



COMMUNITY DEVELOPMENT DEPARTMENT OF METROPOLITAN DEVELOPMENT

STEPHANIE TERRY
MAYOR

One N.W. Martin Luther King, Jr. Blvd.
306 Civic Center Complex • Evansville, IN 47708
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KOLBI K. JACKSON
EXECUTIVE DIRECTOR

Affordable Housing Trust Fund **Home Repair Program Application**

Dear Applicant(s),

The Affordable Housing Trust Fund (AHTF) Home Repair Program has been established by the City of Evansville's Department of Metropolitan Development (DMD) and the Affordable Housing Fund Advisory Committee (AHFAC) to assist eligible homeowners with housing repairs.

Enclosed you will find the AHTF Home Repair Application.

Below is a list of documents you will need to complete the application. **Note: you must submit copies of the below documents with your application:**

- Driver's license or other government ID of Applicant(s)
- Social Security cards of all household members
- Bank statements – last two months
- Life insurance statements
- Income (paystubs, Social Security/Pension statements, letters, etc.) – last two months
- Stock statements (Form 1099-B, if applicable)
- 2024 Tax Return (if applicable)
- Utility bills – most recent month
- Mortgage statement – most recent month
- Homeowner's insurance policy statement - most recent month
- Credit report (obtainable from AnnualCreditReport.com)
- Any other referenced supporting documents

*Income documentation must be provided from each household member over 18 years of age.

Please submit your completed application at the following address:

1 N.W. Martin Luther King, Jr. Blvd.
Civic Center Complex, Room 306
Evansville, IN 47708

Thank you for applying for the AHTF Home Repair Program. We look forward to meeting you. Sincerely,

Community Development
Department of Metropolitan Development

Purpose

This program provides assistance for home repairs to low-income homeowners within the City of Evansville.

Eligibility

The eligibility requirements for this program are as follows:

- Applicant(s) have owned and occupied the home as their principle residence for at least one year and have no intention to rent, sell, or market the property
- Property must be a single-family dwelling with no more than one housing unit
- Property must be located within the City of Evansville city limits
- Applicant(s) must have and provide proof of current homeowner's insurance
- Applicant(s) must be current on property taxes
- Applicant(s) must provide proof that mortgage is current
- Compliance with environmental restrictions and regulations, including but not limited to floodplain, historic preservation, lead-based paint, etc.
- Household income (combined income of all residents over 18 years of age) must be at or below **80% AMI** as listed below:

Number of Household Members:	1	2	3	4	5	6	7	8
80% AMI:	\$50,750	\$58,000	\$62,250	\$72,500	\$78,300	\$84,100	\$89,900	\$95,700

How the Home Repair Grant Works

Please read carefully

This program helps cover the cost of important health and safety repairs to your home. You can receive up to \$25,000 in assistance as a forgivable loan (also called a grant). You do not have to pay it back as long as you stay in your home for 5 years after the repairs. 20% is forgiven each year, so that after 5 years, it's fully forgiven. A lien will be placed on your home during this time, and you will sign a mortgage and promissory note.

If Repairs Cost More Than \$25,000

You may be offered a second loan for the extra amount, up to a total home repair cap of \$50,000. This second loan has no interest and no extra fees but will need to be repaid in monthly installments. We will work with you to set up monthly payments you can afford. You will sign a second promissory note and loan agreement for this loan.

Important Reminders

- You will not receive funds directly – the City will pay the contractor directly
- You do not need to find or hire your own contractor
- You must accept all repairs listed in the Scope of Service that will be created after an on-site inspection. You cannot add, remove, or replace items
- If you decline the second loan, the project cannot move forward.

