

CDBG HOME OWNER REPAIR PROGRAM – APPLICATION CHECKLIST

**City of LaPorte Office of Community Development & Planning • 801 Michigan Ave., LaPorte, IN 46350
Phone: (219) 362-8260 • FAX: (219) 325-0656**

CDBG Home Owner Repair Checklist

Have you included these documents with your application?

- Signed application with all information requested**
- Signed release of information form**
- Copies of Driver's Licenses and/or Social Security Cards**
- If a veteran of Iraq or Afghanistan wars, a copy of your discharge papers**
- Copies of your 2016 signed tax return for ALL PERSONS in your household.**
- Copies of the last three pay stubs for ALL PERSONS working in your household**
- Copies of annual statements verifying disability or retirement payments**
- Copies of most recent monthly statement from checking and savings accounts**
- Copy of the deed to the property**
- Copy of the most recent property tax statement showing payment is current**
- Copy of most recent mortgage statement**

Failure to provide this documentation or to sign the forms may result in a delay of processing your application or in a denial in participation in the program.

If you have any questions, please call 362-8260.

All applicants will be considered without regard to race, creed, color, national origin, age, sex, physical or mental disabilities (as defined by law), citizenship, Vietnam-era Veteran status, liability for service in the armed forces of the United States, or any other basis prohibited by applicable state or federal law. The City of LaPorte complies with its legal obligation to provide reasonable accommodations to qualified individuals with disabilities.

The deadline to return the application and documents is 3:00 p.m. AUGUST 31, 2017.

Must reside within the City of LaPorte!

CDBG HOME OWNER REPAIR PROGRAM – APPLICATION

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Phone: (219) 362-8260 • FAX: (219) 325-0656

Return the completed application and documents to the above-referenced office.

The information on this form is treated as CONFIDENTIAL as set forth in the Federal Social Security Act. Income eligibility for the program cannot exceed 80% of the area median income for the year in which the application is made.

Please read this application carefully and in its entirety. Answer all questions as completely and accurately as possible. Information that is omitted from the application may result in a delay or denial of services to you.

Must reside within the City of LaPorte and meet HUD income guidelines to be eligible for services.

Name (Applicant): _____

Social Security Number: _____ **Date of Birth:** _____

Address: _____ **Home Phone Number:** _____

E-mail Address: _____ **Work Phone Number:** _____

Is OK to call you at work: _____ **Cell Phone Number:** _____

Disability: _____ **No** _____ **Yes** **If yes, please describe:** _____

Are you a veteran of the Iraq and/or Afghanistan wars? **Yes** **No**

Race/National Origin:

- | | |
|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> American Indiana/Alaska Native | <input type="checkbox"/> Other Multi-racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | |

Language Spoken: _____ **Language Read:** _____

Name (Spouse): _____

Social Security Number: _____ **Date of Birth:** _____

Address: _____ **Home Phone Number:** _____

E-mail Address: _____ **Work Phone Number:** _____

Is OK to call you at work: _____ **Cell Phone Number:** _____

Disability: ____ **No** ____ **Yes** **If yes, please describe:** _____

Are you a veteran of the Iraq and/or Afghanistan wars? **Yes** **No**

Race/National Origin:

- Black/African American**
- White**
- Asian**
- American Indiana/Alaska Native**
- Native Hawaiian/Other Pacific Islander**
- American Indian/Alaskan Native & Black/African American**
- Black/African American & White**
- Asian & White**
- American Indian/Alaskan Native & White**
- Other Multi-racial**

Language Spoken: _____ **Language Read:** _____

List all people living at this address:

Name	Relationship	Date of Birth	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Monthly Housing Costs:

Monthly Mortgage Payment _____

Utilities (NIPSCO and water) _____

Property Taxes _____

Property Insurance _____

Mortgage Insurance _____

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HOUSEHOLD INCOME WORKSHEET:

Please enter all regular monthly income for EVERY person 18 OR OLDER living in the house.

Sources	Applicant	Spouse	Person 1
Income earned from work including wages, salaries, and tips	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Unemployment Compensation	\$	\$	\$
Retirement Income from Social Security, Pensions	\$	\$	\$
Disability Benefits	\$	\$	\$
Cash support or any money paid on your behalf (for rent, bills, food, etc.)	\$	\$	\$
Worker's Compensation	\$	\$	\$
Income from Lottery, Gambling, Gaming, etc.	\$	\$	\$
AFCD/ADC/TANF/Food Stamps	\$	\$	\$
Other (Explain)	\$	\$	\$
Total	\$	\$	\$

Employment:***Applicant***

Current Employer: _____

Address: _____

Phone: _____ **Start Date:** _____

Title: _____ **Hours per Week:** _____

If current employment is less than two (2) years:

