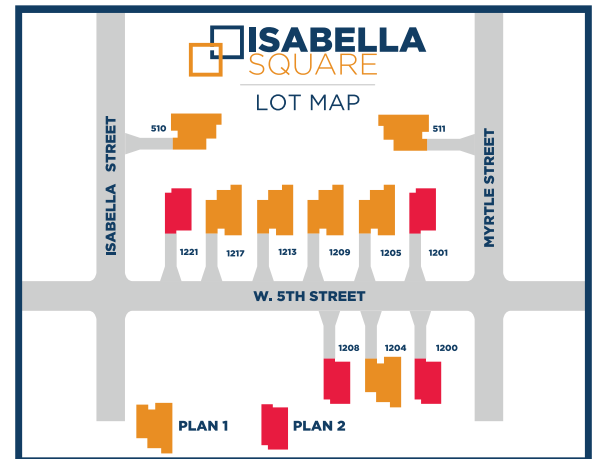
## PRICING

1221 W. 5th St. - \$240,000

1208 W. 5th St. - \$240,000

1201 W. 5th St. - \$240,000

1200 W. 5th St. - \$240,000



**FOR MORE  
INFORMATION**

**ISABELLASQUARE.COM / (712) 823-8877**

## HOMEBUYER APPLICATION FORM - ISABELLA SQUARE

Complete application, provide all information requested, and return to the Sioux City Neighborhood Services Division (SCNSD), Attn: Jill Wanderscheid, 521 Nebraska Street, P.O. Box 447, Sioux City, IA 51102. Your application will not be reviewed until it is complete. Completed applications are reviewed in the order received. If the application is incomplete, you will be notified of what is needed to complete the application. If application is complete, you will be contacted to schedule an appointment to discuss the application and the program.

Please complete the following: Print full name of head of household \_\_\_\_\_

Please initial: I understand that:

\_\_\_\_\_ SCNSD will make photocopies of check stubs, bank statements, income tax returns, photo IDs, social security cards, etc. if needed only if I make an appointment before coming in to drop off the application.

\_\_\_\_\_ I cannot participate in this program if I currently own a home;

\_\_\_\_\_ the purchase price has been established via an appraisal and I cannot have a cosigner on my mortgage loan;

\_\_\_\_\_ all household members must be U.S. Citizens or legal resident aliens;

\_\_\_\_\_ I must include information for ALL household members as part of this application, **INCLUDING INFORMATION REGARDING INCOME AND HOUSEHOLD SIZE**, regardless of relationship and regardless of whose name is on the loan. **If any information is omitted from this application or falsely provided, I will be ineligible for this program. If this information is discovered after assistance is provided, I will be responsible for paying back all funds provided to me as part of this program;**

\_\_\_\_\_ if I am married, both my spouse and I must be listed as co-applicants and all spouses and all adults in household must sign all paperwork;

\_\_\_\_\_ I must contact Center For Siouxland Consumer Credit Counseling after my initial application has been approved by SCNSD to enroll in the Homebuyer Education class. I will need to pay for the class and I must provide a certificate of completion to the SCNSD within two weeks prior to closing;

\_\_\_\_\_ written verifications may be sent directly to my employer and all other sources of benefit or support income including social security, public assistance, or unemployment income;

\_\_\_\_\_ if I have had changes in my income or family size since my most recent income tax return, I must provide a letter of explanation;

\_\_\_\_\_ this program provides a maximum of 15% of the purchase price in down payment/closing cost assistance to home purchasers (amount dependent upon the buyer's circumstances and will be the minimum amount of cash needed to close) and if my circumstances require a need of less than \$1,000, I will not be eligible for the Isabella Square Homebuyer Program.

\_\_\_\_\_ I have read and completed the *Isabella Square Homebuyer Application* and have attached the following to this sheet:

- ☐ Signed application (Page 1, 2, and 3) (signed by each adult household member)
- ☐ Signed Student Certification form (Page 4 and 5) (one for each adult household member)
- ☐ Signed Verification of Employment (Page 6 and 7) (one for each employed household member)
- ☐ Completed Monthly Expense sheet (Page 8)
- ☐ Photocopy of **two full months of income documentation** for **ALL ADULT HOUSEHOLD MEMBERS** (i.e., check stubs). **INCLUDE ALL SOURCES OF INCOME**, such as employment income, social security income, disability income, unemployment income, seasonal employment income, "side job" employment income, tip income, commission income, bonus income, reimbursement from employer income, etc.
- ☐ Photocopy of bank statements from the past two months for all adult household members (checking and savings)
- ☐ Written statement describing all deposits listed on the bank statements
- ☐ Photocopy of 2024 Federal and State income tax return for all adult household members, including W2s, 1099s and any other attachments (If you don't have a copy and can't get one from your tax preparer, send a Form 4509 and \$50 to the IRS and they can send you one. It will take about 75 days.)
- ☐ Photocopy of photo IDs for all adult household members
- ☐ Photocopy of social security cards for all household members
- ☐ Written explanation of changes in income or family size since the most recent tax return (if applicable)
- ☐ Written list of items that are in collections for all adult household members (if you have nothing in collections, attach to this application a statement in writing indicating such.)
- ☐ Copy of credit score and report for each adult applicant <http://www.annualcreditreport.com>. This report is FREE.
- ☐ Pre-qualifying letter from local lender in the amount purchase price less 15% of the purchase price and any down payment funds to be provided by the applicant.
- ☐ Completed City of Sioux City Release Form signed by all adult household members
- ☐ Completed W-9 (Page 9) for each adult applicant
- ☐ If my application is denied and I wish to appeal the decision, I must contact SCNSD to get a copy of the appeal process.



Signatures of all adult household members:

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Isabella Square Down Payment Assistance Application

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Age \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_

If you are married, your spouse MUST be listed as co-applicant and must sign all documents

Current Address \_\_\_\_\_ Place a check next to your preferred method(s) of communication

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Married: \_\_\_\_ Single: \_\_\_\_ Divorced: \_\_\_\_ Widowed: \_\_\_\_ Will your income/household size change in next 12 months? \_\_\_\_

Are all household members legal residents of the United States? \_\_\_\_ Do you currently own a home? \_\_\_\_

Have you made an offer on a home to purchase? \_\_\_\_ If yes, what is the address? \_\_\_\_\_

Do you currently receive a rental subsidy (i.e., Section 8)? \_\_\_\_ How much do you currently pay for monthly rent? \$ \_\_\_\_\_

**Please list the name, age, relationship and social security number for ALL other household members:**

Name	Age	Relationship	Social Security Number
1.			
2.			
3.			
4.			
5.			

\*\*\*\*\*If child(ren)'s parent do(es) not live with you, attach documentation that you have at least 50% custody.\*\*\*\*\*

<b>All Household Members with Income</b> Include wages, disability income, social security income, self-employment income, alimony received, seasonal employment income, "side job" employment income, tip income, commission income, bonus income, reimbursement from employer income, etc.	<b>Present Gross Annual Income</b> (take monthly income , before taxes, x 12)	<b>Source of Income</b> (provide employer's NAME & ADDRESS)	<b>Temporary or Permanent Source of Income?</b>
1.			
2.			
3.			
<b>SUBTOTAL (A)</b>	<b>\$</b>		

<b>Asset Income (Annually)</b>	<b>Amount</b>	<b>Source of Asset (name &amp; address)</b>
Stocks and Bonds		
Bank Interest		
Other		
<b>SUBTOTAL (B)</b>	<b>\$</b>	

**TOTAL GROSS ANNUAL INCOME (A + B) \$**

If your application contains false or incomplete information, you may be guilty of fraud and would be ineligible for the **Isabella Square Down Payment Assistance Program**. *I/We certify that the information given above is true and complete to the best of my/our knowledge.*

Signatures of all \_\_\_\_\_  
adult household members:

**CONFIDENTIAL INFORMATION USED FOR STATISTICAL PURPOSES ONLY**

**Please complete one for head of household only:**

\_\_\_\_ Male      \_\_\_\_ Female      \_\_\_\_ Female Head of Household

\_\_\_\_ Handicapped      \_\_\_\_ Number in household

**Household Type:**

\_\_\_\_ Single, non-elderly (one person household under the age of 62)  
 \_\_\_\_ Elderly (all household members are 62 or older)  
 \_\_\_\_ Single parent (single parent with one or more dependent children 18 years old or younger)  
 \_\_\_\_ Two parents (two parents with one or more dependent children 18 years old or younger)  
 \_\_\_\_ Other (any household not included in the above definitions)

