



CDBG Owner Occupied Rehabilitation Program Application

The intent of this Community Development Block Grant (CDBG) funding is to improve homes of low to medium income residents in the City of Elkhart who meet income and eligibility requirements.

In order to apply, you must meet the following requirements:

I own and occupy my home in the City of Elkhart

Include copies of each:

- ✓ The deed to your home
- ✓ Current mortgage statement
- ✓ Current property taxes
- ✓ Current home insurance
- ✓ Copy of photo ID

Total gross household income is less than 80% AMI

Include copies for each household member over the age of 18:

- ✓ Verification of income
- ✓ Last 3 bank statements
- ✓ Copy of ID
- ✓ Verification forms

Applicant Name_____

Co-Applicant Name_____

Address_____

City, State, Zip_____

Phone_____ Emergency Contact_____

Email Address_____

Type of assistance needed: _____

Have you or any other household members received assistance from the City of Elkhart with any other programs at this address or any other address, or under a different name, in the past? _____ Yes _____ No

If yes, please explain _____

Applicant Name

Annual Income

Household Members

Name/Relationship	Social Security #	Age	M/F	Birthdate	Legally Disabled Y/N	Student Y/N

Liabilities/Debts

Is the home located in a floodway or a floodplain? Yes No

Is there any outstanding judgment against the applicant? Yes No

Is there any outstanding judgment against the co - applicant? Yes No

Is the applicant currently in Chapter 13 Bankruptcy? Yes No

Is the co - applicant currently in Chapter 13 Bankruptcy? Yes No

Has the applicant filed for Chapter 7 Bankruptcy? Yes No

Has the co - applicant filed for Chapter 7 Bankruptcy? Yes No

I (We) certify that all of the above information is correct and true to the best of my (our) knowledge, under penalty of law. I (We) understand that this information will be used to determine my (our) eligibility in the City of Elkhart's Housing Rehabilitation Program which utilizes Community Development Block Grant Funds from the U S Department of Housing and Urban Development. The City of Elkhart does not discriminate against any person because of race, color, religion, sex, handicap, family status, or national origin. I (We) understand that I (we) am (are) responsible for eliminating substantial code violations which may exist during the review process. I (we) understand that I (we) may receive fines for failure to comply with local Building Code requirements even if they are under review for assistance from the City of Elkhart. I (We) understand that this application may be rejected if I (we) willfully withhold information requested, or provide falsified information. I(We) understand that if accepted into the program and discover falsified or withheld information while work is in progress, the project will be stopped and any expenses incurred will be expected to be paid back to the program immediately, including but not limited to legal and court cost.

Applicant

Date

Co - Applicant

Date

Monthly Expenses

Gas	\$ _____
Electric	\$ _____
Water	\$ _____
Car loan(s)	\$ _____
Medical	\$ _____
Health Insurance	\$ _____
Mortgage	\$ _____
Cable	\$ _____
Telephone/Cellular	\$ _____

Other (Name of expense)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Verification of Employment

<p style="text-align: center;"> City of Elkhart Community Development 201 S. Second Street Elkhart, IN 46516 574.327.2077 trina.harris@coei.org </p> <p>AUTHORIZATION: Federal regulations require the City of Elkhart to verify employment income of all members of the household applying for participation in the Community Development Block Grant (CDBG) program, which we operate, and periodically examine this income.</p> <p>We ask your cooperation in supplying this information. The 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 is appreciated.</p> <p>WARNING: <i>Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony if knowingly and willingly making false or fraudulent statements to any department of the United States Government.</i></p> <p>RELEASE: I hereby authorize the release of the requested information:</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: center;">(Signature of Applicant)</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: center;">(Date)</p>	<p>Date of employment: _____</p> <p>Occupation: _____</p> <p>Salary: _____</p> <p>Date of last increase: _____</p> <p>Date of expected salary increase: _____</p> <p>Base pay rate: Hourly _____ Weekly _____ Monthly _____</p> <p>Average hours a week @ base pay: _____</p> <p>Overtime pay rate: _____</p> <p>Average hours of overtime per week: _____</p> <p>Total base pay in past 12 months: _____</p> <p>Total overtime pay in past 12 months: _____</p> <p>Is pay received for vacation: Yes _____ No _____ If yes, number of days per year: _____</p> <p>Does employee have access to a retirement account? Yes _____ No _____ If yes, what amount is accessible? _____</p> <p>Any other compensation not included above: Commissions: _____ Bonuses: _____ Tips: _____ Other: _____</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: center;">(Signature of Authorized Representative)</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: center;">(Title and Date)</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: center;">(Contact Number)</p>
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Verification of Assets

