



LLOYD WINNECKE  
MAYOR

## DEPARTMENT OF METROPOLITAN DEVELOPMENT COMMUNITY DEVELOPMENT

ONE N.W. MARTIN LUTHER KING, JR. BLVD.  
306 CIVIC CENTER COMPLEX • EVANSVILLE, IN 47708  
(812) 436-7823 • TDD: (812) 436-4928 • FAX: (812) 436-7809

KELLEY COURES  
EXECUTIVE DIRECTOR

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### Affordable Housing Fund Advisory Committee Information Requested for the Rehab Application

Dear Applicant(s),

The Affordable Housing Fund Advisory Committee (AHFAC) Rehab Program has been established by the City of Evansville's Department of Metropolitan Development to assist qualified homeowners with housing repairs.

Enclosed please find your AHFAC Rehab Application.

Below is a list of documents you will need to complete the application.

- Driver's licenses of Applicant & Co-Applicant
- Social Security cards of all household members
- Bank statements - last two months
- Life insurance statements
- Income: (Paystubs, Social Security/ Pension statements, etc.) - last two months
- Stock statements (Form 1099-B, if applicable)
- Income Taxes (Schedule E, if applicable)
- Utility bills – most recent month
- Mortgage / Contract statement
- Homeowner insurance policy (including agent's name & contact info)
- Credit Report
- Any other referenced supporting documents

**Please bring your completed application to room 306 Civic Center.**

Thank you for applying for the AHFAC Rehab Program. We look forward to meeting you.  
Sincerely,

*Community Development*  
Department Metropolitan Development

cc:  
File:



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### Purpose

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

### Eligibility

The eligibility requirements for this program are as follows:

- Owner has owned and occupied their principle residence for at least one year and have no intention to market, rent, or sell the property
- Live within the City of Evansville city limits
- Provide proof of current homeowners insurance
- Provide proof of current property taxes
- Proof mortgage payments are current
- Compliance with environmental restrictions and regulations, including but not limited to floodplain, historic preservation, lead-based paint, etc.
- Meet the income requirements as listed below:

### 2023 HUD Income Guidelines

| Number of Household | 30% of Median | 50% of Median | 80% of Median |
|---------------------|---------------|---------------|---------------|
| 1 Person            | \$18,350      | \$30,600      | \$48,900      |
| 2 Person            | \$21,000      | \$34,950      | \$55,900      |
| 3 Person            | \$23,600      | \$39,300      | \$62,900      |
| 4 Person            | \$26,200      | \$43,650      | \$69,850      |
| 5 Person            | \$28,300      | \$47,150      | \$75,450      |
| 6 Person            | \$30,400      | \$50,650      | \$81,050      |
| 7 Person            | \$32,500      | \$54,150      | \$86,650      |
| 8 Person            | \$34,600      | \$57,650      | \$92,250      |

## AHFAC Rehab Application

City of Evansville  
Phone: (812) 436-7823 Fax: (812) 436-7809

|               |  |               |  |
|---------------|--|---------------|--|
| Applicant     |  | Co-Applicant  |  |
| Phone         |  | Phone         |  |
| Email         |  | Email         |  |
| S.S #         |  | S.S #         |  |
| Date of Birth |  | Date of Birth |  |

|              |  |      |  |
|--------------|--|------|--|
| Neighborhood |  | Date |  |
|--------------|--|------|--|

|                           |  |           |  |
|---------------------------|--|-----------|--|
| Present Address           |  | How Long? |  |
| Scope of Repair requested |  |           |  |

|   |  |
|---|--|
| Number of units at this address. Single Family dwelling only. Duplexes and mobile homes prohibited. |  |
| Do you own and occupy this property?  |  |
| Are you buying this property on contract? Contract sale purchases are ineligible.                   |  |
| Total number of household members?  |  |
| Is there any household member under the age of 6?   |  |
| Does any household member have elevated levels of lead in their blood?                              |  |

|                |  |           |  |
|----------------|--|-----------|--|
| Former Address |  | How Long? |  |
|----------------|--|-----------|--|

|  |        |  |         |  |           |  |          |  |
|--|--------|--|---------|--|-----------|--|----------|--|
| Marital Status:  | Single |  | Married |  | Separated |  | Divorced |  |
| <b>NOTE:</b> If a legal separation does <b>not</b> exist, a joint application must be filed. |        |  |         |  |           |  |          |  |

| Other Household Members |                     |               |
|-------------------------|---------------------|---------------|
| Name                    | Social Security No. | Date of Birth |
|                         |                     |               |
|                         |                     |               |
|                         |                     |               |
|                         |                     |               |
|                         |                     |               |
|                         |                     |               |
|                         |                     |               |
|                         |                     |               |

| Income                        |  |                         |  |
|-------------------------------|--|-------------------------|--|
| Applicant gross pay per month |  | Child support per month |  |
| Soc. Sec. Benefits (Total)    |  | Pension per month       |  |
| A.F.D.C. per month            |  | Rental Income           |  |
| Unemployment per month        |  | Interest per month      |  |
| Other Income (explain)        |  |                         |  |

