

Columbus Housing Improvement Program Guidelines

What is the Purpose:

These funds are used for the rehabilitation of owner-occupied homes. Funds may be used for:

- Roof replacement
- Heating and/or cooling systems replacement
- Upgrades of electrical systems when needed to support the new heating/cooling systems
- Aging in Place Improvements such as accessible bathrooms, improved lighting, ramps and other accessibility modifications

How much each home is eligible for:

Determined by need - up to \$15,000.00

What are the Terms:

The city will secure a mortgage for the amount of assistance throughout the three year period. This is completely a grant as long as you live in, own and insure the home for those three years. If the residence is sold or the owner moves out in those three years, a pro-rated portion would be owed to the city.

What is the Interest Rate:
0%



Eligible Homes:

- Single family owner-occupied homes
- Must be insured
- Located within the city limits of Columbus
- Not located within a 100 year floodplain
- Property taxes must be current
- Property must not be in violation of city ordinances
- Homes must be permanent units with foundations - most mobile homes are not eligible
- Homes being purchased on contract are not eligible
- Must be at or below the following income guidelines provided by HUD:

Persons In Family	Max. Annual Household Income*
1	51,200
2	58,500
3	65,800
4	73,100
5	78,950
6	84,800
7	90,650
8	96,500

* 2023- 80% of the median income for Bartholomew County based on HUD's guidelines. *Effective 6/15/23*

For applications and information contact:

Carrie Riley
Administrative Resources
association
748 Franklin St.
Columbus, IN 47201

Phone: 812-376-9949

Email: Carrie@aracities.org

Visit Our Website:
www.columbus.in.gov



City of Columbus
Mary K Ferdon, Mayor
Robin Hilber, Director -
Community Development



City of Columbus Housing Improvements Program

Please return your application with the below information to me ASAP to be considered for inspection.

All information can be mailed or emailed to me at this address and number.

Carrie Riley
carrie@aracities.org
Phone: 812-376-9949

Administrative Resources association
748 Franklin St.
Columbus, IN 47201

1. **Be sure to fill in all information on the application.** We need and use all of this information. If you do not have a phone, please make a note on the application.
2. **"Verification of Assets on Deposit"** Please sign and date the form and fill in your account numbers only. Take this form to your bank and have them fill it out for you. They will fill in the dollar amounts and the interest rates.
3. **A copy of the deed to your home with the legal description.**
 - If you do not have your deed, please contact the county recorder's office for a copy.
4. **"Verification of Mortgage"** Please complete & send to your mortgage company to sign and date. Or provide a copy of your mortgage statement.
5. **"Verification of Employment"** Please complete the top portion only. The bottom section is to be completed by your employer. All employed persons in the household must complete this form.
6. **Copies of all ADDITIONAL forms of income** for the past 30 days. Example: public assistance benefit, retirement, disability, and child support.
7. **Statement of Current Social Security Benefit.** This must be a form 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.
8. **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.
9. **A copy of current paid property tax receipt.**
 - A payment receipt marked "PAID" by the Treasurer's Office
 - You may request this information at the Bartholomew County Treasurer's Office.
10. **Your Bank information**
Bank Name _____ Phone number _____
Address _____
11. **Income Certification Questionnaire (Enclosed)**



City of Columbus



Columbus Housing Improvement Program

Please fill out this application completely

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

1. APPLICANT'S NAME: _____
First Middle Last

Date of Birth _____ Social Security Number: _____ - _____ - _____

Is Applicant Disabled? _____ If yes, what is the disability? _____

2. CO-APPLICANT'S NAME: _____
First Middle Last

Date of Birth _____ Social Security Number: _____ - _____ - _____

Is Co-Applicant Disabled? _____ If yes, what is the disability? _____

3. PHONE: _____ (home) _____ (cell) _____ (work)

4. ETHNICITY AND GENDER INFORMATION (required by HUD for statistical reporting purposes):

Is the Applicant: Male Female

Is the Applicant:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Other Multi-Racial | <input type="checkbox"/> American Indian/Alaskan Native |
| | <input type="checkbox"/> Native Hawaiian/other Pacific Islander |

5. ADDRESS OF HOUSE TO BE REHABILITATED:

6. AGE OF HOME: _____ NUMBER OF BEDROOMS: _____

7. 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: _____

For questions call: Carrie Riley, ARa - 812-376-9949; Return completed forms to:
Administrative Resources association, 748 Franklin Street, Columbus, IN 47201

12. 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)

_____	Amount/mo.: \$ _____
_____	Amount/mo.: \$ _____
_____	Amount/mo.: \$ _____
_____	Amount/mo.: \$ _____
	TOTAL: \$ _____

13. WHAT IMPROVEMENTS/MODIFICATIONS WOULD YOU LIKE TO YOUR HOME?

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 the City of Columbus and/or its representatives to verify all information on this application, including my present and past employment.
- I agree that the City of Columbus and/or its representatives may obtain a credit bureau report on me at any time and may close my application if certain adverse information appears on the credit report or if the city is unable to obtain a credit report.
- 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/affordability period.
- I certify that I will keep property taxes current on the assisted house during the entire lien/affordability period.