Office Use Only	
Application Number	

AHTF Home Repair Application City of Evansville Phone: (812) 436-7823 Fax: (812)436-7809

PROPERTY INFORMATION					
Address					
City		State		Zip code	
Do you own and occupy this property?		Do you have homeowner's insurance?			
Date purchased (month, year)					
Are you buying this property on contract? <i>(contract sale purchases are ineligible)</i>					
Number of units at this address <i>(single-family dwellings only. Duplexes and mobile homes are ineligible)</i>					

APPLICANT INFORMATION							
Marital Status (check one):	Single		Married		Separated		Divorced
NOTE: If a legal separation does not exist, a joint application must be filed.							
Applicant 1				Applicant 2 (if applicable)			
Full Legal Name				Full Legal Name			
Phone Number				Phone Number			
Email				Email			
Social Security #				Social Security #			
Date of Birth				Date of Birth			

HOUSEHOLD INFORMATION			
Total # of household members			# of household members under 18
Other Permanent Household Members <i>(reside in or expect to reside in the home for one year or more)</i>			
#	Household Member Full Name	Social Security #	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			

INCOME INFORMATION			
Applicant 1		Applicant 2 (if applicable)	
Monthly Employment Income		Monthly Employment Income	
Monthly Social Sec. Benefits		Monthly Social Sec. Benefits	
Monthly A.F.D.C		Monthly A.F.D.C	
Monthly Unemployment		Monthly Unemployment	
Monthly Pension		Monthly Pension	
Other Monthly Income		Other Monthly Income	
Applicant 1 Total Monthly Income		Applicant 2 Total Monthly Income	
Other Household Income (non-applicant income)			
Total Household Income		\$	
NOTE: You must include the income of all household members 18 years of age or older			

EMPLOYMENT INFORMATION (Applicant 1)			
Employer			
Job Title			
Address		How long?	
PREVIOUS EMPLOYER (Applicant 1)			
Employer			
Job Title			
Address		How long?	

EMPLOYMENT INFORMATION (Applicant 2)			
Employer			
Job Title			
Address		How long?	
PREVIOUS EMPLOYER (Applicant 2)			
Employer			
Job Title			
Address		How long?	

EMPLOYMENT INFORMATION (other household member 18 or older)			
<i>Provide additional information on separate sheet if necessary.</i>			
Employer			
Job Title			
Address		How long?	
PREVIOUS EMPLOYER (other household member 18 years or older)			
Employer			
Job Title			
Address		How long?	

HOUSING EXPENSES	
Mortgage (principal and interest only)	
Home insurance (monthly)	
Property taxes (monthly)	
Mortgage insurance	
Water/Sewer Trash	
CenterPoint Energy	
Total Housing Expenses:	

OTHER DEBTS / INSTALLMENTS		
Debt	Remaining Balance	Monthly Payment
Vehicle #1		
Vehicle #2		
Credit card debts		
Personal loan(s)		
2 nd Mortgage		
Student loans		
Medical debt		
Other debts:		

OTHER FIXED EXPENSES – MONTHLY PAYMENTS			
Medical insurance (monthly)		Phone	
Life Insurance (monthly)		Cable/Internet	
Vehicle insurance (monthly)		Union Dues	
Other:		Other:	

LIQUID ASSETS				
Type		Cash Value	Annual Income from Asset	Bank Name
Savings Account				
Checking Account				
Stocks				
Life Insurance				
Other:				
Do you own any other property? Yes or No				
If more than one property is owned, please provide copy of Schedule E of income tax returns.				

GENERAL INFORMATION		
1	Are there any outstanding judgments against you?	
2	Have you declared bankruptcy?	
3	Have you had property foreclosed upon or given title in lieu thereof?	
4	Are you currently a party to a lawsuit?	
5	Are you obligated to pay alimony or child support?	
6	Are your property taxes current?	
7	How many bedrooms are in the property?	
8	Is there anyone on the deed who does not live at the property?	

Application continues on next page.

MORTGAGE INFORMATION					
Mortgage Account #					
Name of Lender					
Address of Lender					
City		State		Zip	
Date of Mortgage		Original Principal Amount	\$		
Date of Maturity		Current Principal Balance	\$		

Type of Mortgage (check one)					
Conventional	<input type="checkbox"/>	FHA	<input type="checkbox"/>	VA	<input type="checkbox"/>
Contract	<input type="checkbox"/>	Other:			

Terms (check one)			
Fixed	<input type="checkbox"/>	Arm	<input type="checkbox"/>
Other:			

Loan Position			
1 st Mortgage	<input type="checkbox"/>	2 nd Mortgage	<input type="checkbox"/>
Other:			

Are Payments Current?					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If no, amount in arrears	\$
				Period of arrears	

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 United States as to any matter within its jurisdiction.

