

Greensburg Owner Occupied Rehabilitation Program Homeowner Application Packet

Application Information

Thank you for your interest in applying for our grant program! Please fill out the application form completely, as all the information requested is necessary for us to process your application effectively. Ensure that you provide accurate information and include all required documentation. This will increase your chances of receiving funding. If you do not have a phone, please indicate that on your application.

Maximum Grant Amount: The maximum grant amount available is \$25,000 per home.

Need Help? If you have any questions or need assistance with the application, please contact Administrative Resources association (ARa) by phone at (812) 376-9949 or by email at info@aracities.org.

Ready to Submit? Please send your completed application, along with all the required information to: Robin Willats, ARa Project Manager – Address: 748 Franklin Street, Columbus, IN 47201
 Email: projectmanager@aracities.org – Phone: (812) 376-9949 Ext. 2

Homeowner Application Document Checklist

Please use this checklist to ensure you include all required documents with your application:

- Request for Verification of Mortgage Account:** Complete Part 1 of this form, then have your Mortgage Company or Bank fill out Part 2. If your home is mortgage-free, please provide a copy of your deed instead
- Copy of Your Deed and Property Assessor Card:** If you don't have these documents, you can obtain them from the County Recorder's office.
- Verification of Employment (if applicable):** Fill out the employment section in the application and include two recent pay stubs.
- Proof of Additional Income for the Past 30 Days:** Include copies of any additional income sources, such as the last two pay stubs for anyone working in the household, public assistance benefits, retirement income, disability payments, or child support documentation.
- Statement of Current Social Security Benefit (if applicable):** This must be an official document from the Social Security office. Neither a check nor a bank statement will be accepted. If you need this statement, you can request it from your my Social Security Account via mail or email at for more information please visit [Social Security](#) or call at 1-800-772-1213 between 8:00 a.m. 7:00 p.m, Monday- Friday. If you're deaf or hard of hearing and use TTY equipment, you can call our TTY number at 1-800-325-0778.
- Proof of Homeowners insurance:** Contact your insurance provider to request a "proof of insurance for your homeowner's policy," also known as a declaration.
- A Copy of Current Paid Property Tax Receipt :** You can include your most recent mortgage statement with an escrow account showing full payment of property taxes or a receipt marked "PAID" from the County Treasurer's Office. If you need assistance, you can request this information at the County Treasurer's Office.

SECTION 1: Applicant Information

Please fill out this application completely. All information is required for processing and is subject to verification.

| | | | |
|-----------------------------|----------------------|---------------|------------------|
| Applicant's Name: | | | |
| | (First) | (Middle) | (Last) |
| Date of Birth: | | | |
| | (Month) | (Date) | (Year) |
| Contact Information: | | | |
| | (Home/Cell Number) * | (Work Number) | (Email) |
| Primary Residence: | | | |
| | (Street) | (City/town) | (State/Zip Code) |

SECTION 2: Co-Applicant Information (If no co-applicant, leave blank.)

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

| | | | |
|-----------------------------|----------------------|---------------|------------------|
| Applicant's Name: | | | |
| | (First) | (Middle) | (Last) |
| Date of Birth: | | | |
| | (Month) | (Date) | (Year) |
| Contact Information: | | | |
| | (Home/Cell Number) * | (Work Number) | (Email) |
| Primary Residence: | | | |
| | (Street) | (City/town) | (State/Zip Code) |

SECTION 3: Household Information

| | | | |
|---|------------------------------|-----------------------------|-------------------------------------|
| 1) Address of house to be rehabilitated: | | | |
| | (Street) | (City/town) | (State/Zip Code) |
| 2) How long have you owned this home? | | | |
| 3) Year your home was built: | | | |
| 4) Do you have a mortgage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 5) Is your mortgage current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6) Name of mortgage holder: | | | |
| 7) Address of mortgage holder: | | | |
| 8) Is your home located in a floodplain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| 9) If your home is in a floodplain, Do you have flood insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

10) Household Composition - List all people living in the home:

| <u>Name</u> | <u>Age</u> | <u>Employment Status</u> |
|-------------|------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SECTION 4: Home Improvements

1) Please check all boxes that apply for home improvements needed in your home.

- 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

2) Please provide any additional comments to help us understand the need for these home improvements.