**Ethnicity:**

\_\_\_\_ Hispanic or Latino      \_\_\_\_ Not Hispanic or Latino

**Race:**

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

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
<b>30% limits</b>	19,450	22,200	25,000	27,750	30,000	32,200	34,450	36,650
<b>50% limits</b>	32,400	37,000	41,650	46,250	49,950	53,650	57,350	61,050
<b>60% limits</b>	38,880	44,400	49,980	55,500	59,940	64,380	68,820	73,260
<b>80% limits</b>	51,800	59,200	66,600	74,000	79,950	85,850	91,800	97,700

\_\_\_\_\_  
 Head of Household's Signature



**Isabella Square Student Certification Form**

The Isabella Square Homebuyer Program is required to comply with 24 CFR 5.612 which restricts assistance to students enrolled in an institution of higher education. In order to determine eligibility, each adult household member must complete this form.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Check all that apply:

☐ I am currently a student. List name of educational institution: \_\_\_\_\_

☐ Full-time

☐ Part-time

☐ I have been a student during the calendar year. List name of educational institution.

☐ Full-time

☐ Part-time

☐ I plan on becoming a student in the next 12 months. List name of educational institution.

☐ I have not been a student in the current year and do not expect to become a student in the next 12 months.

☐ I am a veteran of the United State military.

☐ I have a dependent child.

☐ I am disabled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Isabella Square Student Certification Form**

The Isabella Square Homebuyer Program is required to comply with 24 CFR 5.612 which restricts assistance to students enrolled in an institution of higher education. In order to determine eligibility, each adult household member must complete this form.

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Age: \_\_\_\_\_

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☐ I am currently a student. List name of educational institution: \_\_\_\_\_

☐ Full-time

☐ Part-time

☐ I have been a student during the calendar year. List name of educational institution.

☐ Full-time

☐ Part-time

☐ I plan on becoming a student in the next 12 months. List name of educational institution.

☐ I have not been a student in the current year and do not expect to become a student in the next 12 months.

☐ I am a veteran of the United State military.

☐ I have a dependent child.


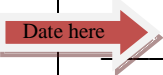
☐ I am disabled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant – Submit this page with your application. Sign, print and date only. Do not complete the right column. Submit one for each employed adult in the household.

## Verification of Employment


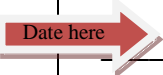
<p>City of Sioux City Neighborhood Services Division PO Box 447 Sioux City, IA 51102 Fax: (712) 279-6196 Phone: (712) 224-5136</p> <p><b>Authorization:</b> Federal Regulations require Employment Income Verification of all members of the household applying for a loan or grant through the Grantee City of Sioux City. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	<p>Employed since: _____ Occupation: _____ Annual Gross Salary: _____ Effective date of last pay increase: _____ Base pay rate: \$ _____ Per Hour; or \$ _____ Per Week Average hours/week at base pay rate: _____ Hours No. weeks worked/Year _____ Overtime pay rate: \$ _____ Per Hour Expected weekly average number of hours overtime to be worked during the next year: _____ Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For : _____ \$ _____ per _____ Is pay received for vacation? ____ If yes, # of days/yr ____ Total base pay earnings for past 12 mo. \$ _____ Total overtime earnings for past 12 mo. \$ _____ Probability and expected date of any pay increase: ____ Amount of pay increase: \$ _____ per _____ Does the employee have access to a retirement account? ____ Yes ____ No If yes, what amount can they get access to? \$ _____</p>
<p><b>Release:</b> I hereby authorize the release of the requested information:</p> <p> _____ Signature of Applicant</p> <p> _____ Print Name</p> <p>_____ Date</p>	<p>Company Name: _____</p> <p>_____ Signature</p> <p>_____ Print Name &amp; Title</p> <p>_____ Date</p> <p>_____ Phone Number</p>

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



Applicant – Submit this page with your application. Sign, print and date only. Do not complete the right column. Submit one for each employed adult in the household.

