



EMERGENCY HOME REPAIR PROGRAM APPLICATION

MEMORIAL CDC ♦ P.O. BOX 887 ♦ EVANSVILLE, IN 47706-0887

PHONE: (812) 424-8627 ♦ FAX: (812) 424-8629

Provided in part by the City of Evansville's Department of Metropolitan Development

PURPOSE

The program provides a one-time emergency repair assistance grant to low-income Evansville homeowners up to a maximum of \$15,000.

ELIGIBILITY

You may be eligible for a grant through the program if you:

- Live within the Evansville city limits.
- Have owned and occupied the home for at least one year and have no intention to market, rent or sell the property.
- Provide proof of homeownership with deed or mortgage statement. Payments (if any) are up to date.
- Provide proof of all income. (60 days Paystubs, Social Security Statement, Pension, Etc.)
- Provide proof of current homeowners insurance.
- Provide proof that all real estate taxes are up to date.
- Provide proof of bank statements if applicable. (6 months for checking and most recent savings statement.
- Are not in violation of any environmental restrictions and regulations, including floodplain, historical, lead-based paint, etc.
- Must meet income eligibility requirements. Documentation must be provided. See chart below:

2025 INCOME LIMITS

Household Size	Maximum Household Income
1	\$50,750
2	\$58,000
3	\$65,250
4	\$72,500
5	\$78,300
6	\$84,100
7	\$89,900
8	\$95,700

OWNERSHIP REQUIREMENT

Only homeowners are eligible for the program. If the home is owned by more than one person but occupied only by the applicant, each owner must be notified of the emergency repair work and authorize the repairs.

ELIGIBLE REPAIRS

The program covers urgently required repairs which, if left unattended, would jeopardize the health and/or safety of the occupants. It does not restore the house to minimum property standards but will help resolve code violations. The maximum grant for the Emergency Repair Program is \$15,000. Repairs that exceed the maximum grant amount will be denied even though they may be within the scope of services offered.

INELIGIBLE REPAIRS

- Any repairs of a cosmetic nature.
- Any repairs completed before application and approval.
- Unsafe and substandard structures that cannot be made safe for habitation for \$15,000 or less. The owner will receive notification of the hazards and a written explanation of why assistance is being denied. Under such circumstances, the Memorial Community Development Corporation will recommend the owner/occupant seek alternate housing as soon as possible.

TO APPLY: Locate applications at: www.memorialcdc.org or pick up at : **Memorial Community Development Corporation Offices 605 Connie Robinson Way, Evansville, IN 47713**

**Emergency Home Repair Program 920 Oak St.
Evansville, IN 47713 Mail all applications back
to: P.O. Box 887 Evansville, IN 47706-0887**

Please note: Applications are evaluated based on the information provided; therefore missing documentation may cause your application to be rejected. If your project is selected as part of the program you will be notified by mail and an appointment made by the Emergency Repair Manager to meet with you to verify your eligibility, inspect your home to substantiate the emergency repair and obtain your written approval for the project.

For questions about the Emergency Home Repair Program, call (812) 424 -8627

Phone Number: _____ Date: _____

Applicant: _____ Co-Applicant: _____

Date of Birth: _____ Date of Birth: _____

Social Security #: _____ Social Security #: _____

Present Address: _____

How long have you lived there? _____

of bedrooms at this address: _____

of units at this address: _____

Do you own and occupy this property? YES NO

Is this a contract sale? YES NO

Who owns the property? _____

Total number of household members: _____

Does any household member have elevated levels of blood? YES NO lead in their

Is any household member under age 7? YES NO

Former Address: _____

How long did you live there? _____

Marital Status: _____

(If a legal separation does not exist, then a joint application must be filed).

What emergency repairs are needed?

_____ **Other**

Household Members:

Name	SSN	Name	SSN

Income (Documentation must be provided)

Applicant's gross pay (monthly)	
Co-Applicant's gross pay (monthly)	
Child support (monthly)	
Pension (monthly)	
A.F.D.C. (monthly)	
Unemployment (monthly)	

Social Security (monthly)	
Rental income (monthly)	
Interest income (monthly)	
Other income (monthly) (Explain _____)	
TOTAL MONTHLY INCOME (Must include income of all persons in the household)	

Assets (Documentation must be provided)

	Cash Value	Annual Income	Bank Name	Account # from Assets
Savings Account (Most Recent Statement)				
Checking Account (6 months bank statements)				
Savings Bonds				
Stocks				
Life Insurance				

Do you own any other property? YES NO

If more than one property is owned, please provide a copy of Schedule E of your most recent Federal Income Tax Return.

