

*Add Community logo above, if desired, and remove this line of text. Update all fields in [brackets] with your community info.*

**[Community Name] Owner Occupied Rehabilitation Program**

Fill in all the information on this application.We need and use all of the requested information for this grant program. *If you do not have a phone, please make a note on the application.*

The maximum grant amount is [$25,000]. Completed forms with accurate information and all the required documentation give applicants the best chance to receive funds. [Add application selection criteria or program next steps if desired, or remove this text box.]

**Please contact [phone number] with any questions or to receive assistance completing your application.**

**Return all the information below with your application to be considered for funds. Responses can be mailed or emailed to this address:**

|  |  |
| --- | --- |
| [Contact person][Phone:][Email:] | [Mailing address][Mailing address][Mailing address] |

**Use this checklist to make sure all required documents are included with your application:**

[ ]  **Request for Verification of Mortgage Account -** Please fill out Part 1 of this form. Have your Mortgage Company or Bank fill out Part 2. If you do not have a mortgage on your home, please send only a copy of your deed.

[ ]  **A copy of your deed to your home and Property Assessor card** - If you do not have a copy of the deed or card, you can obtain one from the County Recorder’s office.

[ ]  **Verification ofEmployment, if applicable.** Please fill out the employment section of the application and provide two paystubs.

[ ]  **Copies of all additional forms of income** for the past 30 days. Example: Paystub (Last 2 paystubs for anyone working in the house), public assistance benefit retirement, disability, and child support.

[ ]  **Statement of Current Social Security Benefit.** This must be a form from the social security office. A copy of a check or bank statement cannot be used. If you do not have this statement, you can request a copy by calling the Indianapolis Social Security office at 1-800-772-1213.

[ ]  **Proof of Homeowners insurance.** Call your insurance provider and tell them you need "proof of insurance for your homeowner's policy" This is also known as a declaration.

[ ]  **A copy of current paid property tax receipt.** You may include the most recent mortgage statement with an escrow account showing full payment of property taxes, or a payment receipt marked "PAID" by the County Treasurer's Office. If needed, you may request this information at the County Treasurer's Office.

**Owner Occupied Rehabilitation Program Application**

*Please fill out this application completely.*

All*information is required for processing and is subject to verification.*

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| **Section A - APPLICANT INFORMATION** |
| **Applicant’s Name:** |  |  |  |
|  | *(First)* | *(Middle)* | *(Last)* |
| **Date of Birth:** |  |  |  |
|  |  |  |  |
| **Applicant Contact Information:** |  |  |  |
|  | *(Home/Cell Number)* | *(Work Number)* | *(Email)* |

 *If you do not have a phone, please make a note here and provide an alternative form of communication.*

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| **CO-APPLICANT INFORMATION (If no co-applicant, leave blank.)** |
| **Applicant’s Name:** |  |  |  |
|  | *(First)* | *(Middle)* | *(Last)* |
| **Date of Birth:** |  |  |  |
|  |  |  |  |
| **Applicant Contact Information:** |  |  |  |
|  | *(Home/Cell Number)* | *(Work Number)* | *(Email)* |

*Please include co-applicant information for any additional people residing in the house who are ages 18+ in the space below.*

**Section B – HOUSEHOLD INFORMATION**

1. Address of house to be rehabilitated:
2. How long have you owned this home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year your home was built: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a mortgage? [ ]  Yes [ ]  No Is your mortgage current? [ ]  Yes [ ]  No

Name and address of mortgage holder:

|  |
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|  |

1. Isyour home located in a floodplain? [ ]  Yes [ ]  No [ ]  Don’t Know
2. Household Composition - List **all** persons living in the home:

Name Age Employment Status

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| --- | --- | --- |
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| **Section D - EMPLOYMENT INFORMATION****Please fill out a copy of the Section D form for each person living in the home age 18+.** |
| **Employer’s Name:** |  |
| **Address:** |  |
| **How long have you worked here:** |  | **Occupation/Title:** |  |
| **SALARY & WAGES INFORMATION** |
| **Present Gross Monthly Salary/Wages**(Before taxes and deductions) |  |
| **Present Net Monthly Salary/Wages**(Take home pay per month) |  |

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| **OTHER INCOME SOURCES:**Please list all sources of income for **everyone** living in the house. (Include Social Security, Welfare, Retirement or Veteran Benefits, Pension, Rental Property Income, Checking and Savings Accounts, Dividend Payments, Annuities, Bonds, others) |
| Income Source: |  Applicant: |  Co-applicant: |  Other Household Member(s) 18 or Older: | Total: (Add all income in the row) |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
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|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
|  |  $ |  $ |  $ |  |
| TOTAL GROSS MONTHLY HOUSEHOLD INCOME : | $ |
| TOTAL ANNUAL INCOME (X 12) :  | $ |

