



# CITY OF CEDAR RAPIDS, IOWA

## SIDEWALK REPAIR FINANCIAL ASSISTANCE POLICY

### PROGRAM YEAR 2023

Iowa State Code 364.12 places the responsibility to repair sidewalks along the frontages of public streets on the abutting property owner. When repair of the sidewalk is mandated by the City of Cedar Rapids, it shall be repaired and eligible for City reimbursement according to the Sidewalk Repair and Reimbursement Policy. Some property owner(s) may have limited financial means with which to pay the sidewalk repair costs, and the City Council desires to assist those property owners of low and moderate income, on whom the sidewalk repair costs place an undue financial burden.

Sidewalk repair assistance is available through the City as stated in the Sidewalk Repair Financial Assistance Policy as detailed below.

1. The property undergoing sidewalk repair mandated by the City must be owner occupied and located in Single family (R-1, R-2, R-3, R-T and R-TN) zoning to qualify for assistance.
2. The household income must meet the Linn County Income Limits based on household size. Income is based on the Federal Median Family Income Limits for Linn County. Income guidelines are subject to change. See Table 1.
3. The City will financially assist according to the income limit category the property owner meets. See Table 2.
4. In order to be eligible for financial assistance, the property owner must meet the conditions of this policy and submit a completed financial assistance application.

**Table 1: FY 2022 Income Limits per Family Size for Linn County:**

FY 2021 Income Limit Area	FY 2021 Income Limit Category	Persons in Household							
		1	2	3	4	5	6	7	8+
Linn County	<b>Extremely Low (EL)</b>	\$18,800	\$21,450	\$24,150	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630
	<b>Very Low (VL)</b>	\$31,300	\$35,800	\$40,250	\$44,700	\$48,300	\$51,900	\$55,450	\$59,050
	<b>Low</b>	\$50,050	\$57,200	\$64,350	\$71,500	\$77,250	\$82,950	\$88,700	\$94,400

**Table 2: City Financial Assistance Participation Based on Income Limit**

Family Size 1-8+	<b>Extremely Low</b> Gross Household Income	<b>Very Low</b> Gross Household Income	<b>Low</b> Gross Household Income
Financial Assistance from City	100% of Repair Costs, No Maximum	75% of Repair Costs, No Maximum	60% of Repair Costs, \$1,500 Max. Reimbursement

**Example:** A property with a 4-person family making gross \$35,800 would have an income below the “Very Low” income limit of \$44,700 from the above Table 1, but above the “Extremely Low” income limit of \$27,750 from the above Table 1. Table 2 shows that for the “Very Low” category the City of Cedar Rapids will assist with 75% of the repair cost. That would mean that if the calculated assessment was \$1,000 and the 4-person example property was qualified, the assessment due by that property owner would be \$250 according to the 2021 income limits.

# **CONFIDENTIAL FINANCIAL APPLICATION**

## **SIDEWALK REPAIR FINANCIAL ASSISTANCE**

### **PROGRAM YEAR 2021 – 2022**

*Please contact the sidewalks department if you would like a hard copy of this application mailed to you.*

#### Please be aware of the following program information

- Applications will be reviewed in the order they are received.
- Applicants will be contacted when the application has been processed. The timing of the application process depends on how complete the application packet is, and how quickly any additional documentation is provided.
- Notification of approval or denial will be done by mail
- Additional documents and requests for information must be submitted in a timely manner. Applications will be closed if final documents are not received in the timeframe given.
- Applicants should not assume funds will be available until final project contracts are signed.
- Do not send originals, as they will not be returned.

Applications and **copies** of supporting documents may be submitted by hand delivery, mail or email to:

Public Works Department  
Engineering Division  
ATTN: Sidewalks  
500 15<sup>th</sup> Avenue SW  
Cedar Rapids, Iowa 52404

Email: [sidewalks@cedar-rapids.org](mailto:sidewalks@cedar-rapids.org)

# HOUSEHOLD INFORMATION

## H-1: APPLICANT INFORMATION (HEAD OF HOUSEHOLD)

Applicant Name	Email		
Current Address	City	State	Zip
Preferred Phone Number	Secondary Phone Number		

