



## CDBG Owner Occupied Rehabilitation Program Application

The intent of this Community Development Block Grant (CDBG) funding is to improve homes of low to medium income residents in the City of Elkhart who meet income and eligibility requirements.

In order to apply, you must meet the following requirements:

**△ I own and occupy my home in the City of Elkhart**

Include copies of each:

- ✓ The deed to your home
- ✓ Current mortgage statement
- ✓ Current property taxes
- ✓ Current home insurance
- ✓ Copy of photo ID

**△ Total gross household income is less than 80% AMI (see attached info pamphlet)**

Include copies for each household member over the age of 18:

- ✓ Last 3 check stubs
- ✓ Last 3 bank statements
- ✓ Monthly expenses worksheet (attached)
- ✓ Verification of income

**△ I have read the program guidelines (info pamphlet attached)**

Applicant Name \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Email Address \_\_\_\_\_

**Type of assistance needed:** \_\_\_\_\_

Have you or any other household members received assistance from the City of Elkhart with any other programs at this address or any other address, or under a different name, in the past? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

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**Applicant Name**

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**Annual Income**

**Household Members**

Name/Relationship	Social Security #	Age	M/F	Birthdate	Legally Disabled Y/N	Student Y/N

**Liabilities/Debts**

Is there any outstanding judgment against the applicant?  Yes  No

Is there any outstanding judgment against the co - applicant?  Yes  No

Is the applicant currently in Chapter 13 Bankruptcy?  Yes  No

Is the co - applicant currently in Chapter 13 Bankruptcy?  Yes  No

Has the applicant filed for Chapter 7 Bankruptcy?  Yes  No

Has the co - applicant filed for Chapter 7 Bankruptcy?  Yes  No

I (We) certify that all of the above information is correct and true to the best of my (our) knowledge, **under penalty of law**. I (We) understand that this information will be used to determine my (our) eligibility in the City of Elkhart's Housing Rehabilitation Program which utilizes Community Development Block Grant Funds from the U S Department of Housing and Urban Development. The City of Elkhart does not discriminate against any person because of race, color, religion, sex, handicap, family status, or national origin. I (We) understand that I (we) am (are) responsible for eliminating substantial code violations which may exist during the review process. I (we) understand that I (we) may receive fines for failure to comply with local Building Code requirements even if they are under review for assistance from the City of Elkhart. I (We) understand that this application may be rejected if I (we) willfully withhold information requested, or provide falsified information. I(We) understand that if accepted into the program and discover falsified or withheld information while work is in progress, the project will be stopped and any expenses incurred will be expected to be paid back to the program immediately, including but not limited to legal and court cost.

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Applicant

Date

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Co - Applicant

Date