SECTION 5: Total Household Income

The City of Greensburg 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: FY 2025 HUD Income Limits for Decatur County, IN

| 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | | | | | | | |
| \$52,500 | \$60,000 | \$67,500 | \$74,950 | \$80,950 | \$86,950 | \$92,950 | \$98,950 |
| Above <input type="checkbox"/> | Above <input type="checkbox"/> | Above <input type="checkbox"/> | Above <input type="checkbox"/> | Above <input type="checkbox"/> | Above <input type="checkbox"/> | Above <input type="checkbox"/> | Above <input type="checkbox"/> |
| Below <input type="checkbox"/> | Below <input type="checkbox"/> | Below <input type="checkbox"/> | Below <input type="checkbox"/> | Below <input type="checkbox"/> | Below <input type="checkbox"/> | Below <input type="checkbox"/> | Below <input type="checkbox"/> |

Family Make-up:

- 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 Head of Household (Y/N): Click or tap here to enter text.

Date this Form Was Completed: Click or tap here to enter text.

SECTION 6: Attestation

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](#) 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

| | | | |
|---|--|---|---|
| SECTION 1: Mortgage Information <i>(To be Completed by Applicant)</i> | | | |
| 1) Name of Mortgage Company or Bank | | | |
| 2) Address of Mortgage Company or Bank | | | |
| SECTION 2: Information to be Verified <i>(To be Completed by Applicant)</i> | | | |
| 1) Property Address | | | |
| 2) Name of Mortgage Holder | | | |
| 3) Account Number | | | |
| 4) Type of Mortgage | | <input type="checkbox"/> First Mortgage <input type="checkbox"/> Second Mortgage <input type="checkbox"/> Contract Sale | |
| 5) Name of Applicant | | | |
| 6) Address of Applicant | | | |
| 7) Applicant Signature | | | |
| 8) Co-Applicant Signature | | | |
| SECTION 3: Mortgage Information <i>(To Be Completed by Lender)</i> | | | |
| 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: | | | |
| 1) Origination Date of Mortgage | | | |
| 2) Original Mortgage Amount | | | |
| 3) Current Balance | | | |
| 4) Insurance | | | |
| 5) Monthly Payment | | | |
| 6) Principal & Interest | | | |
| 7) Taxes | | | |
| 8) Is the mortgage current? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9) Satisfactory Account <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature of Depository | | | |
| Name of Depository (Please Print) | | | |
| Title | | | |
| Date | | | |

REQUEST FOR VERIFICATION OF EMPLOYEMENT

SECTION 1: Employee Information *(To be Completed by Applicant)*

| | | | |
|----------------------------------|--|---------------------|--|
| 1) Employee's Name | | | |
| 2) Employer's Name | | | |
| 3) Work Address | | | |
| 4) How long have you worked here | | 5) Occupation/Title | |

SECTION 2: Salary & Wages Information

| | |
|---|--|
| 1) Present Gross Monthly Salary/Wages (Before taxes and deductions) | |
| 2) Present Net Monthly Salary/Wages (Take home pay per month) | |

To _____ [Employer Name], I hereby grant the release of information regarding my employment and salary to _____ [Name of Agency]. I understand that this information will be treated as private data. This verification request is required to establish my eligibility for the Owner Occupied Rehabilitation program. Your prompt completion of this form is appreciated.

| | |
|---|--|
| Applicant Name (Please Print) | |
|---|--|

| | | | |
|----------------------------|--|-------------|--|
| Applicant Signature | | Date | |
|----------------------------|--|-------------|--|

SECTION 3: Verification of Employment *(To Be Completed by Employer)*

I verify that the individual named above is **currently** employed:
 Yes No-last day of employment:

| | | | |
|---|---|--------------------------|--|
| 1) Employee Current Job Title/Position | | | |
| 2) Months/Years of Employment | | | |
| 3) Employee Gross Earnings during the past 12 months (including tips, bonuses, incentive pay) | | | |
| 4) Current average number of hours worked per week | <input type="checkbox"/> Check if this includes overtime. | Number of Overtime Hours | |
| 5) Current Gross Pay Rate | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly | | |

| | | | |
|--|--|--|--|
| 6) Overtime Pay Rate (if applicable) | | | |
| 7) Do you expect a change in pay rate within the next 12 months (raise, promotion, COLA, etc.) | <input type="checkbox"/> Yes-attach explanation in separate document | <input type="checkbox"/> No anticipated increases. | |
| SECTION 4: Attestation | | | |
| Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the agreement. | | | |
| Name & Title (Please Print) | | | |
| Signature | | Date | |