## Verification of Employment

<p>City of Sioux City Neighborhood Services Division PO Box 447 Sioux City, IA 51102 Fax: (712) 279-6196 Phone: (712) 279-6328</p> <p><b>Authorization:</b> Federal Regulations require Employment Income Verification of all members of the household applying for a loan or grant through the Grantee City of Sioux City. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	<p>Employed since: _____ Occupation: _____ Annual Gross Salary: _____ Effective date of last pay increase: _____ Base pay rate: \$ _____ Per Hour; or \$ _____ Per Week Average hours/week at base pay rate: _____ Hours No. weeks worked/Year _____ Overtime pay rate: \$ _____ Per Hour Expected weekly average number of hours overtime to be worked during the next year: _____ Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For : _____ \$ _____ per _____ Is pay received for vacation? ____ If yes, # of days/yr ____ Total base pay earnings for past 12 mo. \$ _____ Total overtime earnings for past 12 mo. \$ _____ Probability and expected date of any pay increase: _____ Amount of pay increase: \$ _____ per _____ Does the employee have access to a retirement account? ____ Yes ____ No If yes, what amount can they get access to? \$ _____</p>
<p><b>Release:</b> I hereby authorize the release of the requested information:</p> <div style="margin-top: 20px;">  <p>_____</p> <p>Signature of Applicant</p> </div> <div style="margin-top: 20px;">  <p>_____</p> <p>Print Name</p> </div> <div style="margin-top: 20px;"> <p>_____</p> <p>Date</p> </div>	<p>Company Name: _____</p> <div style="margin-top: 20px;"> <p>_____</p> <p>Signature</p> </div> <div style="margin-top: 20px;"> <p>_____</p> <p>Print Name &amp; Title</p> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div> <p>_____</p> <p>Date</p> </div> <div> <p>_____</p> <p>Phone Number</p> </div> </div> </div>

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

## ZERO INCOME SELF AFFIDAVIT

*To be completed by each adult household member with no income of any kind, if appropriate.*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.)
  - b. Income from operation of a business
  - c. Rental income from real or personal property
  - d. Interest or dividends from assets
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
  - f. Unemployment or disability payments
  - g. Public assistance payments
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
  - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months. Yes \_\_\_\_\_ No \_\_\_\_\_

I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I will be actively looking for employment, although I have no source of employment at this time. Yes \_\_\_\_\_ No \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the applicants participation in the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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### **TO BE COMPLETED BY THE CITY**

City Project Name: \_\_\_\_\_

Project/Agreement #: \_\_\_\_\_

## Monthly Expenses

List of fixed, uncontrollable, recurring household expenses	Monthly Expense	
MidAmerican Energy (or other gas and electric)		
Water, sewer and garbage		
Telephone (landlines and cell phones)		
Gasoline		
Health Insurance		
Life Insurance		
Child Care		
Child Support/Alimony		
Car Insurance		
Cable/Satellite/Internet		
Other Monthly Expenses _____		
Other Monthly Expenses _____		Subtotal
Other Monthly Expenses _____		

Credit Card Name	Monthly Expense	
		Subtotal

Student Loan	Monthly Expense	
		Subtotal

Car Loan	Monthly Expense	
		Subtotal

Other Loans	Monthly Expense	
		Subtotal

Applicant – Submit this page with your application. Complete arrowed sections. Complete one for each person whose name will appear on down payment assistance check.

Form  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

\_\_\_\_ - \_\_\_\_

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)

Applicant – Submit this page with your application. Complete arrowed sections. Complete one for each person whose name will appear on down payment assistance check.

Form  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**W-9**

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

\_\_\_\_ - \_\_\_\_

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
here

Signature of  
U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Applicant – Submit this page with your application.  
All adults must sign.

## City of Sioux City Release Form

### Authorization for Release of Information

I authorize and direct any Federal, State or local agency organization, business, or individual to release to the City of Sioux City Neighborhood Services Division any information or materials needed to complete and verify my application for participation in the Isabella Square Homebuyer Program. I understand and agree that this authorization or the information obtained with its use may be given and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also authorize the City of Sioux City to release any of the information provided as part of my application and/or obtained through this release to my lender.

#### INFORMATION COVERED

I understand that previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and marital status	Residences and rental activity	Utility company information and notes
Household size	Employment, income and assets	
Medical or childcare allowances	Credit activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for participation in the Isabella Square Homebuyer Program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Courts and post offices	Retirement systems	State unemployment agencies
Schools and colleges	Utility companies	Social Security Administration
Law enforcement agencies	Bank and other financial institutions	Medical and childcare providers
Support and alimony providers	Past and present employers	Credit providers and credit bureaus
Veteran's Administration	Welfare agencies	

#### PRIVACY ACT STATEMENT

The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine your eligibility in the Isabella Square Homebuyer Program. This form will be used to establish level of benefit, to protect the government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal or regulatory investigators and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

#### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above.

Signatures of all household members age 18 or over

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member

\_\_\_\_\_  
Date