

Greensburg Owner-Occupied Rehabilitation Program

The purpose of this pre-application tool is to collect the information needed to determine your eligibility for participation in the OOR program. The information you provide will help ensure that assistance is directed to those who need it most and that all program requirements are met.

To avoid delays in processing this form and to ensure your eligibility, it is essential that you provide complete and accurate information. Any missing or incomplete responses may result in processing delays or disqualification. All submitted information will be verified during an income verification process.

Please return your pre-application to Greensburg City Hall, 314 W Washington Street, Greensburg, IN 47240 or email to info@aracities.org by April 24th by 4:00 pm.

Section 1: Applicant Contact Information	
APPLICANT NAME	Date of Birth:
CO - APPLICANT NAME <small>(if a second person is listed on home deed)</small>	Date of Birth:
HOME ADDRESS	
CITY & COUNTY	City: County:
PHONE NUMBER	Cell: Home:
EMAIL ADDRESS	

Section 2: Homeownership			
1. Do you own your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you have a mortgage for the address you provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your home on a permanent foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Do you have home insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you live within city limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Are your property taxes up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the address you provided your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is your home located in a floodplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

Section 3: Home Repair Information	
9. Types of Repairs	<input type="checkbox"/> Roof Repair or Replacement <input type="checkbox"/> Heating/Cooling Replacement <input type="checkbox"/> ADA Modifications to the threshold of the home <input type="checkbox"/> Water Heater Replacement

10. Enter any comments you have about the urgency of your repair request:

Section 4: Household Income Information

11. What is your primary source of income? *Please check all that apply.*

- Employment (full-time or part-time)
- Social Security
- Disability Benefits
- Retirement Income
- Unemployment

12. What is your total annual household income before taxes?

ANSWER:

13. How many people live in your home?

ANSWER:

14. How many people over the age of 18 live in your home?

ANSWER:

15. Please provide the following information for everyone in your home, including yourself:

Name	DOB	Income Source	Monthly Salary/Wages

Section 5: Household Demographic & Composition

14. Does anyone in your household belong to the following groups:

- Individuals with Disabilities
- Elderly (62+ years or older)
- Veterans
- Single Parent Head of Household

15. What is your race/ethnicity?

This information will be summarized for reporting required by the Department of Housing and Urban Development (HUD).

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

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

- I certify that all information provided in this document is true and accurate to the best of my knowledge.
- I acknowledge that providing incomplete or inaccurate information may result in delays or disqualification from the program.
- I authorize the City of Greensburg and its representatives to verify any information contained herein.
- I understand that if I receive assistance, I must comply with all program requirements, including future income verifications and home inspections.
- I understand that I must allow a licensed home inspector to conduct both an initial and final inspection of my home while I am present.
- I acknowledge that I do not have the option to select the contractor assigned to perform the work on my home.
- I understand that radon testing and mitigation are required for this program and will be provided at no cost to the homeowner.

Applicant Signature

Date