VERIFICATION OF MORTGAGE OR DEED OF TRUST
The applicant(s) identified herein has/have applied for an AHTF Home Repair loan from the Affordable Housing Trust Fund through Community Development, Department of Metropolitan Development, City of Evansville, Indiana (DMD). The applicant(s) has/have authorized DMD in writing to obtain verification. The requested information in this verification of mortgage is for the confidential use of DMD.

Applicant 1 Signature	Applicant 2 Signature

Date	Date

GOVERNMENT MONITORING INFORMATION

The following information is requested by the federal Government for certain types of grants/loans in order to monitor agencies' compliance with 24 CFR Part 107.30 regarding Nondiscrimination and Equal Opportunity in Housing under Executive Order 11063. You are not required to furnish this information but encouraged to do so. The Department of Metropolitan Development may neither discriminate on the basis of this information, nor on whether you choose to furnish the information. However, if you choose not to furnish the information, under Federal regulations the Department of Metropolitan Development is required to note race and sex on the basis of visual observation.

APPLICANT 1

_____ I do not wish to furnish information on my race or sex.

RACE / NATIONAL ORIGIN

_____ American Indian or Alaskan Native

_____ Asian Pacific Islander

_____ African-American (Black)

_____ Caucasian (White)

_____ Other, Please Specify: _____

Do you consider yourself to be Hispanic Origin? _____

Sex: _____ Female _____ Male

APPLICANT 2

_____ I do not wish to furnish information on my race or sex.

RACE / NATIONAL ORIGIN:

_____ American Indian or Alaskan Native

_____ Asian Pacific Islander

_____ African-American (Black)

_____ Caucasian (White)

_____ Other, Please Specify: _____

Do you consider yourself to be Hispanic Origin? _____

Sex: _____ Female _____ Male

CERTIFICATION

The Applicant(s) certify that the above information and the information contained in any schedules which may be attached hereto are a true, accurate, and complete statement of financial condition as of the date stated herein. The Applicant(s) certify that they own the above-stated property, unless otherwise noted.

The Applicant(s) fully understand and agree that they shall be disqualified from this program and from any program administered by the Department of Metropolitan Development (DMD) if any statement in this application is found to be purposely fraudulent.

Further, the Applicant(s) fully understand that the City of Evansville Department of Metropolitan Development reserves the right to reject or otherwise halt processing of any application at any time prior to a Home Repair contract execution. Completion and submission of this application does not guarantee that assistance will be provided.

Applicant 1 Signature	Applicant 2 Signature

Date	Date

GENERAL RELEASE

I/We hereby authorize the Affordable Housing Trust Fund Housing Repair Program Services (“the Program”) under Community Development, Department of Metropolitan Development, City of Evansville, Indiana (DMD) or its designated agents to obtain and receive all records and information pertaining to eligibility for the Program, including employment, income (including IRS returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization of a photocopy of this authorization hereby gives DMD the right to request all necessary information from any person, company, or firm on any matter referred to the above.

I/We agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by any statement or information released by them to DMD for the purposes of the Program. The term of this authorization shall commence with the applicant signature and be in force for a period of 1 year.

Applicant 1 Signature	Applicant 2 Signature
Date	Date

NEXT STEPS	
1. Application Review	We look over your forms to make sure everything is complete and that the repairs you listed may qualify for help.
2. On-Site Inspection	If your application moves forward, we'll call you to set up a visit. A City inspector will come to your home to look at the repair needs.
3. Scope of Service Created	After the visit, we'll make a list of the repairs we can help with. We'll send you a copy of this list.
4. Contractor Bidding	We'll send the repair plan to at least three contractors to get price estimates. This usually takes about two weeks.
5. Contractor Selection & Approval Process	Once a contractor is picked, we'll ask for final approvals from City officials so we can move forward.
6. Sign Program Paperwork	If your project is approved, you'll come in to sign some forms. Some forms may need to be signed with a notary.
7. Repairs Scheduled & Completed	<p>After everything is approved and signed, the contractor will work with you to schedule and do the repairs.</p> <p>Important: The City will pay the contractor directly after the work is finished. You will not receive any funds from the City, and you will not need to hire or pay the contractor yourself.</p>
8. Final Paperwork Filed	After repairs are done, the City will officially record the paperwork. The 5-year forgiveness period starts now.