|                               |  |                         |  |
|-------------------------------|--|-------------------------|--|
| Co-App.'s gross pay per month |  | Child support per month |  |
| Soc. Sec. Benefits (Total)    |  | Pension per month       |  |
| A.F.D.C. per month            |  | Rental Income           |  |
| Unemployment per month        |  | Interest per month      |  |
|                               |  | Other Income (explain)  |  |

|   |  |
|---|--|
| Total Monthly Household Income (both Applicant and Co-applicant)  |  |
| <b>NOTE:</b> Income provided must Include <b>all</b> Income of <b>all</b> persons living in the household |  |

| <b>Assets</b>  |            |                           |           |
|----------------|------------|---------------------------|-----------|
| Type of Asset  | Cash Value | Annual Income from Assets | Bank Name |
| Savings        |            |                           |           |
| Checking       |            |                           |           |
| Savings Bonds  |            |                           |           |
| Stocks         |            |                           |           |
| Life Insurance |            |                           |           |

|  |  |
|--|--|
| 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. |  |

| <b>Present Employer</b> |  |          |  |
|-------------------------|--|----------|--|
| Name                    |  |          |  |
| Address                 |  |          |  |
| Occupation              |  | How Long |  |

| <b>Previous Employer</b> |  |          |  |
|--------------------------|--|----------|--|
| Name                     |  |          |  |
| Address                  |  |          |  |
| Occupation               |  | How Long |  |

| <b>Present Employer (Co-Applicant)</b> |  |          |  |
|--|--|----------|--|
| Name                                   |  |          |  |
| Address                                |  |          |  |
| Occupation                             |  | How Long |  |

| <b>Previous Employer (Co-Applicant)</b> |  |          |  |
|---|--|----------|--|
| Name                                    |  |          |  |
| Address                                 |  |          |  |
| Occupation                              |  | How Long |  |

| <b>Present Employer (Other household member 18 or older) Provide additional information on separate sheet if necessary</b> |  |          |  |
|--|--|----------|--|
| Name   |  |          |  |
| Address  |  |          |  |
| Occupation   |  | How Long |  |

| <b>Other Assets (Automobiles)</b>                     |       |              |
|---|-------|--------------|
| Make & Year   | Value | Loan Balance |
|   |       |              |
|   |       |              |
| Other Motor Vehicles;<br>(Motorcycles, Campers, etc.) |       |              |

| <b>Fixed Charges (Monthly amount paid)</b> |  |                      |  |
|--|--|----------------------|--|
| Life Insurance                             |  | Medical Insurance    |  |
| Auto Insurance                             |  | Homeowners Insurance |  |
| Property Taxes                             |  | Union Dues           |  |
| Other                                      |  | <b>Total</b>         |  |

| <b>Monthly Housing Expense</b>   |  |                       |  |
|----------------------------------|--|-----------------------|--|
| 1 <sup>st</sup> Mortgage Payment |  | Extraordinary Med.    |  |
| 2 <sup>nd</sup> Mortgage Payment |  | Gas & Electric        |  |
| Fuel Oil                         |  | Water & Sewer         |  |
| Cable TV/Internet                |  | Home Phone/Cell Phone |  |
|                                  |  | <b>Total</b>          |  |

| <b>Liabilities – Applicant to provide current credit report to DMD.</b> |         |           |                 |
|---|---------|-----------|-----------------|
| Mortgages   |         |           |                 |
| Lending Company   | Address | Account # | Account Balance |
|   |         |           |                 |
|   |         |           |                 |
|   |         |           |                 |

| <b>Installment Payments</b>   |         |                  |
|---|---------|------------------|
| List any open credit accounts. Be sure to include account numbers, balances, addresses and amounts of monthly payments. |         |                  |
| Account   | Balance | Monthly Payments |
|   |         |                  |
|   |         |                  |
|   |         |                  |
|   |         |                  |
|   |         |                  |

| <b>General Information</b> |  |  |
|----------------------------|--|--|
| 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                          | Name, address of homeowner insurance Agent?                          |  |
| 7                          | Are your property taxes current?                                     |  |
| 8                          | How many bedrooms are in the property?                               |  |

|   |
|---|
| <b>ADDITIONAL FINANCIAL INFORMATION</b> |
|---|

|   |
|---|
| <b>Affordable Housing Fund Advisory Committee<br/>Rehab Application (continued)</b> |
|---|

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 Department of Metropolitan Development (DMD) if any statement in this application is found to be purposely fraudulent.

|                             |                                |
|-----------------------------|--------------------------------|
|                             |                                |
| <b>Applicants Signature</b> | <b>Co-Applicants Signature</b> |

|             |             |
|-------------|-------------|
|             |             |
| <b>Date</b> | <b>Date</b> |

|                              |             |
|------------------------------|-------------|
|                              |             |
| <b>Interviewer Signature</b> | <b>Date</b> |

## 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

\_\_\_\_\_ 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

---

### CO-APPLICANT

\_\_\_\_\_ 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

|                             |
|-----------------------------|
| <b>GENERAL RELEASE FORM</b> |
|-----------------------------|