<p style="margin: 0;">City of Elkhart Community Development 201 S. Second Street Elkhart, IN 46516 574.327.2077 trina.harris@coei.org</p> <p>AUTHORIZATION: Federal regulations require the City of Elkhart to verify employment income of all members of the household applying for participation in the Community Development Block Grant (CDBG) program, which we operate, and periodically examine this income.</p> <p>We ask your cooperation in supplying this information. The 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 is appreciated.</p> <p>WARNING: <i>Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony if knowingly and willingly making false or fraudulent statements to any department of the United States Government.</i></p> <p>RELEASE: I hereby authorize the release of the requested information:</p> <hr style="border: 0.5px solid black; margin-top: 10px;"/> <p style="margin: 0;">(Signature of Applicant)</p> <hr style="border: 0.5px solid black; margin-top: 10px;"/> <p style="margin: 0;">(Date)</p>	<p>Checking account # _____</p> <p>Average monthly balance for past 6 months \$ _____</p> <p>Current interest rate: _____</p> <p>Savings account # _____</p> <p>Average monthly balance for past 6 months \$ _____</p> <p>Current interest rate: _____</p> <p>Certificate of deposits # _____</p> <p>Amount \$ _____</p> <p>Withdrawal penalty \$ _____</p> <p>Current interest rate: _____</p> <p>IRA/Keogh/Retirement Accounts</p> <p>Account # _____</p> <p>Amount \$ _____</p> <p>Withdrawal penalty \$ _____</p> <p>Current interest rate: _____</p> <p>Money Market Funds _____</p> <p>Average monthly balance for past 6 months \$ _____</p> <p>Current interest rate: _____</p> <hr style="border: 0.5px solid black; margin-top: 10px;"/> <p style="margin: 0;">(Signature of Authorized Representative)</p> <hr style="border: 0.5px solid black; margin-top: 10px;"/> <p style="margin: 0;">(Title and Date)</p> <hr style="border: 0.5px solid black; margin-top: 10px;"/> <p style="margin: 0;">(Contact Number)</p>
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Verification of Pensions and Annuities

<p>City of Elkhart Community Development 201 S. Second Street Elkhart, IN 46516 574.327.2077 trina.harris@coei.org</p> <p>AUTHORIZATION: Federal regulations require the City of Elkhart to verify employment income of all members of the household applying for participation in the Community Development Block Grant (CBDG) program, which we operate, and periodically examine this income.</p> <p>We ask your cooperation in supplying this information. The 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 is appreciated.</p> <p>WARNING: <i>Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony if knowingly and willingly making false or fraudulent statements to any department of the United States Government.</i></p> <p>RELEASE: I hereby authorize the release of the requested information:</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: center;">(Signature of Applicant)</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: center;">(Date)</p>	<p>Current monthly gross amount of pension or annuity: \$ _____</p> <p>Deductions from gross for medical insurance premiums: \$ _____</p> <p>Contributions to company retirement/pension fund: \$ _____</p> <p>Amount received in lump sum: \$ _____</p> <p>Date of initial aware: _____</p> <p>Effective date of current amount: _____</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: right;">(Signature of Authorized Representative)</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: right;">(Title and Date)</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: right;">(Contact Number)</p>
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Verification of Public Assistance Income

