

**CITY OF DES MOINES
SPECIAL ASSESSMENT SUBSIDY PROGRAM
May 7, 2009**

What Is The Special Assessment Subsidy Program?

The Special Assessment Subsidy Program is a program adopted by the City Council to assist low and moderate income home owners in paying assessments in conjunction with construction of new public improvements such as sanitary sewers, storm sewers, sidewalks, curb construction, and street paving. The Subsidy Program also covers repairs of sidewalks.

- **You must apply for special assessment subsidy within 180 days of the City Council's approval of the new public improvement by adoption of the Resolution of Necessity.**
- **You must apply for special assessment subsidy within 30 days of the date of the NOTICE TO REPAIR SIDEWALK (Driveway approaches are not included in this program).**

Who Is Eligible For Assistance?

The City of Des Moines will pay the entire assessment against your property if you apply and meet both the following requirements:

1. You must be the owner of record or the contract buyer, and live at the property to be assessed at the time the City Council approves the project by adopting the Resolution of Necessity. The property includes the land around the home within the single parcel as identified for tax purposes at Polk County.
2. The adjusted annual income (as defined below) of your household does not exceed the following limits based upon your household size:

HOUSEHOLD SIZE	ADJUSTED ANNUAL INCOME
1	\$38,150
2	\$43,600
3	\$49,050
4	\$54,500
5	\$58,850
6	\$63,200
7	\$67,600
8	\$71,950

What Is My Adjusted Annual Income?

Your adjusted annual income, which is determined as follows:

ADJUSTED ANNUAL INCOME equals HOUSEHOLD INCOME minus HOUSEHOLD ADJUSTMENTS

HOUSEHOLD INCOME is the total of all income received by your household members residing at your property to be assessed; and includes the gross income received by all members of your household during the last 12 months from wages, unemployment compensation, pensions, Social Security, interest, dividends, board, rentals, public assistance, etc. People paying rent (as in a duplex where one side is occupied by the owner and the other side is rented; or where a person is renting space within the owner's home) are not considered household members, and those people's income is not considered as household income; however, the rent paid by these people to the owner is considered as household income.

HOUSEHOLD ADJUSTMENTS are the total of the following adjustments as they apply to your household:

- A. 5% of the household income; or in the case of a property owner, or spouse over 60 years of age, 10% of the household income.
- B. \$300 for each dependent of the property owner, which is each household member (other than the Property Owner or spouse) that is either under 18 years of age; or is 18 years of age or older and is disabled, handicapped, or a full-time student.
- C. The first \$300 of spouse's income.
- D. The income of household members (other than property owner or spouse) that are under 18, or full-time students, or disabled or handicapped.

- E. Those medical expenses, which exceed 7.5% of your total household income and are not covered by insurance.
- F. The amount paid for the care of children, or sick or incapacitated household members, so that you (property owner) or your spouse can work.
- G. Any unusual occupational expenses not compensated by your employer.
- H. Any non-recurring income, such as an inheritance.
- I. The amount received from a non-profit child-placing agency for care of one or more children placed in your home.

EXAMPLE: Adjusted Annual Income Calculation

Household has 5 members as follows:

Property Owner is 50 years old w/salary of	\$32,000
Spouse is 50 years old w/salary of	20,000
20 years old non-student child w/ salary of	10,000
18 years old student child w/salary of	3,500
16 years old student child w/salary of	<u>2,000</u>
Household Income equals	\$67,500

The allowable Household Adjustments are as follows:

5% of Household Income	Item A	\$3,375
\$300 for each dependent	Item B	600
\$300 of Spouse's Income	Item C	300
Income of the two students	Item D	5,500

Total Medical Expenses	\$11,650
minus Insurance Covered expenses	5,000
minus 7.5% of Household Income	4,200
equals Household Medical expense adjustment	<u>2,450</u>
Total Household Adjustments	\$12,225

ADJUSTED ANNUAL INCOME equals **HOUSEHOLD INCOME** minus **HOUSEHOLD ADJUSTMENTS**:

$$\$67,500 - \$12,225 = \$55,275 \quad (\text{The Adjusted Annual Income for our example household is } \$55,275)$$

How Much Will Subsidy Pay And How Much Must I Pay?

If you meet the above program requirements, the City's Special Assessment Subsidy Program will pay the entire amount of the special assessment against your property.

The Adjusted Annual Income for our previous example household was \$55,275. This is under the \$58,850 income guideline for a household size of 5 as shown on Table 1, page 1; so our example household qualifies for special assessment subsidy, and the City's Special Assessment Subsidy Program would pay the entire assessment.

When and Where Do I Apply for Special Assessment Subsidy?

Only the property owner or contract buyer can apply for special assessment subsidy. For assistance in filling out the application form, please call or visit one of the following Housing & Community Services Neighborhood Site Offices.

Logan Service Office 1740 E. Garfield Ave (2 nd floor)	248-6212
Forest Ave. Service Office 2011 Forest Ave	248-6216
Archie Brooks Service Office 2100 SE 5th Street	248-6214

You will need to provide verification of all income received on a regular bases. A **copy** of your most current Federal Income Tax return and or pension, social security benefits and interest on savings must be provided with the application. Statements made on the application must be sworn to and are subject to verification by the City Engineering Department. If you have any questions or need additional program information, phone 283-4748.

