



2017 Owner-Occupied Repair Program

I. Eligibility

- A. The owner must occupy the home as their primary residence.
- B. The mortgage and property taxes must be current, and the property must be covered by homeowner's insurance.
- C. The owner may not have filed for bankruptcy in the past 24 months.
- D. Total household income may not exceed 80% of the area median income (AMI) as follows:

Number of Persons Living in the Home	1	2	3	4	5	6
Maximum Allowable Household Income (80% AMI)	\$37,350	\$42,700	\$48,050	\$53,350	\$57,650	\$61,900

II. Application & Approval

- A. Applications may be obtained from Nicholas Stubbs, Associate Director of Home Preservation, by calling (317) 777.6096, or by email at nstubbs@indyhabitat.org.
- B. Return completed applications to Nicholas Stubbs, 1011 22nd Street, Indianapolis, IN 46202.
- C. Applications submitted will first be reviewed for completeness and eligibility. Incomplete or ineligible applications will not be considered for approval and receipt of assistance. Such applications can be re-submitted but will automatically be placed on the Wait List (see below).
- D. Applicants will be notified in writing as to the status of their application: Approved, Wait-listed, or Ineligible.

III. Construction

- A. Within 30 days of approval, representatives from Greater Indy Habitat for Humanity will come to the applicant's home to evaluate repair needs and develop an outline of repairs. The client will receive a copy of the scope of work along with an explanation of which repair items we will be carrying out.
- B. Construction will begin in early 2017 with the majority of repairs being completed in the summer and fall.

For Greater Indy Habitat for Humanity staff only. Please leave the following section blank.

Project Type: CDBG Repair Habitat Homeowner Repair

2017 Owner-Occupied Repair Program Application

Applicant (Property Owner): _____ SSN: _____ DOB: _____

Co-Applicant (Co-Owner): _____ SSN: _____ DOB: _____

Property Address: _____ Zip: _____

Primary Phone # _____ Alternate Phone # _____

When did you purchase your home? _____ (year)

Is the home your primary place of residence? Yes No

Do you have a mortgage on the home? Yes No

If yes, are your mortgage payments current? Yes No

Do you have homeowner's insurance coverage on the home? Yes No

Are the property taxes paid and current? Yes No

Have you filed bankruptcy in the past 48 months? Yes No

If yes, has the bankruptcy been discharged? Yes No

Other than the Applicant(s) listed above, are there any other individuals whose names are on the deed to the home? Yes No

If yes, do those individuals also live in the home? Yes No

Please complete the following for the Applicant listed above. This information is collected for grant-compliance and reporting purposes only.

Gender: Male Female

Marital Status: Single Married Divorced Widowed Separated

Race: African American Asian Hispanic
 American Indian Pacific Islander Caucasian Other

Household Size and Income

- List all persons that currently reside in the property, regardless of age or familial status, including the Applicant and Co-Applicant.
- Include all sources of income for each person, including but not limited to full- or part-time wages, salary, income from Social Security, annuities, retirement funds, alimony, and child support.

Name	Position in Household	Age	Income Source(s)	Annual Income
1.	Head of Household			\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
Total Household Income				\$

Needed Home Repairs, Renovations & Improvements

What kind of critical health & safety repairs or renovations does your home need? (check all that apply)

- Roof
 Gutters
 Siding
 Windows
 Exterior Doors
 Porch
 Chimney
 Walkway
 Foundation
 Furnace
 Floor
 Electrical
 Plumbing
 Ducts
 Sewer
 Other (list) _____

Do you need, or have interest in, the following energy-related improvements? (check all that apply)

- Furnace repair or replacement
 Additional insulation
 Water heater repair or replacement
 Other (list): _____

Are there any members of your household that are disabled? Yes No

Are there any members of your household that are veterans? Yes No

Are there **other** exterior or interior repairs, renovations, or improvements your home needs? Yes No

If yes, please list in the space below:

Include the Following with the Application:

- Income Verification (include all that apply)
 - Most recent W-2 form and copy of the IRS Form 1040 filed for
 Included Not Applicable
 - Most recent Form 1099, 1098 received
 Included Not Applicable
 - Copy of the last three months of payroll stubs
 Included Not Applicable
 - Copy of retirement check or Retirement Benefits letter
 Included Not Applicable
 - Copy of 'Notice of Award' letter from the Social Security Administration
 Included Not Applicable
 - Documentation of Child Support received
 Included Not Applicable
- Copy of most recent Real Estate Property Tax Statement marked PAID
 Included
- Copy of Homeowners Insurance Declarations page
 Included
- Copy of most recent mortgage statement
 Included Not Applicable
- Copy last three month's bank statements
 Included

Acknowledgement & Agreement

The undersigned do hereby acknowledge and agree as follows: (Please read and initial each item, then sign at the bottom.)

- _____ All information provided herein or attached herewith is true and accurate to the best of Applicant’s knowledge. Applicant will provide additional information and documentation necessary to determine eligibility and secure assistance from GIHFH’s partner agencies, and authorizes GIHFH and partner agencies to share any and all information provided by Applicant for such purposes.

- _____ Submission of this application does not guarantee participation in the program and receipt of home repair assistance. Participation and assistance is determined by GIHFH and its partner agencies, at their sole discretion, based on program guidelines, eligibility criteria, regulatory requirements, and funding availability.

- _____ Subsequent to application and approval, program participants will be required to complete and execute additional documents and agreements, including, but not limited to, partner applications, disclosures, construction certifications, lien waivers, and loan documents. Failure to do so may terminate Applicant’s participation in the program and receipt of assistance.

- _____ The scope of repairs & improvements to be carried out cannot be finalized until the Applicant’s eligibility for assistance is determined and approved by GIHFH and its partner agencies. Additional non-critical repairs & improvements may be added to the scope of work if eligible as part of partner agency programs.

- _____ GIHFH’s, its partner agencies, contractors, and other parties involved in the program will be provided with reasonable access to the property, to carry out repairs, renovations, and improvements. Noise and debris will occur as part of the construction process.

- _____ GIHFH’s funding is provided using CDBG grant dollars secured from the City of Indianapolis, and will be provided in the form of a 0% interest, no-payment, 30-year deferred loan, secured with a mortgage on the Applicant’s property. Partner agencies may provide assistance in the form of grants, deferred loans, or low-interest loans, depending on the agency and the work performed.

- _____ Applicant will hold harmless Greater Indy Habitat for Humanity, the City of Indianapolis, Near North Development Corporation, King Park Development Corporation, and any other agency or organization providing home repair assistance in any way as part of this program, from any liability resulting from services rendered.

Applicant Signature

Date

Co-Applicant Signature

Date