<p style="margin: 0;">City of Elkhart Community Development 201 S. Second Street Elkhart, IN 46516 574.327.2077 trina.harris@coei.org</p> <p>AUTHORIZATION: Federal regulations require the City of Elkhart to verify employment income of all members of the household applying for participation in the Community Development Block Grant (CDBG) program, which we operate, and periodically examine this income.</p> <p>We ask your cooperation in supplying this information. The 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 is appreciated.</p> <p>WARNING: <i>Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony if knowingly and willingly making false or fraudulent statements to any department of the United States Government.</i></p> <p>RELEASE: I hereby authorize the release of the requested information:</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="margin: 0;">(Signature of Applicant)</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="margin: 0;">(Date)</p>	<p>Number in family : _____</p> <p>Aid to family with dependent children: \$ _____</p> <p>General Assistance: \$ _____</p> <p>Does this amount include court awarded support payments: Yes _____ No _____</p> <p>Other Assistance:</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>Amount specifically designated for shelter and utilities: \$ _____</p> <p>Maximum allowance for rent and utilities (as-paid States) \$ _____</p> <p>Amount public assistance received during past 12 months: \$ _____</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: right; margin-top: 10px;">(Signature of Authorized Representative)</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: right; margin-top: 10px;">(Title and Date)</p> <hr style="border: 1px solid black; margin-top: 10px;"/> <p style="text-align: right; margin-top: 10px;">(Contact Number)</p>
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Verification of Child Support Payments

<p>City of Elkhart Community Development 201 S. Second Street Elkhart, IN 46516 574.327.2077 trina.harris@coei.org</p>	<p>Name and address of person paying child support:</p> <hr/> <hr/> <hr/> <hr/>
<p>AUTHORIZATION: Federal regulations require the City of Elkhart to verify employment income of all members of the household applying for participation in the Community Development Block Grant (CBDG) program, which we operate, and periodically examine this income.</p>	<p>Support is for his _____ or her _____ children</p>
<p>We ask your cooperation in supplying this information. The information will be used only to determine the eligibility status and level of benefit of the household.</p>	<p>Name (s) of children receiving support:</p> <hr/> <hr/> <hr/>
<p>Your prompt return of the requested information is appreciated.</p>	<p>Amount of support:</p> <p>Per week: _____</p> <p>Per Month: _____</p> <p>Per Year: _____</p>
<p>WARNING: <i>Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony if knowingly and willingly making false or fraudulent statements to any department of the United States Government.</i></p>	
<p>RELEASE: I hereby authorize the release of the requested information:</p>	<hr/> <p>(Signature of Authorized Representative)</p>
<hr/> <p>(Signature of Applicant)</p>	<hr/> <p>(Title and Date)</p>
<hr/> <p>(Date)</p>	<hr/> <p>(Contact Number)</p>



Thank you for your interest in the Owner Occupied Home Rehabilitation program.

At this time, the City of Elkhart's Community and Redevelopment department is unable to perform third party verifications for the Social Security benefits, which is a federal requirement for our programs.

We must therefore ask you to obtain the verification.

Here are a few ways that you can acquire the information:

- Go to the local Social Security Administration @ 231 Waterfall Drive in Elkhart, have them print a current benefit statement and submit to the city. You can drop it off at 201 S. Second Street or email it to trina.harris@coei.org
- Call the local Social Security office @ 866-426-0532 or 866-311-9986 to:
 - Have them send you a current benefit statement to your home, then submit to the city. You can drop it off at 201 S. Second Street or email it to trina.harris@coei.org
 - Ask them to print off a current benefit statement for pick up, then submit to the city. You can drop it off at 201 S. Second Street or email it to trina.harris@coei.org
 - Go online @ www.ssa.gov/myaccount, create an account to access a copy of your current benefit statement, then submit to the city. You can drop it off at 201 S. Second Street or email it to trina.harris@coei.org

Thank you in advance for your cooperation in this matter.

Trina Harris
Community Development Specialist
574.327.2077
trina.harris@coei.org