Mail or Deliver to: Engineering Department
 Special Assessment Subsidy Office-2nd Floor
 400 Robert D. Ray Drive
 Des Moines, IA 50309-1891

City of Des Moines
APPLICATION FOR SPECIAL ASSESSMENT SUBSIDY

1. Name _____ 2. Address _____
3. Date of Birth _____ 4. Age _____ 5. Race / Ethnic Group _____
6. Number of members in Family _____ 7. Telephone No. _____ 8. S.S.No. _____
9. Assessed for Street _____ Sewer _____ Sidewalk _____ Sidewalk Repair _____
10. OWNERSHIP: Applicant/Head of Household must have legal or equitable title to the parcel.
- a. If Titleholder, give date your deed was recorded _____ Book _____ Page # _____
- b. If Contract Buyer, give date your contract was recorded _____ Book _____ Page # _____

Schedule A -Annual Gross Income

List all amounts of income received during the last 12 months. Be sure to include the income of all members of the family who share the household and include any funds contributed or paid on a regular basis to the family by a household resident who is not a member of the family.

1. WAGES -HEAD OF HOUSEHOLD _____
2. WAGES -SPOUSES _____
3. WAGES -OTHER HOUSEHOLD MEMBERS * _____
* _____
* _____
4. UNEMPLOYMENT COMPENSATION _____
5. SOCIAL SECURITY _____
6. RETIREMENT/PENSIONS _____
7. ADC/RELIEF _____
8. RENT /BOARD _____
9. CHILD SUPPORT _____
10. OTHER (List) _____

TOTAL ANNUAL GROSS INCOME _____

* Indicate if this household member is one of the following by letter designation:
(a) Under 18 (b) Full-time Student (c) Disabled or handicapped

Schedule B -Miscellaneous Information

1. Medical Expenses _____
2. Amount of medical expenses covered by insurance. _____
3. Amount received from non- profit child placing agency for care of one or more persons under 18 placed in your household by such agency. _____
4. Any unusual occupational expense not compensated for by your employer. _____
5. Amount paid for care of children or sick or incapacitated family members in order that head of household or spouse can work _____

I hereby swear that the foregoing statements are a full, fair and truthful disclosure to the best of my knowledge and belief of the information sought. I certify that I have recorded title to, make my domicile in and that I am head of the household of the property for which I am making application for assessment credit. I further certify that I fully understand that any person or persons involved in making or conspiring to make false statements, claims, or affidavits in support of this application are subject to criminal prosecution. I do hereby give permission to the City of Des Moines to obtain pertinent information verifying my household income from my employer, bank and other income sources including federal, state, county and other agencies. This statement is my voluntary waiver of my rights to privacy strictly for the purpose of obtaining verification of my eligibility for this program only. This waiver is given with the understanding that complete privacy will be maintained by the City, as required under the Privacy Act of 1974.
I have read and understand this statement.

Applicant (Head of Household) Date

Application taken by Date Site Office

City of Des Moines
COMPUTATION OF SPECIAL ASSESSMENT SUBSIDY
(This page for office use only)

NAME _____ Project Improvement _____
 (Head of Household) Category _____
 Resolution Date _____

RECORDED LEGAL/EQUITABLE TITLE _____
 (Date)

1. TOTAL ANNUAL GROSS INCOME -FROM SCHEDULE A. _____

2. ADJUSTMENTS:

a) Medical expenses (Line 1 Schedule B)
 not covered by insurance (Line 2 Schedule B)
 in excess of 7.5% of TOTAL ANNUAL INCOME _____

b) Sum of Lines 3 thru 5 of Schedule B _____

c) Income of family member(s) (other than head
 of household or spouse) under 18 or a full-time
 student Schedule A _____

d) First \$300 of income of spouse Schedule A _____

d) \$300 for each family member (other than head
 of household or spouse) under 18 or 18 and either
 disabled, handicapped or a full-time student
 Schedule A _____

f) Non-recurring income Schedule A _____

g) 5% of family's total annual gross income
 or 10% of elderly family's over 60 _____

TOTAL ADJUSTMENTS _____

3. ADJUSTED ANNUAL INCOME (Line 1 less Line 2) _____

4. _____ % OF ADJUSTED ANNUAL INCOME _____

<u>FAMILY SIZE</u>	<u>ADJUSTED ANNUAL INCOME</u>	<u>NO. OF FAMILY MEMBERS</u> _____
1	\$38,200	
2	\$43,600	
3	\$49,050	
4	\$54,500	
5	\$58,850	
6	\$63,200	
7	\$67,600	
8	\$71,950	

LOT NO. _____
 FRONTAGE _____
 TOTAL ASSESSMENT _____
 MINUS _____ %
 AMOUNT SUBSIDY PAYS _____
 DATE SUBIDY PAID _____
 AMOUNT PAID _____

 APPROVED BY DATE