I (WE), \_\_\_\_\_ hereby authorize the Affordable Housing Fund Advisory Committee (AHFAC) Rehab Services under Community Development, Department of Metropolitan Development, City of Evansville IN. or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation 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 or a photo copy of this authorization hereby gives AHFAC Rehab Services 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 AHFAC Rehab Services for the purposes of the program. The term of this authorization shall commence on the date of applicant signature and be in force for a period of 1 year.

|                                |             |
|--------------------------------|-------------|
|                                |             |
| <b>Applicant<br/>Signature</b> | <b>Date</b> |

|                                   |             |
|-----------------------------------|-------------|
|                                   |             |
| <b>Co-Applicant<br/>Signature</b> | <b>Date</b> |

|                         |  |
|-------------------------|--|
| <b>Property Address</b> |  |
|-------------------------|--|

I (we), the recipient(s) of funds from the Community Development, Department of Metropolitan Development, City of Evansville IN, hereby give permission to the AHFAC Rehab Services and/or its designated agent to:

|   |            |  |           |  |
|---|------------|--|-----------|--|
| <b>Post a Notice of Rehabilitation Work in Progress</b> | <b>Yes</b> |  | <b>No</b> |  |
| <b>Take interior pictures</b>                           | <b>Yes</b> |  | <b>No</b> |  |
| <b>Take exterior pictures</b>                           | <b>Yes</b> |  | <b>No</b> |  |

I (we) understand the notice and photographs are to be used for promotion of the Rehabilitation Program and for documentation purposes during Rehab construction.

|                                |             |
|--------------------------------|-------------|
|                                |             |
| <b>Applicant<br/>Signature</b> | <b>Date</b> |



## Verification of Mortgage or Deed of Trust

The applicant identified below has applied for an AHFAC rehabilitation loan from the AHFAC Rehab Services through Community Development, Department of Metropolitan Development, and City of Evansville IN. The applicant has authorized the Agency in writing to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Agency and the U.S. Department of Housing and Urban Development. Please furnish the information requested below and return this form using the stamped, addressed envelope provided, if you have any questions, please feel free to contact our office at (812)-436-7823. Thank you for your cooperation.

\*Please print legible with black ink.\*

|                           |             |
|---------------------------|-------------|
|                           |             |
| <b>Owner(s) signature</b> | <b>Date</b> |

|                                |             |
|--------------------------------|-------------|
|                                |             |
| <b>Co- Applicant signature</b> | <b>Date</b> |

| D.M.D. Contact Person |                                   |                |
|-----------------------|-----------------------------------|----------------|
| Kolbi Jackson         | Community Development Coordinator | (812) 436-7808 |
| Name                  | Title                             | Telephone      |

### Part I. Application

#### Information

|                          |  |
|--------------------------|--|
| <b>Name of Applicant</b> |  |
|--------------------------|--|

|                             |  |
|-----------------------------|--|
| <b>Address of Applicant</b> |  |
|-----------------------------|--|

|             |  |              |  |            |  |
|-------------|--|--------------|--|------------|--|
| <b>City</b> |  | <b>State</b> |  | <b>Zip</b> |  |
|-------------|--|--------------|--|------------|--|

|                                      |  |
|--------------------------------------|--|
| <b>Address of Mortgaged Property</b> |  |
|--------------------------------------|--|

|             |  |              |  |            |  |
|-------------|--|--------------|--|------------|--|
| <b>City</b> |  | <b>State</b> |  | <b>Zip</b> |  |
|-------------|--|--------------|--|------------|--|

|                                |  |
|--------------------------------|--|
| <b>Mortgage Account Number</b> |  |
|--------------------------------|--|

### Part II. Lender Information

|                       |  |
|-----------------------|--|
| <b>Name of Lender</b> |  |
|-----------------------|--|

|                          |  |
|--------------------------|--|
| <b>Address of Lender</b> |  |
|--------------------------|--|

|             |  |              |  |            |  |
|-------------|--|--------------|--|------------|--|
| <b>City</b> |  | <b>State</b> |  | <b>Zip</b> |  |
|-------------|--|--------------|--|------------|--|

**Part III. Mortgage Information**

Date of Mortgage

Original Principal Amount

\$

Date of Maturity

Current Principal Balance

\$

**Monthly Payment**

Principal and Interest

\$

Mortgage Insurance

\$

Real Estate Tax Escrow

\$

Hazard Insurance Escrow

\$

Other

\$

Total Monthly Payment

\$

**Type of Mortgage**

Conventional

FHA

VA

Contract

Other

**Terms**

Fixed

ARM

Other

**Loan Position**1<sup>st</sup> Mortgage2<sup>nd</sup>  
Mortgage

Other

**Are Payments Current**

Yes

No

If no, amount  
in arrearsPeriod of  
arrears

Termination Fee or Prepayment Penalty

**Completed by**Please Print  
Name

Phone

Title

Date

Signature

**WARNING**

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement of misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.