



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

Affordable Housing Fund Advisory Committee Information Requested for the Rehab Application

Date:

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 license - Applicant & Co- Applicant
- Social Security cards - 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)
- Income Taxes (Schedule E, if applicable)
- Utility bills
- Mortgage / Contract statement
- Homeowner insurance policy (Agent's name & contact info)
- Any other referenced supporting documents

AHFAC Rehab applications will be processed 8am-12pm, Room 306, Civic Center Complex.

Your appointment is _____ *Date / Time* _____.

Please bring your completed application and all supporting documentation to your appointment (we will copy and return your documents to you).

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

Mike Reed
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:

2019 HUD Income Guidelines			
Number of Household	30% of Median	50% of Median	80% of Median
1 Person	\$14,150	\$23,550	\$37,650
2 Person	\$16,910	\$26,900	\$43,000
3 Person	\$21,330	\$30,250	\$48,400
4 Person	\$25,750	\$33,600	\$53,750
5 Person	\$30,170	\$36,300	\$58,050
6 Person	\$34,590	\$39,000	\$62,350
7 Person	\$39,010	\$41,700	\$66,650
8 Person	\$43,430	\$44,400	\$70,950

AHFAC Rehab Application
 City of Evansville
 (812)-436-7823 Fax (812)-436-7809

Applicant		Co-Applicant	
Phone		Phone	
S.S #		S.S #	
Date of Birth		Date of Birth	
Neighborhood		Date	

Present Address		How Long?	
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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?	
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Marital Status:	Single		Married		Separated		Divorced	
NOTE: If a legal separation does not 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)

NOTE: Income provided must include **all** Income of **all** persons living in the household

Assets			
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.

Present Employer			
Name			
Address			
Occupation		How Long	

Previous Employer			
Name			
Address			
Occupation		How Long	

Present Employer (Co-Applicant)			
Name			
Address			
Occupation		How Long	

Previous Employer (Co-Applicant)			
Name			
Address			
Occupation		How Long	

Present Employer (Other household member 18 or older) Provide additional information on separate sheet if necessary			
Name			
Address			
Occupation		How Long	

Other Assets (Automobiles)		
Make & Year	Value	Loan Balance
Other Motor Vehicles; (Motorcycles, Campers, etc.)		

Fixed Charges (Monthly amount paid)			
Life Insurance		Medical Insurance	
Auto Insurance		Homeowners Insurance	
Property Taxes		Union Dues	
Other		Total	

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

Liabilities – Applicant to provide current credit report to DMD.			
Mortgages			
Lending Company	Address	Account #	Account Balance

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

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	Name, address of homeowner insurance Agent?
7	Are your property taxes current?
8	How many bedrooms are in the property?

ADDITIONAL FINANCIAL INFORMATION

**Affordable Housing Fund Advisory Committee
Rehab Application (continued)**

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.

Applicants Signature	Co-Applicants Signature

Date	Date

Interviewer Signature	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

_____ 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

GENERAL RELEASE FORM

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.

Applicant Signature	Date

Co-Applicant Signature	Date

Property Address

I (we) the recipient 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:

Post a Notice of Rehabilitation Work in Progress	Yes		No	
Take interior pictures	Yes		No	
Take exterior pictures	Yes		No	

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

Applicant Signature	Date

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.

Owner(s) signature	Date

Co- Applicant signature	Date

D.M.D. Contact Person		
Mike Reed	Community Development	(812) 436-7823
Name	Title	Telephone

Part I. Application Information

Name of Applicant	
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Address of Applicant	
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City		State		Zip	
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Address of Mortgaged Property	
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City		State		Zip	
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Mortgage Account Number	
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Part II. Lender Information

Name of Lender	
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Address of Lender	
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City		State		Zip	
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Part III. Mortgage Information

Date of Mortgage		Original Principal Amount	\$	
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Date of Maturity		Current Principal Balance	\$	
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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 st Mortgage		2 nd Mortgage		Other	

Are Payments Current						
Yes		No		If no, amount in arrears		Period of arrears

Termination fee or prepayment penalty	
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Completed by

Please Print Name	Phone

Title	Date

Signature

<p>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.</p>
