

Date Application Received: _____

Time Application Received: _____

Name of the person receiving Application: _____

Jay County Owner Occupied Rehabilitation Program

Be sure to fill in all the information on the application. We need and use all of this information for this grant program. *If you do not have a phone, please make a note on the application.*

The maximum grant amount is \$25,000 and selection is based on a first come first serve basis. Complete forms submitted with accurate information and all the required documentation give applicants the best chance to receive funds.

Please return all the information below with your application to be considered for assistance. Responses can be mailed or emailed to me at this address and number:

**Nathaniel Kimball
Jay County Community Coordinator
Phone: 765-969-7180
nkimball@ecirpd.org**

**Mailed Documents can be sent to:
Kleinpeter Consulting Group, LLC
PO Box 37
Whiteland, IN 46184**

*Nathaniel Kimball has office hours at the Jay County Courthouse located at the Jay Resource Center (118 S Meridian St. Portland, IN) from 9 A.M. to 5 P.M. Monday through Friday to assist in answering any questions or to drop off all required paperwork.

The next pages have questions related to applicant and household information, demographic, and employment information. Additional forms and information needed for consideration for this funding include:

“**Owner Occupied Rehab Eligible Activities**” the need for the activity has to be listed and related to COVID-19. Page 7 of this document.

“**Duplication of benefits**” Please sign to ensure similar benefits are not received from multiple programs.

“**Request for Verification of Mortgage Account**” Please fill out PART I of this form. Have your Mortgage Company or Bank fill out PART II. OR If you do not have a mortgage on your home, please send only the copy of your deed and property card.

In addition to the above forms, you must include:

- **A copy of your property card**
 - A copy of the property card can be obtained from the Jay County Assessor’s office.
 - You can contact the Assessor’s office at 260-726-4456 or via email at alberson@co.jay.in.us.
- **A copy of your deed to your home**
 - If you do not have a copy of the deed, you can obtain one from the Jay County Recorder’s office.
 - You can contact the Recorder’s office at 260-726-6940
- **Verification of Employment** Please fill out the employment section of the application and provide two paystubs.
- **Copies of all ADDITIONAL forms of income** for the past 30 days. Example: Paystub (Last 2 paystubs for anyone working in the house), public assistance benefit retirement, disability, and child support.
- **Statement of Current Social Security Benefit.** This must be a letter from the social security office. A copy of a check or bank statement cannot be used. If you do not have this statement, you can request a copy by calling the Indianapolis Social Security office at 1- 800-772-1213.
- **Proof of Homeowners insurance.** Call your insurance provider and tell them you need "proof of insurance for your homeowner's policy" This is also known as a declaration.
- **A copy of current paid property tax receipt.** A payment receipt marked "PAID" by the Treasurer's Office or you may request this information at the Jay County Treasurer's Office. You can contact the Treasurer’s office at 260-726-7007.

Participation Acknowledgement

If the homeowner is selected, you must understand that the program requires adherence to the U.S Department of Housing and Urban Development lead safe housing rule and radon testing of the home. If high radon levels are detected, radon mitigation will be performed. The homeowner can choose to self-administer the required radon test using a test provided by the County, or the homeowner can allow a certified professional hired by the County to assess the home to conduct the test.

Please select the desired testing method

- Self-administered with a test provided by the County.
- Performed by a licensed professional hired for the County.

I (Applicants Name) _____ acknowledge and understand that the U.S Department of Housing and Urban Development lead safe housing rule and radon testing, and mitigation requirements are requirement of the program.

Applicant Signature: _____

You may use the checklist above to make sure that all exhibits are included with your application.

Jay County

Owner Occupied Rehab Program Application

Please fill out this application completely.

All information is required for processing and is subject to verification.

