



Project Application Madison County Owner-Occupied Rehabilitation Program



Section I - General Information

1. Applicant

Name _____
Address _____
City/St/Zip _____
Home Phone _____
Work Phone _____

2. Property Owner (if different from Applicant)

Name _____
Address _____
City/St/Zip _____
Home Phone _____
Work Phone _____

3. Project Description

_____ Zoning Classification
_____ Number of Stories in House
_____ Number of Bedrooms
_____ Square Footage of House

4. Ownership Pattern and Verification

_____ Sole Ownership
_____ Partnership
_____ Limited Partnership
_____ Buying on Contract
_____ Corporate Ownership
_____ Nonprofit/Community-
Based Ownership
_____ Other (please specify)

5. Type of Structure

_____ Standard House
_____ Manufactured House
_____ Trailer House
_____ Other (Specify)

6. Type of Construction

_____ Frame
_____ Brick
_____ Masonry
_____ Other (specify)

7. Approximate Date House was Built: _____

8. How long have you lived at your present address? _____

Section II - Debt and Equity Information

1. First Mortgage

Date _____
Lender _____
Purchase Price _____
Down Payment _____
Original Mortgage Amount _____
Interest Rate _____
Term _____
Monthly Payment _____
Unpaid Principal Balance _____

2. Second Mortgage

Date _____
Lender _____
Purchase Price _____
Down Payment _____
Original Mortgage Amount _____
Interest Rate _____
Term _____
Monthly Payment _____
Unpaid Principal Balance _____

3. Property Appraisal

Appraised Value _____ Date _____ By _____

(If there has been no recent appraisal, estimate the market value of the property; if an appraisal exists, please submit a copy with this application.)

4. Household Income

For participation in this program, the applicant household must be low/moderate income. List all income sources and attach copy of tax return, pay stub, and/or social security award letter to verify income. *(Income will be kept confidential)*

Source	Amount (per pay period)
_____	_____
_____	_____
_____	_____

Total Monthly Income: _____ Total Annual Income: _____

Section III - Rehabilitation Information

1. Summary of Proposed Improvements and Needed Repairs:

(Submit a photograph of the property with application)

Section IV - Household Information

1. Head of Household

Name: _____ Age: _____ Sex: _____ Race: _____ Disabled? Yes/No

2. Household Members

Name	Age	Sex	Race	Disabled		Relation to Head of Household
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	

Section V - Applicant's Certification

The Applicant(s) certifies that all information attached and furnished herein is given for the purpose of obtaining a forgivable or direct loan and is true and complete to the best of the Applicant's knowledge and belief. Verification may be obtained from any above listed source. The Applicant also certifies that neither he/she nor any member of his/her immediate family is employed by the Madison County, except where a specific Standard Disclosure statement (recognized and accepted by the Indiana State Board of Accounts) has been submitted to the appropriate organization and approved by the County.

Signature _____ Date _____

Signature _____ Date _____

Penalty for False or Fraudulent Statement. U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the Jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years or both."

Section VI - Questions or Comments

