

The deadline to return the application and documents is

4:00 p.m. September 29, 2017

No Late Exceptions

Applicants must reside within the City of Michigan City!
CDBG RESIDENTIAL EXTERIOR COMMUNITY APPEAL PROGRAM –
R.E.C.A.P. APPLICATION

RETURN TO:

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. 2026 or FAX: (219)873-1580

STOP!! If you have received CDBG rehab funds in the past you are not eligible for this program, also an application submittal does not guarantee approval you must qualify through verification of documents and available funding.

If your application is approved and you receive funding for rehabilitation services there will be a five (5) year lien placed on your property up to the value of \$15,000 in rehab work and a ten (10) year lien placed on your property for any value over \$15,000 in rehab work administered by the City of Michigan City.

The information on this form is treated as CONFIDENTIAL as set forth 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 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: _____

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:

- Black/African American
- White
- Asian
- American Indiana/Alaska Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & Black/African American
- Black/African American & White
- Asian & White
- American Indian/Alaskan Native & White
- Other Multi-racial

Language spoken: _____

Language read: _____

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:

Black/African American

Black/African American & White

White

Asian & White

Asian

American Indian/Alaskan Native & White

American Indian/Alaska Native

Other Multi-racial

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & Black/African American

Language Spoken: _____

Language Read: _____

List all people living at this address (Please use more paper to add more household members):

Name	Relationship	Date of Birth	SSN

Current Monthly Housing Costs:

Monthly Mortgage Payment _____

Utilities (NIPSCO and water) _____

Property Taxes _____

Property Insurance _____

Mortgage Insurance _____

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HOUSEHOLD INCOME WORKSHEET ;

Please enter all regular monthly income for EVERY person 18 OR OLDER living in the house. Please use more paper to add additional household members over the age of 18 years with income.

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

Employment; Applicant

Current Employer: _____

Address: _____

Phone: _____ Start Date: _____

Title: _____ Hours per Week: _____

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

Previous Employer _____ Phone _____

Dates of Employment _____ Title _____

Employment; Spouse

Current Employer: _____

Address: _____

Phone: _____ Start Date: _____

Title: _____ Hours per Week: _____

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

Previous Employer _____ Phone _____

Dates of Employment _____ Title _____

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	\$ _____	

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

If yes, how much?

Home Ownership

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

"Rent to Own" and "Land Contract" Buyers are ineligible to participate in this program.

Age of Structure: _____

Date of Home Purchase: _____

Is there an existing first mortgage? Yes No 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: _____

Home Owner 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: \$ _____ Month Payment Due: _____

Property Taxes

PROPERTY TAXES MUST BE CURRENT

A copy of the most recent tax statement showing current status is required for verification.

A copy of your property tax statement can be obtained from the LaPorte County
Treasurer's Office, Courthouse, 555 Michigan Ave #102, La Porte, IN 46350
(219) 326-6808

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Repairs to Be Completed

Please list in order of preference the work that you would like to see done to your house. Please keep in mind that the City of Michigan City Residential Exterior Community Appeal Program or (RECAP) will be performing other maintenance not necessarily included in this list in an attempt to bring the house up to code. Existing code violations will take precedence over your requested repairs. All work to be completed is contingent to funding availability. Because of a high demand, roof replacements are not considered an emergency.

Have you received home repairs from the Community Development Block Grant Office prior to submitting this application? Yes No Date repairs completed: _____

Scope of Work:

Priority	Description	Location in House

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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 statements made on this application.

I certify that all information provided by me on 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 I must contact the City of Michigan City, Community Development Block Grant Office when any of the above information changes.

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 driver's 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 as 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 Gant 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 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.

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, AUTHORIZES 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.

	VERIFICATION REQUIRED	INITIALS
INCOME (ALL SOURCES)		
ASSETS (ALL SOURCES)		
CHILD CARE EXPENSE		
HANDICAP ASSISTANCE EXPENSE (IF APPLICABLE)		
MEDICAL EXPENSE (IF APPLICABLE)		
OTHER (LIST)		
DEPENDENT DEDUCTION		
FULL-TIME STUDENT		
HANDICAP/DISABLED FAMILY MEMBER		
MINOR CHILDREN		

INSTRUCTIONS: EACH ADULT MEMBER OF THE HOUSEHOLD MUST SIGN A CDBG PROGRAM ELIGIBILITY RELEASE FORM PRIOR TO THE RECEIPT OF BENEFIT AND ON AN ANNUAL BASIS TO ESTABLISH CONTINUED ELIGIBILITY. ADDITIONAL SIGNATURES 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 TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

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

AUTHORIZATION: I AUTHORIZE THE ABOVE-NAMED CDBG PARTICIPATING JURISDICTION AND HUD TO OBTAIN INFORMATION 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 ACCOMPANY 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 OWNER IN THIS PROCESS.
- (5) HEAD OF HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:

FAMILY MEMBER HEAD

X _____ X _____

OTHER ADULT MEMBER OF THE HOUSEHOLD—SIGNATURE, PRINTED NAME, AND DATE:
FAMILY MEMBER «

X _____ X _____

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AGREEMENT TO DELAY OWNER REHABILITATION/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 (RECAP). If you have been enrolled into the City of Michigan City CDBG Residential Exterior Community Appeal Program a lead based paint risk assessment is 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 _____

**Please attach this signed form to your application and return all to:
City of Michigan City - Community Development Block Grant Office
100 E. Michigan Blvd., Michigan City, IN 46360.**

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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. 2026 • FAX: (219) 873-1580

CDBG RECAP Have you included these documents with your application?

Signed application with all information requested

- Signed release of information form**
- Copies of Driver's Licenses and/or Social Security Cards**
- If a veteran of Iraq or Afghanistan wars, a copy of your discharge papers**
- Copies of your 2017 signed tax return**
- Copies of the last three months of pay stubs (90 days) for ALL PERSONS working in your household or 2017 Social Security/Social Security Disability Income award letter for all members of the applying household that are receiving government benefits or compensation from a non-payroll source**
- Copies of most recent monthly statement from checking and savings accounts if applicable**
- Copy of the deed to the property or mortgage statement and insurance**
- Copy of the most recent property tax statement showing payment is current**

Failure to provide this documentation or to sign all required forms may result in a delay of processing your application or in a denial of participation in the program.

If you have any questions, please call (219) 873-1419 ext. 2026

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 the 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.

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