Applicant Signature

Date

Co-applicant Signature

Date



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INCOME CERTIFICATION QUESTIONNAIRE for HOME/CDBG/CDBG-D Programs
 (*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____ <input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Other	TELEPHONE NUMBER: () _____ Award # _____ Unit # _____ Total # Household Members _____ # Adults (18 and older) _____ # Children _____
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RENTAL ASSISTANCE (only for rental projects)

YES	NO	I receive Section 8 rental assistance. If yes, list the housing authority below. _____	Amount of monthly rental assistance \$ _____
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INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME (use net income from business)
<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;">Name of Employer</div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____	\$ _____

		2) _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance.	\$ _____ per semester

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s). If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills. If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT SIGNATURE OF APPLICANT/TENANT DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE) DATE



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



VERIFICATION OF ASSETS ON DEPOSIT
(to be signed and completed by bank and signed by applicant)

<p style="text-align: center;">_____ (organization name)</p> <p>AUTHORIZATION: We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	Checking Account Number	Average monthly balance for last 6 months	Current Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	Savings Accounts	Current Balance	Current Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate	
_____	\$ _____	\$ _____	_____ %	
_____	\$ _____	\$ _____	_____ %	

IRA, Keogh, Retirement Accounts

	Account Number	Amount	Withdrawal Penalty	Current Interest Rate
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %

	Money Market Funds	Amount (Average 6-month balance)	Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	

<p>RELEASE: I hereby authorize the release of the requested information.</p> <p style="text-align: center;">_____ (signature of applicant)</p> <p style="text-align: center;">_____ (date)</p>	<p style="text-align: center;">_____ (signature of authorized representative)</p> <p>Title:</p> <p>Date:</p> <p>Phone Number:</p>
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WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF EMPLOYMENT

CLIENT # _____

The applicant identified below has applied for housing assistance that is provided through the City of Columbus. Our regulations require that in order for the family to be eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation

Columbus Housing Improvement Program,
Department of Community Development, 123 Washington St.,
Columbus, IN 47201
Phone: 376-2520

PART I. APPLICANT INFORMATION (To be completed by applicant)

Name of Applicant _____ SS#: _____

Address of Applicant _____

Signature of applicant _____

PART II. EMPLOYER INFORMATION (To be completed by applicant)

Name of Employer _____

Address of Employer _____

PART III. EMPLOYMENT INFORMATION (To be completed by employer)

1. Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay \$ _____ per _____ (hour, week, month, year, etc.)
4. Current Rate of Overtime Pay \$ _____ per _____ (hour, week, month, year, etc.)
5. Do you anticipate any change in the employee rate of pay in the near future?
Yes ___ No ___ If yes: Revised Rate _____ Effective Date _____
6. Number of hours/weeks employee normally works _____
7. Do you anticipate any change in the number of hours the employee works: Yes ___ No ___
If yes, explain in #14 below.
8. Anticipated average amount of overtime/week _____
9. Gross annual earnings you anticipate for this employee for the next twelve months.
(Gross amount including all tips, bonuses, overtime, commissions) \$ _____
10. Does this employee receive vacation with pay? Yes ___ No ___
11. Does this employee receive sick leave pay? Yes ___ No ___
12. If the employee's work is seasonal or sporadic, indicate lay-off periods. _____

13. Does this employee receive an earned income tax credit? Yes ___ No ___
14. Additional Comments:

Completed By: Name _____

Title _____ Telephone No. _____

Signature _____ Date: _____



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:

ACCOUNT IN THE NAME OF:

ACCOUNT #:

MORTGAGE SECOND MORTGAGE CONTRACT SALE

NAME AND ADDRESS OF APPLICANTS(S)

SIGNATURE OF APPLICANT(S):

X _____
X _____

PART II – TO BE COMPLETED BY MORTGAGE COMPANY OR BANK

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

Date mortgage originated: _____
Original mortgage amount: _____
Current mortgage balance: _____

Monthly Payment:
Principle and Interest: _____
Taxes: _____
Insurance: _____
Total Payment: _____

Is mortgage current? Yes No

Satisfactory account? Yes No

SIGNATURE OF DEPOSITORY

TITLE

DATE

PLEASE RETURN COMPLETED FORM TO:



Administrative Resources association
748 Franklin Street
Columbus, IN 47201



This confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.