

THE FOLLOWING ITEMS ARE
ELIGIBLE FOR USE OF THE FUNDS:



- **MOVING EXPENSES**
- **PURCHASES OF APPLIANCES**
- **UTILITY DEPOSITS**
- **DOWN-PAYMENT ASSISTANCE (FOR HOME PURCHASES)***
- **RENT FOR TEMPORARY HOUSING WHILE WAITING FOR**
- **PERMANENT HOUSING^**
- **RENT DEPOSITS^**
- **RENTAL ASSISTANCE^**

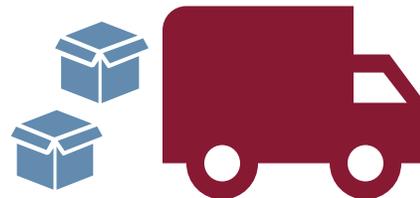
* Funds used for down-payment assistance for the purchase of a house are distributed directly from Story County to the lender at time of closing

^ Story County may assist with rental assistance up to \$3,000 for eligible applicants. In all cases of rental assistance, funds are payable directly to the leasing agent/landlord.

ELIGIBLE APPLICANTS **MUST MEET ALL**
THE FOLLOWING CRITERIA:

- Be employed in a full-time position within Story County;
- Apply to the Welcome Home to Story County Relocation Assistance Program within 24 months of moving to Story County;
- Be relocating to Story County as the primary residence;
- If purchasing a home, real estate being purchased must be located in Story County; and
- Be discharged under honorable conditions.

HOME BASE
IOWA



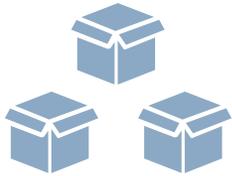
**WELCOME
HOME
TO STORY
COUNTY**

**WELCOME HOME TO
STORY COUNTY
RELOCATION ASSISTANCE
PROGRAM ALLOWS UP TO
\$3,000 IN RELOCATION
ASSISTANCE!**

For more information, visit www.storycountyiowa.gov or contact Story County Veterans Affairs at (515) 956-2626.

See Back for Application Form





WELCOME HOME TO STORY COUNTY APPLICATION



NAME: _____ **ADDRESS:** _____

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PHONE NUMBER: _____ **EMAIL:** _____

TYPE OF REQUEST (PLEASE SELECT ALL APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> MOVING EXPENSES | <input type="checkbox"/> RENT FOR TEMPORARY HOUSING (WHILE WAITING FOR PERMANENT HOUSING)^ |
| <input type="checkbox"/> PURCHASE OF APPLIANCES | <input type="checkbox"/> DOWN-PAYMENT ASSISTANCE (FOR HOME PURCHASES)* |
| <input type="checkbox"/> UTILITY DEPOSITS | <input type="checkbox"/> RENTAL ASSISTANCE |
| <input type="checkbox"/> RENTAL DEPOSITS^ | |

AMOUNT REQUESTED: _____
THESE FUNDS ARE PAID ON A REIMBURSABLE BASIS

DATE OF MILITARY DISCHARGE: _____

(PLEASE SUBMIT A COPY OF DD-214 MILITARY DISCHARGE PAPERWORK)

**WOULD YOU CONSENT TO GIVING A TESTIMONIAL or BEING
PHOTOGRAPHED IF APPLICATION FUNDED?**

YES NO

**WITH THIS APPLICATION, I UNDERSTAND I WILL ALSO NEED TO COMPLETE A FORM W-9 AND
FURTHER UNDERSTAND THE REIMBURSEMENT MAY BE CONSIDERED INCOME BY THE IRS.**

SIGNATURE OF APPLICANT

DATE

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**PLEASE SUBMIT THIS FORM,
DOCUMENTATION OF ALL ELIGIBLE
EXPENSES, AND DISCHARGE PAPERWORK
TO:**

**STORY COUNTY VETERANS AFFAIRS
STORY COUNTY HUMAN SERVICES CENTER
126 S KELLOGG AVE
AMES, IOWA 50010**

**PLEASE CALL (515) 956-2626 OR EMAIL
bmcclain@storycountyia.gov
FOR MORE INFORMATION**

**HOME BASE
IOWA**