Previous Employer

Phone

Dates of Employment Title

Spouse

Current Employer: _____

Address: _____

Phone: _____ **Start Date:** _____

Title: _____ **Hours per Week:** _____

If current employment is less than two (2) years:

Previous Employer	Phone	Dates of Employment	Title

Source of Assets

	Value of Assets	Institution Name
Checking Account (6-month average balance):	_____	_____
Cash Value Insurance Policies:	_____	_____
Savings/Money Market Balances:	_____	_____
Certificates of Deposit:	_____	_____
Value of Stocks/Bonds:	_____	_____
Equity in Real Estate:	_____	_____
Retirement Funds (401K, IRA, etc.):	_____	_____
Other Real Estate:	_____	_____
		(Location)
Total Household Assets	\$ _____	

Will you be using any of the above assets towards the repair of your home?

_____ **Yes** _____ **No**

If yes, how much? _____

Home Ownership

(PLEASE ATTACH A COPY OF THE DEED AND MORTGAGE STATEMENT!)

Land Contract Buyers or "Rent to Own" Buyers are ineligible to participate in the program.

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Age of Structure: _____

Date of Home Purchase: _____

Is there an existing first mortgage? Yes No **Current Balance: \$** _____

Are payments current? Yes No **If no, explain.**

First Mortgage Balance: \$ _____ **Monthly Payment:\$** _____

Bank/Lender's Name and Address: _____

Is there a second mortgage, line of credit, etc.? Yes No

Date loan was closed: _____ **Current Balance: \$** _____

Bank/Lender's Name and Address: _____

Have you ever been involved in a foreclosure action? Yes No

If yes, when: _____ **Where:** _____

Home Owner Insurance

Please submit a copy of the certificate of insurance provided by the insurance company.

Name of Homeowner Insurance Company: _____

Agent's Name: _____ **Telephone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Annual Payment: \$ _____ **Month Payment Due:** _____

Property Taxes

Property taxes must be current on this property. A copy of the most recent tax statement showing payment is current is required for verification of property taxes.

A copy of the property tax statement can be obtained from the LaPorte County Treasurer's Office, Courthouse, LaPorte, Indiana.

Bankruptcy History

Have you filed for bankruptcy? Yes No **If yes, when and the location of the**

bankruptcy court: _____

What type of bankruptcy filing was it: Chapter 7 Chapter 13

If it was discharged, when and where was it discharged? _____

Repairs to Be Completed

Please list in order of preference the work that you would like to see done to your house. Please keep in mind that the City of LaPorte CDBG Home Owner Repair Program will be performing other not necessarily included in this list to bring the house up to code. Existing code violations will take precedence over your requested repairs. All work to be completed is contingent to funding availability. Because of a high demand, roof replacements are not considered an emergency.

Have you received home repairs from the Office of Community Development & Planning prior to submitting this application? Yes No Date repairs completed: _____

Work Scope:

Priority	Description	Location in House

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**CDBG Program
Eligibility Release Form**

CITY OF LAPORTE, 801 MICHIGAN AVE., LAPORTE, IN 46350

PURPOSE: YOUR SIGNATURE ON THIS CDBG PROGRAM ELIGIBILITY RELEASE FORM, AND THE SIGNATURES OF EACH MEMBER OF YOUR HOUSEHOLD WHO IS 18 YEARS OF AGE OR OLDER, AUTHORIZES THE ABOVE-NAMED ORGANIZATION TO OBTAIN INFORMATION FROM A THIRD-PARTY RELATIVE TO YOUR ELIGIBILITY AND CONTINUED PARTICIPATION IN THE:

CDBG HOMEOWNER REPAIR PROGRAM

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT’S ELIGIBILITY IN A CDBG PROGRAM AND THE AMOUNT OF ASSISTANCE NECESSARY USING CDBG FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT ON THE CDBG PROGRAM; TO PROTECT THE GOVERNMENT’S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. THE DEPARTMENT IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

	VERIFICATION REQUIRED
INCOME (ALL SOURCES)	
ASSETS (ALL SOURCES)	
CHILD CARE EXPENSE	
HANDICAP ASSISTANCE EXPENSE (IF APPLICABLE)	
MEDICAL EXPENSE (IF APPLICABLE)	
OTHER (LIST) _____ _____	
DEPENDENT DEDUCTION ____ FULL-TIME STUDENT ____ HANDICAP/DISABLED ____ FAMILY MEMBER ____ MINOR CHILDREN	

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN A CDBG PROGRAM ELIGIBILITY RELEASE FORM PRIOR TO THE RECEIPT OF BENEFIT AND ON AN ANNUAL BASIS TO ESTABLISH CONTINUED ELIGIBILITY. ADDITIONAL SIGNATURES MUST BE OBTAINED FROM NEW ADULT MEMBERS WHENEVER THEY JOIN THE HOUSEHOLD OR WHENEVER MEMBERS OF THE HOUSEHOLD BECOME 18 YEARS OF AGE.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

INFORMATION COVERED: INQUIRIES MAY BE MADE ABOUT ITEMS INITIALED BY APPLICANT/TENANT.

