

Application Package

City of Elwood Homeowner Repair & Improvement Program



Return Applications to:
Housing Administrator
Madison County Council of Governments
16 East 9th Street, Room 100
Anderson, IN 46016

Any Questions...Call or Email:
Housing Administrator
(765) 641-9482
blott@mccog.net

Applications are due by October 31, 2008 by 4:00 p.m.

City of Elwood Homeowner Repair & Improvement Program

Project Application Instructions

Section I - General Information

1. Applicant

Insert your name, address, home phone, work phone, and email address.

2. Property Owner

If the property owner is different from the applicant, fill in the information about the owner as well.

3. Project Description

- Zoning Classification - Identify the classification, (residential, business, commercial, etc.)
- Number of Stories in House
- Number of Bedrooms
- Square Footage of House - Identify how many square feet are in the house. This measurement must be accurate to meet certain requirements within the program.

4. Ownership Pattern and Verification

Check or X the appropriate line for the type of ownership you have on the property. Be sure to submit a copy of the deed, contract, or other documentation with your application to verify ownership.

5. Type of Structure

Check or X the appropriate line for the type of structure that describes your house. Specify the type of structure if you mark the “Other” category.

6. Type of Construction

Check or X the appropriate line for the type of construction that describes your house. Specify the type of construction if you mark the “Other” category.

7. Approximate Date House was Built

Indicate the year that the house was built.

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

Indicate the number of months and/or year(s) you have lived in your house.

Section II - Debt and Equity Information

1. First Mortgage

Input the requested data and information for a first mortgage against the property to be rehabilitated in this program.

2. Second Mortgage

Input the requested data and information for a second mortgage against the property to be rehabilitated in this program.

3. Property Appraisal

If an appraisal exists, input the requested information and submit a copy of the appraisal with this application. If there has been no recent appraisal, estimate the market value of the property.

4. Household Income

List all sources of income and indicate your total monthly and annual household income. Please submit a copy of the attached "Income Verification Forms" (Exhibits B - I). The "Income Verification Forms" need to be signed by the applicant and a representative for the source of income (ie. employer, social security office, unemployment office, bank, etc.). If a particular source of income does not apply to you, place "N/A" on the Organization Name located in the upper left corner of each Exhibit. Verification of income is a requirement for participation in this program.

Section III - Rehabilitation Information

1. Summary of Proposed Improvements and Needed Repairs

Provide a summary of proposed improvements and needed repairs that you would like to have completed during participation in this program.

Section IV - Household Information

1. Head of Household

Provide the name, age, sex, and race of the head of household. Also, circle yes or no to indicate whether the head of household is disabled.

2. Household Members

Provide the name, age, sex, race, and relation to head of household for all family and/or non-family members living in the household. Circle yes or no to indicate whether or not any household members are disabled.

Section V - Applicant's Certification

Applicant's Signature

The applicant must sign this application verifying the information is true and correct to the best of their knowledge. If the property has co-owners, both owners must sign the application.

Section VI - Questions or Comments

***Required Documentation to be Submitted with Application:**

- Copy of deed, contract, or other documentation to verify ownership
- If appraisal exists, submit a copy with application
- Copy of signed Income Verification Forms (Exhibits B - I)



Project Application City of Elwood Homeowner Repair & Improvement Program



Section I - General Information

1. Applicant

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

2. Property Owner

(if different from Applicant)

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

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 complete a copy of the attached "Income Verification Forms" (Exhibits B - I). *(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:

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 loan or grant 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 City of Elwood, 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 City.

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

Verification of Employment

<p style="text-align: center;">_____ (organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the CDBG Program for which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed stamped envelope has been enclosed.</p>	<p>Employed Since: ____ Occupation: ____</p> <p>Salary: \$ ____</p> <p>Effective Date of Last Increase: ____</p> <p>Base pay rate: <input type="checkbox"/> Hourly Amount \$ ____ <input type="checkbox"/> Week Amount \$ ____ <input type="checkbox"/> Month Amount \$ ____</p> <p>Average # of hours at base pay rate: ____ ____ # of weeks; or ____ # of weeks worked per year</p> <p>Overtime pay rate: \$ ____</p> <p>Expected average # of hours overtime worked per week during next 12 months: ____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):</p> <p>For: ____; Amount \$ ____; Frequency: ____</p> <p>Is pay received for vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of days per year: ____</p> <p>Total base pay earnings for past 12 months: \$ ____</p> <p>Total overtime earnings for past 12 months \$ ____</p> <p>Probability and expected day of any pay increase: ____</p> <p>Employee has access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what amount can they access? \$ ____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p style="text-align: center;">_____ (signature of applicant)</p> <p style="text-align: center;">_____ (date)</p>	<p style="text-align: center;">_____ (signature of authorized representative)</p> <p>Title: ____</p> <p>Date: ____</p> <p>Phone Number: ____</p>
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

