

# 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	52,450
2	59,950
3	67,450
4	74,900
5	80,900
6	86,900
7	92,900
8	98,900

\* 2024- 80% of the median income for Bartholomew County based on HUD's guidelines. *Effective 5/1/24*

**For applications and information contact:**

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

Phone: 812-376-9949

Email: [Carrie@aracities.org](mailto:Carrie@aracities.org)

**Visit Our Website:**  
[www.columbus.in.gov](http://www.columbus.in.gov)



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





# City of Columbus

## Owner Occupied Rehab Program Application

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 \_\_\_\_\_

Is Applicant: disabled?  A Veteran?  A single parent/guardian?

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

Date of Birth \_\_\_\_\_

Is Co-Applicant Disabled?

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:

- White  American Indian/Alaskan Native & White
- Black/African American  Asian & White
- Hispanic  Black/African American & White
- Asian  American Indian/Alaskan Native & Black/African American
- Other Multi-Racial  American Indian/Alaskan Native
- Native Hawaiian/other Pacific Islander

5. HOUSEHOLD COMPOSITION (List **All** persons living in the home).

Name	M/F	Date of Birth	<u>Disabled? Y/N</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. EMPLOYMENT INFORMATION

APPLICANT:

Employer Name: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present **Gross** Monthly Salary/Wages (before deductions and taxes): \$ \_\_\_\_\_

Present Monthly **Net** Salary/Wages (take home pay per month): \$ \_\_\_\_\_

CO-APPLICANT:

Employer Name: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Present **Gross** Monthly Salary/Wages (before deductions and taxes): \$ \_\_\_\_\_

Present Monthly **Net** Salary/Wages (take home pay per month): \$ \_\_\_\_\_

7. 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: \$ \_\_\_\_\_

8. ADDRESS OF HOUSE TO BE REHABILITATED:

\_\_\_\_\_

9. YEAR HOUSE WAS BUILT: \_\_\_\_\_ 10. IS THE HOME YOUR PRIMARY RESIDENCE?  Yes  No

11. IS YOUR HOME LOCATED IN A FLOODPLAIN?  Yes  No

12. MORTGAGE STATUS:

Do you have a mortgage?  Yes  No Is your mortgage current?  Yes  No

13. DO YOU OWN ANY OTHER REAL ESTATE?  Yes  No

If yes, address: \_\_\_\_\_

Street

City

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

- ADA accessibility up to the threshold of the home (ex. handrail, ramp)
- Heating and cooling replacement
- Water heater replacement
- Select lighting features and electrical upgrades
- Roof repair or replacement

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 and/or its representatives to verify all information on this application, including my present and past employment.
- I agree that the City 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 period.
- I certify that I will keep property taxes current on the assisted house during the entire lien period.
- I understand that radon testing is a requirement of this program. I understand that radon mitigation may be required for my property and is a requirement of this program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date



# 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 faxed to me at this address and number.**

Carrie Riley

Fax: 812-376-8857

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** (need 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.
- 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 \_\_\_\_\_

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

<p style="text-align: center;">_____</p> <p style="text-align: center;">(organization name)</p> <p><b>AUTHORIZATION:</b> 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>	<p style="text-align: center;">Checking Account Number</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Average monthly balance for last 6 months</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Current Interest Rate</p> <p style="text-align: center;">_____ %</p> <p style="text-align: center;">_____ %</p>	
	<p style="text-align: center;">Savings Accounts</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Current Balance</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Current Interest Rate</p> <p style="text-align: center;">_____ %</p> <p style="text-align: center;">_____ %</p>	
	<p style="text-align: center;">Certificate of Deposit Account #</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Amount</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Withdrawal Penalty</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Current Interest Rate</p> <p style="text-align: center;">_____ %</p> <p style="text-align: center;">_____ %</p>

IRA, Keogh, Retirement Accounts

	<p style="text-align: center;">Account Number</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Amount</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Withdrawal Penalty</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Current Interest Rate</p> <p style="text-align: center;">_____ %</p> <p style="text-align: center;">_____ %</p>
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	<p style="text-align: center;">Money Market Funds</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Amount (Average 6-month balance)</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Interest Rate</p> <p style="text-align: center;">_____ %</p> <p style="text-align: center;">_____ %</p>	
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**RELEASE:** I hereby authorize the release of the requested information.

\_\_\_\_\_

(signature of applicant)

\_\_\_\_\_

(date)

\_\_\_\_\_

(signature of authorized representative)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**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:



Carrie Riley  
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.