AUTHORIZATION: I AUTHORIZE THE ABOVE-NAMED CDBG PARTICIPATING JURISDICTION AND HUD TO OBTAIN INFORMATION ABOUT ME AND MY HOUSEHOLD THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN THE HOME PROGRAM.

I ACKNOWLEDGE THAT:

- (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL.
- (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME).
- (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.
- (4) ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE WITH THE OWNER IN THIS PROCESS.
- (5) HEAD OF HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:

FAMILY MEMBER HEAD

X _____ X _____

**OTHER ADULT MEMBER OF THE HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:
FAMILY MEMBER #2**

X _____ X _____

OTHER ADULT MEMBER OF THE HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:

OTHER ADULT MEMBER OF THE HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:

AGREEMENT TO DELAY OWNER REHABILITATION/REPAIR ACTIVITIES

A lead based paint risk assessment is required for most rehabilitation activities funded by the City of La Porte CDBG Home Owner Repair Program. If you have been enrolled into the City of La Porte CDBG Home Owner Repair Program AND a lead based paint risk assessment is performed, all rehabilitation/repair activities in progress at the time the risk assessment is done must be delayed until after the completion of rehabilitation/repair activities performed by the City of La Porte for the CDBG Home Owner Repair Program and a lead dust clearance report is achieved. Failure to follow these requirements will result in immediate removal from the program. At no time will rehabilitation/repair activities performed by you, family members, friends, or any person hired by you on your house be allowed while enrolled in the CDBG Home Owner Repair Program. Emergency repairs on a case by case basis will be evaluated by the CDBG Program Manager.

Please sign below to indicate you have read and received a copy of and agree to the terms of this requirement.

Homeowner's Signature

Date

Homeowner's Signature

Date

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CERTIFICATION OF PRINCIPAL RESIDENCE

City of LaPorte, Indiana
Home Owner Repair Program

Applicant's Name(s): _____

Address of Property: _____

I/We, _____, hereby certify that I/we will occupy the above-referenced address and it will be my/our principal residence through the required recapture period. I/We understand that my/our acceptance of assistance through the City of LaPorte Office of Community Development and Planning (CDBG Program) will result in the attachment of a lien in favor of the City of LaPorte, Indiana on the above-referenced address. I/We further certify that all information provided to the Office of Community Development and Planning is true and correct. I/We understand that any discrepancies or misstatements may result in my/our disqualification from the Home Owner Repair Program.

WARNING: Title 18, Section 1001 of the U.S. 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.

Signature of Applicant: _____

Date: _____

Signature of Applicant: _____

Date: _____

Certifications

I understand that this application is not binding on the City of LaPorte or me in any way and may be withdrawn by the City of LaPorte or me at any time.

I understand that verification of all income and assets is required by Federal regulations for eligibility and I have no objections to inquiries being made for verifying statements made on this application.

I certify that all information provided by me on this application is true to the best of my knowledge.

I understand that I must successfully complete a homeownership post-purchase counseling class.

I understand that I must contact the City of LaPorte, Office of Community Development and Planning when any of the above information changes.

I understand that at the time of application, I must submit copies of the following documentation: three most recent pay stubs, a signed copy of your most recent Federal or State annual tax return, your drivers license and Social Security Card, copy of military discharge papers if a veteran, one month of checking and savings account information, the deed to your house and property, your most recent tax statement.

When submitting your application, be advised that there is a waiting list.

**I, _____, hereby certify on _____
(Name) (Date)**

that the above-referenced income and assets given for establishing my eligibility for the Home Owner Repair Program through the City of LaPorte, Office of Community Development & Planning is true and complete to the best of my knowledge and belief.

The applicant further certifies that he/she is the owner and principal resident of the property located at the project address and that the loan or lien proceeds will be used for the work and materials necessary to meet the rehabilitation standards as specified in the construction contract.

I understand that my property is subject to inspection as part of the evaluation process, and that the City of LaPorte staff can refuse to inspect, or can discontinue inspection, if it is determined that the condition of the premises is such as to constitute a hazard or danger to the staff. In such event, the application shall be denied and the City may, if conditions are such as to create an immediate danger to human life and welfare, contact the appropriate agencies.

Applicant Date

Spouse Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

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