Present Employer (Applicant):

Name _____

Address _____

Telephone/Fax _____ Occupation

_____ How Long? _____ Previous Employer

(Applicant):

Name _____

Address _____

Telephone/Fax _____ Occupation

_____ How Long? _____ Present Employer (Co-

applicant):

Name _____
 Address _____
 Telephone/Fax _____ Occupation _____

_____ How Long? _____ Previous Employer (Co-applicant):

Name _____
 Address _____
 Telephone/Fax _____ Occupation _____

_____ How Long? _____ Present Employer (Other household member 18 or older):

Name _____
 Address _____
 Telephone/Fax _____ Occupation _____

_____ How Long? _____

Other Assets (Automobiles)

Make & Year	Value	Loan Balance
	\$ _____	\$ _____
	\$ _____	\$ _____
Other Motor Vehicles: (Motorcycles, campers, etc.)		

Fixed Expenses (Monthly amount paid)

Auto insurance	
Homeowner's insurance	
Life insurance	
Medical insurance	
Property taxes	
Union dues	
Other	
TOTAL	

Monthly Housing Expense

1 st Mortgage Payment	
2 nd Mortgage Payment	
Fuel	
Gas & Electric	
Water & Sewer	
Cable TV	
Telephone	
Cell Phone	
TOTAL	

Liabilities

Mortgage or Contract Sale

Lender	Address	Account #	Account balance

Installment Payments

List any credit accounts. Be sure to include account numbers, balances, and amounts of monthly payments.

Account	Balance	Monthly Payments

General Information

- | | | |
|--|-----|----|
| 1. Are there any outstanding judgments against you? | YES | NO |
| 2. Have you ever declared bankruptcy? | YES | NO |
| 3. Have you had property foreclosed upon or given title in lieu thereof? | YES | NO |

When _____ Where _____

4. Are you currently a party to a lawsuit? YES NO

5. Are you obligated to pay alimony or child support? YES NO

6. Name, address and agent of homeowner's insurance carrier: _____

7. Are your property taxes current? YES NO **HOUSING REPAIR**

SERVICES APPLICATION CERTIFICATION

I (We) 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 my (our) financial condition as of the date stated herein. I (We) certify that I (we) own the above stated property unless otherwise noted.

The Applicant(s) fully understand(s) and agree(s) that they shall be disqualified from this program and from any program administered by the Memorial Community Development Corporation if any statement in this application is found to be purposely fraudulent.

Applicant Signature

Date

Co-Applicant Signature

Date

GENERAL RELEASE

I (We) hereby authorize Memorial Community Development Corporation or its designated agents to obtain and receive all records and information pertaining to eligibility for the repair 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 Memorial Community Development Corporation the right to request all necessary information from any persons, company, or firm on any matter referred to above. I (We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to Memorial Community Development Corporation for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of 2 years.

Applicant Signature

Date

Co-Applicant Signature

Date

DOCUMENTATION AUTHORIZATION

I (We) the recipient of Community Development Block Grant funds, hereby give permission to the Memorial Community Development Corporation and/or its designated agent to:

Post a Notice of Repair Work in Progress	YES	NO
Take interior photographs	YES	NO
Take exterior photographs	YES	NO

I (We) understand that the notice and photographs may be used for promotion of the Emergency Repair Program and for documentation purposes during construction.

Applicant Signature

Date

Co-Applicant 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 are encouraged to do so. Memorial Community Development Corporation 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 Memorial Community Development Corporation 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:

White

Black/African American

Asian

American Indian/Alaska Native

Native Hawaiian/Other Pacific Islander

American Indian/Alaska Native & White

Asian & White

Black/African American & White

American Indian/Alaska Native & Black/African American

Other not listed above

Female-headed household

Do you consider yourself to be of Hispanic origin? _____

SEX: Female Male

CO-APPLICANT

I do not wish to furnish information on my race or sex.

RACE/NATIONAL ORIGIN:

_____ White

_____ Black/African American

_____ Asian

_____ American Indian/Alaska Native

_____ Native Hawaiian/Other Pacific Islander

_____ American Indian/Alaska Native & White

_____ Asian & White

_____ Black/African American & White

_____ American Indian/Alaska Native & Black/African American

_____ Other not listed above

Do you consider yourself to be of Hispanic origin? _____

SEX: _____ Female _____ Male