What is the Sidewalk Repair Subsidy Program?
The Sidewalk Repair Subsidy Program is adopted by the City Council to assist low and moderate income home owners by completing necessary repairs in conjunction with the City of Des Moines Sidewalk Repair Program. Only residential properties where the owner resides are eligible.

• You must apply for Sidewalk Repair Subsidy within one hundred eighty (180) calendar days of the date of the NOTICE TO REPAIR SIDEWALK (Driveway approaches are not included in this program).

Who Is Eligible For Assistance?
You are eligible if you apply for the subsidy within the specified timeframe listed above, and meet both of the following requirements:

1. You must be either the property owner or the contract buyer, and live at the property at the time the Notice to Repair Sidewalk is issued. The property includes only the land around the home within the single parcel as identified for tax purposes by the Polk County Assessor.

2. The adjusted annual income (as defined below) of your household does not exceed the following limits based upon your household size:

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<tr>
<th>HOUSEHOLD SIZE</th>
<th>ADJUSTED ANNUAL INCOME</th>
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What Is My Adjusted Annual Income?
Your adjusted annual income, which is determined as follows:

ADJUSTED ANNUAL INCOME equals HOUSEHOLD INCOME (gross) minus HOUSEHOLD ADJUSTMENTS (A-I below)

HOUSEHOLD INCOME is the total of all income received by the household members residing at the property. It includes the gross income received by all members of the household during the last twelve (12) months. This income includes any wages, unemployment compensation, pensions, Social Security, interest, dividends, board, rentals, public assistance, or any other means of income. Child support received (or difference) is not included. People paying rent (such as where a person is renting space within the owner's home) are not considered household members, and these people's income is not considered as household income. However, the rent paid by these people to the property owner is considered as household income.

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

A. Medical expenses which exceed 7.5% of the total household income and are not covered by insurance are deducted.

B. Income received from a non-profit child-placing agency for care of one or more children placed in property owner’s home is deducted.
   Occupational expenses not compensated by property owner’s employer are deducted.
   Expenses paid for the care of children or disabled household members in order for the property owner or spouse to maintain employment are deducted.

C. The income of household members (other than property owner or spouse) that are under the age of 18, full-time students, or disabled or handicapped is deducted.

D. The first three hundred dollars ($300) of spouse's income is deducted.
E. Three hundred dollars ($300) for each dependent of the property owner is deducted, who lives at this property and meets one of the following criteria:
   - Under the age of 18
   - Disabled or handicapped (regardless of age)
   - Full-time student

F. Non-recurring income, such as an inheritance is deducted.

G. Five percent (5%) of the household income is deducted if the property owner and/or spouse are under the age of 60. If the property owner and/or spouse are 60 years old or older ten percent (10%) of the household income is deducted.

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 2,000

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 2,450

Total Household Adjustments $12,225

ADJUSTED ANNUAL INCOME equals HOUSEHOLD INCOME minus HOUSEHOLD ADJUSTMENTS:
$67,500 - $12,225 = $55,275

The Adjusted Annual Income for the example household was $55,275. This amount is less than the income guideline limit for a household size of five (5) as shown in the table on page one. Therefore, the example household qualifies for Sidewalk Repair Subsidy, and the City of Des Moines would complete all of the necessary sidewalk repairs for this property.

How Much Will Subsidy Pay And How Much Must I Pay?
If the property owner meets the above program requirements, the City of Des Moines will complete all of the necessary repairs for your property. You will not be required to pay for any of the repair costs.

When and Where Do I Apply for Sidewalk Repair Subsidy?
Only the property owner or contract buyer can apply for sidewalk repair subsidy. For assistance in filling out the application form, please call or visit the City of Des Moines, City Hall.

You will need to provide verification of all income received on a regular basis. 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 of Des Moines Engineering Department. If you have any questions or need additional program information, call Rose Olson at 515-283-4231.

Mail or Deliver to: Special Assessments Division
City Hall - 2nd Floor
400 Robert D. Ray Drive
Des Moines, IA 50309-1891
City of Des Moines
SIDEWALK REPAIR SUBSIDY PROGRAM APPLICATION

1. Name ___________________________________________ 2. Address ___________________________________________

3. Date of Birth ___________________________ 4. Age ___________ 5. Race / Ethnic Group ___________________________

6. Number of Family Members ________ 7. Telephone No. ___________________________ 8. S.S. No. ___________________________

9. Email Address (Please Print if Applicable) ___________________________________________

If you wish to receive notification of decision by email, please circle appropriate response:  YES  NO  N/A

10. OWNERSHIP: Applicant/Head of Household must have legal or equitable title to the parcel and reside at this location.
   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 – SPOUSE _______________________
3. WAGES – ADDITIONAL HOUSEHOLD MEMBERS * _______________________
   * Indicate if additional household member is one of the following:
   (a) Under 18  (b) Full-time Student  (c) Disabled or handicapped

4. UNEMPLOYMENT COMPENSATION _______________________
5. SOCIAL SECURITY _______________________
6. RETIREMENT/PENSIONS _______________________
7. FIP/RELIEF _______________________
8. RENT/BOARD _______________________
9. CHILD SUPPORT _______________________
10. OTHER (List) _______________________

TOTAL ANNUAL GROSS INCOME _______________________

Schedule B - Miscellaneous Information
Do you have the following information? (may not need depending on adjustments)
   Yes  No
   □  □  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/sick/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 Sidewalk Repair Subsidy. 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 ___________________________ Location ___________________________
NAME ____________________________  (Head of Household)

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 household income or 10% of household income if over 60 ____________________________

   TOTAL ADJUSTMENTS ____________________________

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

4. _______ % OF ADJUSTED ANNUAL INCOME ____________________________

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