Verification of Income from a Business

<p style="text-align: center;">_____ (organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Business Income of all members of the household applying for participation in the CDBG Program for which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed stamped envelope has been enclosed.</p>	<p>Based on business transacted from _____ to _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 85%;">Gross Income</td> <td style="width: 10%; text-align: right;">\$ _____</td> </tr> <tr> <td>2.</td> <td>Expenses</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">a.</td> <td>Interest on loans</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">b.</td> <td>Cost of goods/materials</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">c.</td> <td>Rent</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">d.</td> <td>Utilities</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">e.</td> <td>Wages/salaries</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">f.</td> <td>Employee contributions</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">g.</td> <td>Federal Withholding Tax</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">h.</td> <td>State Withholding Tax</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">i.</td> <td>FICA</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">j.</td> <td>Sales Tax</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">k.</td> <td>Other:</td> <td></td> </tr> <tr> <td style="padding-left: 40px;"></td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;"></td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 40px;"></td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">l.</td> <td>straight line depreciation</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3.</td> <td>Net Income</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	1.	Gross Income	\$ _____	2.	Expenses		a.	Interest on loans	\$ _____	b.	Cost of goods/materials	\$ _____	c.	Rent	\$ _____	d.	Utilities	\$ _____	e.	Wages/salaries	\$ _____	f.	Employee contributions	\$ _____	g.	Federal Withholding Tax	\$ _____	h.	State Withholding Tax	\$ _____	i.	FICA	\$ _____	j.	Sales Tax	\$ _____	k.	Other:			_____	\$ _____		_____	\$ _____		_____	\$ _____	l.	straight line depreciation	\$ _____	3.	Net Income	\$ _____
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Verification of Social Security Benefits

<p>_____</p> <p>(organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Business Income of all members of the household applying for participation in the CDBG Program for which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed stamped envelope has been enclosed.</p>	<p>Social Security Data</p> <p>_____ Date of Birth</p> <p>_____ Gross monthly Social Security Benefit Amount, type of benefit</p> <p>_____ Gross monthly Supplemental Security income payment amount (including State supplement), type of benefit</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(signature of applicant)</p> <p>_____</p> <p>(date)</p>	<p>_____</p> <p>(signature of authorized representative)</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

Verification of Child Support Payments

<p style="text-align: center;">_____ (organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Business Income of all members of the household applying for participation in the CDBG Program for which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed stamped envelope has been enclosed.</p>	<p>Name of Person Paying Child Support: _____</p> <p>Address of Person Paying Child Support: _____ _____ _____</p> <p>Support is for <input type="checkbox"/> his <input type="checkbox"/> her children.</p> <p>Name(s) of children being supported: _____ _____ _____</p> <p>Amount of Support:</p> <p><input type="checkbox"/> Week Amount \$ _____</p> <p><input type="checkbox"/> Month Amount \$ _____</p> <p><input type="checkbox"/> Year Amount \$ _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p style="text-align: center;">_____ (signature of applicant)</p> <p style="text-align: center;">_____ (date)</p>	<p style="text-align: center;">_____ (signature of authorized representative)</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

Verification of Full-Time Student Status

<p>_____</p> <p>(organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Business Income of all members of the household applying for participation in the CDBG Program for which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed stamped envelope has been enclosed.</p>	<p>Individual Claiming to Be a Full-Time Student:</p> <p>_____</p> <p>Name of Institution:</p> <p>_____</p> <p>Address of Institution:</p> <p>_____</p> <p>Check applicable box:</p> <p>Referenced individual <input type="checkbox"/> is <input type="checkbox"/> is not a full-time student in good standing at this institution.</p> <p>Years remaining to complete Degree or Program: _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(signature of applicant)</p> <p>_____</p> <p>(date)</p>	<p>_____</p> <p>(signature of authorized representative)</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

Verification of Unemployment Benefits

<p>_____</p> <p>(organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Business Income of all members of the household applying for participation in the CDBG Program for which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed stamped envelope has been enclosed.</p>	<p><i>Benefits</i></p> <p>Are benefits being paid now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is the Gross Weekly Payment? \$ _____</p> <p>Date of Initial Payment _____</p> <p>Duration of Benefits _____ Weeks</p> <p>Is claimant eligible for future benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many weeks? _____ Weeks</p> <p>If no, what is the termination date of benefits? _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(signature of applicant)</p> <p>_____</p> <p>(date)</p>	<p>_____</p> <p>(signature of authorized representative)</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

Verification of Public Assistance Income

<p style="text-align: center;">_____ (organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Business Income of all members of the household applying for participation in the CDBG Program for which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed stamped envelope has been enclosed.</p>	<p><i>Public Assistance Data</i></p> <p>Rate Per Month _____</p> <p>Number of family members: _____</p> <p>Aid to families with Dependent Children: \$ _____</p> <p>General Assistance: \$ _____</p> <p>Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amount specifically designated for shelter and utilities: \$ _____</p> <p>Other Assistance – type: _____ \$ _____</p> <p>Total Monthly Grant \$ _____</p> <p>Other Income – Sources – type _____ \$ _____</p> <p>Maximum allowed for rent and utilities (as-paid States) \$ _____</p> <p>Amount of public assistance received during past twelve months \$ _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p style="text-align: center;">_____ (signature of applicant)</p> <p style="text-align: center;">_____ (date)</p>	<p style="text-align: center;">_____ (signature of authorized representative)</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

Verification of Assets on Deposit

<p>_____</p> <p>(organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Military Service Income of all members of the household applying for participation in the CDBG Program which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	Checking Account Number	Average monthly balance for last 6 months	Current Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	Savings Accounts	Current Balance	Current Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate	
_____	\$ _____	\$ _____	_____ %	
_____	\$ _____	\$ _____	_____ %	
IRA, Keogh, Retirement Accounts				
	Account Number	Amount	Withdrawal Penalty	Current Interest Rate
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
	Money Market Funds	Amount (Average 6-month balance)	Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(signature of applicant)</p> <p>_____</p> <p>(date)</p>		<p>_____</p> <p>(signature of authorized representative)</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>		
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>				