## H-2: CO-APPLICANT INFORMATION (SPOUSE REQUIRED IF MARRIED)

Applicant Name	Email		
Current Address	City	State	Zip

## H-3: HOUSEHOLD MEMBERS – Include *all* people who currently reside in the house

Name	Over 18?	Age IF OVER 18	Relationship to Head of Household	Full-time Student?	Has Income?
	<input type="checkbox"/> Y <input type="checkbox"/> N		Head of Household	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

\*IF ADDITIONAL LINES ARE NEEDED, USE A SEPARATE PIECE OF PAPER

## H-4: Do you anticipate any changes in household size in the next 12 months?

Yes, explain

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No

# INCOME

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Income means any and all money or payments that come into the household, regardless of how or why it comes. Provide copies of the documents as required; all documents must be dated within the past 30 days to be accepted. Note: original documents WILL NOT be returned.

**I-1: Do any adult household members age 18 and older receive employment wages or salaries?**

This includes current employment, seasonal employment, and any employment anticipated in the next 12 months.

Yes

**I-2: Are any members of the household enrolled in an Assistance Program?**

(For example: FIP, WIC, SNAP, RCA, Medicaid, Child Care Assistance, Free or Reduced School Lunches, etc.)

Yes

No

**Note** Applicants must send in

- **2 months of consecutive pay stubs showing gross year to date pay received for each household member**

**OR**

- **documentation of enrollment in one of the assistance programs listed in I-2. For example, households that receive WIC do not need to send in paystubs IF they can provide documentation of enrollment in WIC.**

**I-3: Is any adult household member age 18 and older currently self-employed?**

This includes home-based businesses, contract work, work for cash, direct sales companies, etc.

Yes, provide the following:

- **Current year to date profit and loss statement**, or complete the **Self Employment Form**

No

**I-4: Will any household member receive Social Security and/or disability payments in the next 12 months?**

Yes, fill in the chart below and provide the following:

- **Current award letter** for each Social Security award

No Social Security and/or disability will be received for any household member in the next 12 months

**I-5: Will any household member receive unemployment benefits or severance pay in the next 12 months?**

Yes, explain below and provide the following:

- **Current benefits printout** or **severance pay award letter**.

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No

**I-6: Do you anticipate any changes in household income in the next 12 months?**

Increase in income, explain below (additional documentation may be requested)

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Decrease in income, explain below (additional documentation may be requested)

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There are no expected changes in household income in the next 12 months

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## **LIST OF DOCUMENTS NEEDED (IF APPLICABLE)**

Item	Page #	Income/Asset	Document to Provide
I-1	3	Employment	Paystubs or wage history
I-2	3	Assistance	Verification of enrollment in assistance program
I-3	3	Self-Employment	Profit and loss statement or <i>Self Employment Form</i>
I-4	3	Social Security	Social Security award letters
I-5	4	Unemployment	Unemployment benefit printout or severance pay letter

# ACKNOWLEDGEMENTS, CONSENT, AND RELEASE

**TO BE COMPLETED BY ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER**

I understand that Public Works will retain this application and all documentation whether or not it is approved.

I understand that this application does not guarantee program qualification.

I acknowledge and certify that this application includes complete information for all household members age 18 and older who live in the property, regardless of who is shown on the deed or on the mortgage. All income and asset information listed and documents provided are true, and accurate, and complete representations.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

United States Code Title 18, Section 1001, provides: “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

By signing this form, I acknowledge and agree to the above and that this application is true, correct, and complete.

\_\_\_\_\_   
 Print Applicant Name

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

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Print Co-Applicant Name

\_\_\_\_\_   
 Co-Applicant Signature

\_\_\_\_\_   
 Date

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 Print Other Household Adult Name

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 Other Household Adult Signature

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 Date

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 Print Other Household Adult Name

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 Other Household Adult Signature

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 Date

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 Print Other Household Adult Name

\_\_\_\_\_   
 Other Household Adult Signature

\_\_\_\_\_   
 Date

**OFFICE USE ONLY – DO NOT COMPLETE**

Date Received:	Staff Initial:	Household (HH) size:	Total HH income:	Income Level: <input type="checkbox"/> EL <input type="checkbox"/> VL <input type="checkbox"/> LOW	Assistance Level: <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 60%	Owner Responsibility <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 40%	Date Approved:	Supervisor Initial:
Notes:								