REQUEST FOR VERIFICATION OF BANK ACCOUNT

| SECTION 1: Bank Information <i>(To be Completed by Applicant)</i> | | | |
|--|---|----------------------------------|--|
| 1) Bank Name | | | |
| 2) Bank Address | | | |
| 3) Account Type | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | |
| 4) Account Number | | | |
| SECTION 2: Release of Information | | | |
| To _____ [Bank Name], I hereby grant the release of information regarding my income and assets to _____ [Name of Agency]. I understand that this information will be treated as private data. This verification request is required to establish my eligibility for the Owner Occupied Rehabilitation program. Your prompt completion of this form is appreciated. | | | |
| Applicant Name (Please Print) | | | |
| Signature | | Date | |
| Co-Applicant Name (Please Print) | | | |
| Signature | | Date | |
| SECTION 3: Bank Information Verification <i>(To be Completed by Bank)</i> | | | |
| 1) I verify that the bank name and address above is correct: | <input type="checkbox"/> Yes | | <input type="checkbox"/> No-see correct information below |
| 2) Account Type | <input type="checkbox"/> Checking | | <input type="checkbox"/> Savings |
| 3) Account Number | Interest Rate Paid (if applicable) | | |
| 4) Current Account Balance | | | |
| 5) Is this account in good standing? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No-attach reason in separate document |
| SECTION 4: Attestation | | | |
| Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the agreement. | | | |
| Applicant Signature | | Date | |
| Name & Title (Please Print) | | | |

INCOME VERIFICATION FORM

Complete one of an Income Verification forms per adult member living in the household.

SECTION 1: Applicant Information

| | | | | | |
|----------------------------|--|---------------------------------------|--|--------------|--|
| 1) Name | | | | | |
| 2) Address | | | | | |
| 3) Phone Number | | | | | |
| 4) Total Household Members | | 5) Adult Household Members (age 18+): | | 6) Children: | |

SECTION 2: Income Information

| <input type="checkbox"/> Yes <input type="checkbox"/> No | Source of Income: | Monthly Gross Income: |
|--|---|----------------------------------|
| <input type="checkbox"/> <input type="checkbox"/> | Self Employment. Nature of self-employment _____ | \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Part-time, Seasonal, or Full-time Employment. This includes regular wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. Name of Employer(s) 1) _____ 2) _____ 3) _____ | \$ _____ \$ _____ \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Cash contributions or gifts on an ongoing basis from a person not living with me. This includes rent or utility payments. | \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Unemployment benefit payment. | \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Veteran's Administration, GI Bill, or National Guard/Military benefits/income | \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Periodic Social Security benefit payment. | \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Unearned income from family members age 17 or under (e.g. Social Security, Trust Fund disbursements, etc.) | \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Supplemental Security Income | \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Disability or Death benefits other than Social Security. | \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Public Assistance Income (e.g. TANF, AFDC) DO NOT INCLUDE FOOD STAMPS | \$ _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Child Support If currently entitled to receive child support payments, how much are you entitled to? If currently receiving child support payments, from how many persons do you receive support? _____. If no, but currently making efforts to collect child support owed to me, list efforts being made: _____ _____ | \$ _____ \$ _____ |

| | | | |
|--------------------------|--------------------------|--|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Alimony/Spousal Maintenance payments. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Periodic payments from trusts, annuities, inheritance, retirement funds, pensions, insurance policies, or lottery winnings. If yes, list sources: _____ | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Income from real or personal property. | \$ _____ (use net earned income) |
| <input type="checkbox"/> | <input type="checkbox"/> | Student Financial Assistance (e.g. grants, scholarships, etc.). This does not include loans. NOTE: Count as income only if households receive Section 8 rental assistance. | \$ _____ per semester |

SECTION 3: Asset Information

| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asset Type | Interest Rate | Cash Value |
|------------------------------|-----------------------------|---|------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Checking Account List Bank(s) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Savings Account List Bank(s) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Revocable Trust List Bank(s) _____ | _____% | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Real Estate Owned Checking Account. Description: _____ | | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Stocks, Bonds, or Treasury Bills List Source(s) or Bank(s) _____ _____ | _____% _____% | \$ _____ \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificates of Deposit (CD) or Money Market Account(s). List Bank(s) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | IRA/Lump Sum Pension/Keogh Account/401K List Bank(s) _____ _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Whole Life Insurance Policy If yes, name of insurance company _____? How many policies _____? | | \$ _____ |

| | | | | |
|--------------------------|--------------------------|---|--------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Cash on Hand | | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Disposed of Assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. List items and date disposed: _____ _____ | | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Income from assets or sources other than those listed above. List type(s) below _____ _____ | _____ % _____ % | \$ _____ \$ _____ |

SECTION 4: Attestation

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the agreement.

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