

EMERGENCY HOME REPAIR

Must reside within the City of Michigan City, Indiana

CDBG RESIDENTIAL EXTERIOR COMMUNITY APPEAL PROGRAM

R.E.C.A.P. APPLICATION

City of Michigan City / Community Development Block Grant / Office of Planning and Redevelopment 100 E. Michigan Blvd., Michigan City, IN 46360 – Phone: (219) 873-1419 Ext. 2054

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

IMPORTANT: If your application is approved and you receive funding for rehabilitation services there will be a (1-3) year lien placed on your property by the City of Michigan City. The City of Michigan City reserves the right to make program changes at any time. Application submittal does not necessarily mean that your home may be selected for the **EMERGENCY** rehabilitation program.

The information on this form is treated as **CONFIDENTIAL** as set 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 the 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.

Name (Applicant): _____

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

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

Email 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 Indian/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:** _____

EMERGENCY HOME REPAIR

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:

- | | |
|--|---|
| <input type="checkbox"/> Black/African American

<input type="checkbox"/> White
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Asian & White
<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> 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 (MIPSCO and water) _____

Property Taxes _____

Property Insurance _____

Mortgage Insurance _____



EMERGENCY HOME REPAIR

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 Compensations	\$	\$	\$
Income from Lottery, Gambling, Gaming, etc.	\$	\$	\$
AFCD/ADC/TANF/Food Stamps	\$	\$	\$
Other (Explain)	\$	\$	\$
Total	\$	\$	\$

Employment; Applicant

Current Employer: _____ Start Date: _____ Hours per Week: _____

Address: _____

Phone: _____

Title: _____

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

Previous Employer _____

Phone _____

Dates of Employment _____

Title _____

EMERGENCY HOME REPAIR

Spouse:

Current Employer: _____

Address: _____

Phone: _____ Start Date: _____

Title: _____ Hours per Week: _____

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:	_____	_____
Total Household Assets	\$ _____	(Location)

Will you be using any of the above assets towards the repair of your home? Yes No

If yes, how much? _____

EMERGENCY HOME REPAIR

Home Ownership

{PLEASE ATTACH A COPY OF THE DEED AND MORTGAGE STATEMENT}

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

Age of Structure: _____

Date of Home Purchase: _____

Is there an existing first mortgage? No Yes 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: _____

Homeowner 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: \$ _____ Monthly Payment Due: \$ _____

Property Taxes

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

EMERGENCY HOME REPAIR

Certifications

I understand that this application is not binding on the City of Michigan City or me in any way and may be withdrawn by the City of Michigan City 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 the purpose of verifying statement made on this application.

I certify that all information provided by me in 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 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 the purpose of establishing my eligibility for the Residential Exterior Community Appeal Program through the City of Michigan City, Community Development Block Grant Office 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 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 Michigan City, Community Development Block Grant Office 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 an 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.

EMERGENCY HOME REPAIR

CDBG Program Eligibility Release Form

CITY OF MICHIGAN CITY, 100 E. MICHIGAN BLVD., MICHIGAN CITY, IN 46360

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, AUTHORIZE 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

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN A **CDBG** ELIGIBILITY RELEASE FOR PROIR TO THE RECEIPT OF **BENEFIT AND ON AN ANNUAL BASIS TO THE ESTABLISH CONTINUED ELGIBILITY. ADDITIONAL SIGNITURES 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 TAZ FORM" MUST BE PREPARED AND SIGNED SEPERATELY.

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

AUTHORIZATION: I AUTHORIZE THE ABOVE-NAMED **CDBG** PARTICIPATING JURISDICTION AND HUD TO OBTAIN ONFORMATION 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 ACCOMPANT 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 OWNERS IN THIS PRECESS.
- (5) HEAD OF HOUSEHOLD-SIGNATURE, PRINTED NAME, AND DATE:

FAMILY MEMBER HEAD

X _____ X _____

OTHER ADULT MEMBER OF THE HOUSEHOLD – SIGNITURE, PRINTED NAME, AND DATE:
FAMILY MEMEBR<<

X _____ X _____

	Verification Required	Initials
Income (All Sources)		
Assets (All Sources)		
Handicap Assistance Expenses (If applicable)		
Child Care Expense		
Medical Expense (If applicable)		
Other (List)		
Dependent Deduction Full-Time Student		
Handicap/Disabled Family Member Minor Children		

EMERGENCY HOME REPAIR

AGREEMENT TO DELAY OWNER REHABILITATING/REPAIR ACTIVITIES

A lead-based paint risk assessment is required for most rehabilitation activities funded by the City of Michigan City CDBG Residential Exterior Community Appeal Program (RECAO). If you have been enrolled into the City of Michigan City CDBG Residential Exterior Community Appeal Program a lead based paint risk assessment 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 Michigan City for the CDBG residential Exterior Community Appeal 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 Residential Exterior Community Appeal 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 _____

Attached the signed form to your application and return it to the City of Michigan City, Community Development Block Grant Office at City Hall, 100 E. Michigan Blvd., Michigan City, IN 46360



CDBG Residential Exterior Community Appeal Program – (RECAP) APPLICATION CHECKLIST

City of Michigan City-Community Development Block Grant Office-100 E. Michigan Blvd., IN 46360

Phone: (219) 873-1419 Ext. 2054

Emergency Repair Program:

Have you included these documents with your application?

Signed application with all APPLICABLE information requested:

- Signed release of information form**
- Copies of Driver’s License and/or Social Security Cards**
- If a veteran of Iraq or Afghanistan wars, a copy of your discharge papers**
- Copies of the last three pay stubs for ALL PERSONS working in your household**
- 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 (219) 873-1419 Ext. 2054

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 th United States, or any other basis prohibited by applicable state or federal law. The City of Michigan City complies with its legal obligation to provide reasonable accommodations to qualified individuals with disabilities.