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| **Section E – HOME IMPROVEMENTS** |
| Please check the box, or boxes, for home improvements you would like to make as part of this project.  |
| [ ]  Roof Replacement or Repair[ ]  ADA Accessibility Modifications up to the threshold of the home[ ]  Heating replacement[ ]  Cooling replacement[ ]  Lighting and electrical upgrades[ ]  Water heater replacement |
| Please provide any additional comments that will help us understand the home improvements you would like to make: |
|  |

**Section F: Total Household Income**

The [County/City/Town of \_\_\_\_\_\_] is requesting this information to verify your household eligibility for the Owner Occupied Rehabilitation Program.

1. Determine the number of person(s) above 18 years of age in your household and place a check in the appropriate box below.
2. Look at the amount of money listed in the block that you checked. Is the total household income **above** or **below** that amount of money? Check the option that applies to your household.

Income Limit Data Set Used: \_\_[Community fills out what year of data is used. This is updated every May.]\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  1 Person  |  2 Persons  |  3 Persons  |  4 Persons  |  5 Persons  |  6 Persons  |  7 Persons   |  8 Persons  |
|   |   |   |   |   |   |   |   |
| [[Add HUD Low (80%) income limit](https://www.huduser.gov/portal/datasets/il.html)] | [80% Income Limit] | [80% Income Limit] | [80% Income Limit] | [80% Income Limit] | [80% Income Limit] | [80% Income Limit] | [80% Income Limit] |
|  Above [ ]  Below [ ]  |  Above [ ]  Below [ ]   |  Above [ ]  Below [ ]   |  Above [ ]  Below [ ]   |  Above [ ]  Below [ ]   |  Above [ ]  Below [ ]   |  Above [ ]  Below [ ]   |  Above [ ]  Below [ ]   |

**Family Make-up:** [Add questions for your own program-specific demographic information. For example:]

* Number of Elderly People:  Click or tap here to enter text.
* Number of Disabled People: Click or tap here to enter text.
* Number of Veterans:  Click or tap here to enter text.
* Single Parent Household? Click or tap here to enter text.

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 Date this Form Was Completed:

**By signing and returning this application, I pledge the following:**

* I certify that all information contained in this application is true and accurate to the best of my ability. I authorize [Community Name] and/or its representatives to verify all information on this application, including my present and past employment or other sources of income.
* I certify that the house for which I am requesting assistance is my primary residence.
* I certify that if I receive assistance, I will maintain homeowner's insurance on the house during the entire assistance period.
* I certify that I will keep property taxes current on the assisted house during the entire project period.
* I will allow the home inspector into the home to assess the need to participate in the program and the completion of project activities.
* I understand that [radon testing](https://www.hud.gov/sites/documents/OHHLHCFLYERRADON.PDF) of the assisted house is a requirement of participating in this program. I understand that radon mitigation may be required for my property and is a requirement of participating in this program if radon is detected.
* I understand that these funds are provided from the U.S. Department of Housing and Urban Development and are subject to Lead Safe Housing requirements.
* If selected for the program I will keep areas where work will be performed clear and easily accessible.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature |  | Date |  |
| Name (Please Print) |  |  |  |
|  |  |  |  |
| Co-Applicant Signature |  | Date |  |
| Name (Please Print) |  |  |  |

REQUEST FOR VERIFICATION OF MORTGAGE ACCOUNT

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| **Part 1 – To be Completed by Applicant** |
| **Name and Address of Mortgage Company or Bank:** |  |
| **Information to be Verified** |
| **Property Address:** |  |
| **Name on Mortgage Account:** |  |
| **Account Number:** |  |
| **TYPE:** [ ] First Mortgage[ ] Second Mortgage[ ] Contract Sale |
| **Name and Address of Applicant(s):** | **Signature:** |  |
| **Signature** **(if co-applicant):** |  |

**------------------------------------- PART 2 – TO BE COMPLETED BY LENDER ---------------------------------**

We have received an application for a grant from the above, to whom we understand you have extended a loan. Please provide us with the following information:

Origination Date of Mortgage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Mortgage Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal & Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the mortgage current? [ ]  Yes [ ]  No Satisfactory Account [ ]  Yes [ ]  No

Signature of Depository: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_