

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**



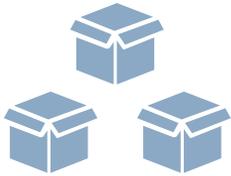
**WELCOME HOME TO STORY
COUNTY RELOCATION
ASSISTANCE PROGRAM
ALLOWS UP TO \$3,000 IN
RELOCATION ASSISTANCE!**



Scan the QR code for an online application!

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



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.

Name: _____ Email: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Is this your primary address? Yes: No:

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Amount Requested: _____

These funds are paid on a reimbursable basis

Date of Military Discharge: _____

Would you consent to giving a testimonial or being photographed if application is 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.

Type of Request (Please select all applicable):

- Moving expenses
- Purchase of appliances
- Utility deposits
- Down-payment assistance (for home purchases) *
- Rent for temporary housing (while waiting for permanent) ^
- Rental deposits ^
- Rental assistance^

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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

Signature of Applicant

Date