Section A - APPLICANT INFORMATION			
Applicant's Name:			
	<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>
Date of Birth:			
Applicant's Phone:			
	<i>(Home)</i>	<i>(Work)</i>	<i>(Cell)</i>

CO-APPLICANT INFORMATION (if no co-applicant, leave blank)			
Applicant's Name:			
	<i>(First)</i>	<i>(Middle)</i>	<i>(Last)</i>
Date of Birth:			
Applicant's Phone:			
	<i>(Home)</i>	<i>(Work)</i>	<i>(Cell)</i>

Section C – HOUSEHOLD INFORMATION

1. ADDRESS OF HOUSE TO BE REHABILITATED:

2. HOW LONG HAVE YOU OWNED THIS HOME? _____

Do you have a mortgage? Yes No

Is your mortgage current? Yes No

Name and address of mortgage holder:

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3. IS YOUR HOME LOCATED IN FLOODPLAIN? [] YES [] NO [] DON'T KNOW

Note: If you carry flood insurance for your property, you are likely located in a floodplain.

4. HOUSEHOLD COMPOSITION (List **ALL** persons living in the home).

<u>Name</u>	<u>Gender (M/F)</u>	<u>Age</u>

Section D - EMPLOYMENT INFORMATION (APPLICANT)

Employer's Name:			
Address:			
How long have you worked here:		Occupation/Title:	
SALARY & WAGES INFORMATION			
Present <u>Gross</u> Monthly Salary/Wages (before taxes and deductions)			
Present <u>Net</u> Monthly Salary/Wages (take home pay per month)			

OTHER INCOME AND SOURCE(S): Please list **all** sources of income for **everyone** living in the house. (Include Social Security, Welfare, Retirement or Veteran, Child Support, Rental Property, Checking & Savings Accounts, Dividend Payments, Annuities, Bonds, other)

Source:	Amount per Month:
	Total: \$

Section E – HOME IMPROVEMENTS

Please check what home improvements you would like to make as part of this project and provide a description of the needed improvements below.

- Roof repair or replacement
 ADA accessibility
 Heating and cooling replacement
 Water Heater replacement
 Lighting and electrical upgrades

Description of Needed Improvements:

By signing and returning this application, you pledge the following:

- I certify that all information contained herein is true and accurate to the best of my ability. I authorize Jay County and/or its representatives to verify all information on this application, including my present and past employment or other source of income.
- I certify that the house for which I am requesting assistance is my primary residence.
- I certify that if I receive assistance, I will maintain homeowner's insurance on the assisted house during the entire lien period.
- I certify that I will keep property taxes current on the assisted house during the entire lien period.

Applicant Signature		Date	
Name (Please Print)			
Co-Applicant Signature		Date	
Name (Please Print)			

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Owner Occupied Rehab (OOR) Eligible Activities

Owner Occupied Rehab Funds are meant to enable residents to Prevent, Prepare, or Respond to COVID 19. Please complete the form attached and provide any additional unique ways the OOR Funds will be used.

Examples of OOR eligible home improvement activities are listed below along with how these improvements assist in preventing, preparing, and responding to COVID 19.

Instruction: Please check any eligible Home Improvements that are applicable and then provide a narrative on your specific case in the area provided below:

Home Improvement	Prevent	Prepare	Respond
Roof Repair or Replacement	<input type="checkbox"/> - Fixing a damaged roof prevents the need for residents to remain in their homes and reduces exposure to potential COVID-19 rich environments.	<input type="checkbox"/> - Fixing a damaged roof prevents the need for residents to seek shelter elsewhere, reducing exposure to potential COVID-19 rich environments.	<input type="checkbox"/> - A secure home environment with a sturdy roof ensures that if a resident contracts the virus or there's a new strain, they have a safe place to quarantine and recover without complications from mold or leaks.
ADA Accessibility Up to the Threshold of the Home	<input type="checkbox"/> - Proper accessibility reduces the need for outside assistance or potential relocations, minimizing interactions and potential exposure to COVID-19.	<input type="checkbox"/> - Ensuring easy access to and within the home allows at-risk individuals to comfortably stay indoors, reducing the chance of exposure to COVID-19.	<input type="checkbox"/> - In the event of contracting the virus or facing mobility challenges due to it, having ADA accessibility ensures that individuals can move safely within their home, aiding in recovery from COVID-19.
Heating and Cooling Replacement	<input type="checkbox"/> - A well-functioning system ensures good air quality and circulation, reducing the potential for airborne virus spread within the home.	<input type="checkbox"/> - Proper heating and cooling maintain a comfortable environment, reducing the need to seek comfort outside and thus limiting exposure to airborne virus.	<input type="checkbox"/> - If a resident contracts the virus, a well-regulated temperature can aid in recovery. Good air quality is also essential if more virulent strains emerge, ensuring the home remains a safe haven and limits virus spread to other household residents.
Lighting and electrical upgrades	<input type="checkbox"/> - Proper lighting can deter the growth of mold and bacteria, ensuring a healthier living environment.	<input type="checkbox"/> Electrical upgrades enable advanced purifiers and ventilation, enhancing home safety during the pandemic.	<input type="checkbox"/> - Enhanced lighting can improve mental well-being, aiding in faster recovery and response to illnesses.
Water Heater Replacement	<input type="checkbox"/> - Access to hot water promotes regular handwashing, a key preventive measure against the spread of COVID-19.	<input type="checkbox"/> - Ensuring a consistent supply of hot water supports essential hygiene practices, preparing residents against potential virus exposure.	<input type="checkbox"/> - Should a resident contract the virus, maintaining good hygiene is crucial in managing symptoms and preventing spread to other household members. Hot water is essential for this.
Applicant narrative of COVID impact reduction (specific case)			

Jay County

Owner Occupied Rehab Duplications of Benefits

Please answer the question below.

Federal disaster law prohibits the duplicative use of disaster recovery funds. A duplication of benefits occurs when an individual receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Before paying a cost with this federal disaster assistance we must check to see that the assistance will not cause a duplication of benefits, meaning that the cost has not or will not be paid by another funding source. Have you received COVID-19 related assistance from any of the programs listed below?

- FEMA Public Assistance Program
- FEMA Emergency Food and Shelter Program (EFSP)
- FEMA Disaster Relief Funds
- LABOR Dislocated Worker Grants
- SBA Debt Relief Program
- SBA Express Bridge Loans
- TREASURY The Coronavirus Relief Fund
- TREASURY Unemployment Insurance Provision
- IRS Economic Impact Payments

YES ____ NO ____

If YES, please specify: _____

By signing this document, you attest that you have ongoing financial needs caused by COVID-19. You also attest that you will not use this Community Development Block Grant Coronavirus grant, Owner Occupied Rehabilitation funding for purposes that might be considered as a duplication of other COVID-19 related funding that you may have previously received. By signing this document, you also affirm your understanding that should it be determined that any uses of these funds are found to be duplicative you will be asked to repay the funds.

Homeowner Signature

Date

Homeowner Printed Name

REQUEST FOR VERIFICATION OF MORTGAGE ACCOUNT

Part I – To be Completed by Applicant		
Name and Address of Mortgage Company or Bank:		
Information to be Verified		
Property Address:		
Name on Mortgage Account:		
Account Number:		
TYPE: <input type="checkbox"/> First Mortgage <input type="checkbox"/> Second Mortgage <input type="checkbox"/> Contract Sale		
Name and Address of Applicant(s):	Signature:	
	Signature (if co-applicant):	

----- PART II – TO BE COMPLETED BY LENDER -----

We have received an application from the above, to whom we understand you have extended a loan. Please provide us with the following information:

Origination Date of Mortgage: _____ Monthly Payment: _____
 Original Mortgage Amount: _____ Principal & Interest: _____
 Current Balance: _____ Taxes: _____
 Insurance: _____

Is the mortgage current Yes No Satisfactory Account Yes No

SIGNATURE OF DEPOSITORY: _____ TITLE: _____ DATE: _____

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 c/o Kleinpeter Consulting Group
 PO Box 37
 Whiteland, IN 46184