



Indianapolis

Central Indiana Accessibility Partnership Project 2013 Application

Dear Applicant:



Thank you for requesting an application for home modification assistance under the Central Indiana Accessibility Partnership Project. This Project has been established through Indianapolis CDBG funds to provide home modifications to persons with disabilities and persons 55 years and older with conditions of aging to increase accessibility. The Project is for the 2013 calendar year and will continue until funds have been depleted. *Only homeowners are eligible to apply.* The groups involved in this Project are not-for-profit organizations providing these accessibility home repairs to eligible homeowners **at no cost.**



Back Home in Indiana
Alliance
...a project of the Governor's
Council for People with Disabilities

To be eligible for home modifications, you **must**:

- Meet the definition of disability under the federal Fair Housing Act or be a person 55 years and older with conditions of aging
- Be living on a low to moderate income according to HUD guidelines in Marion County (this project does NOT include the exempted cities of Beech Grove, Lawrence and Speedway)
- Be current with real estate taxes or have an agreement for payment of all delinquent real estate taxes if you own your home



If possible, please attach a recent photo of your home to your application.



Easter Seals
Crossroads
disability services
Our emphasis is on *ability.*

If your application is selected for consideration, you will need to provide:

- Income verification (SSDI, SSI award letter, pay stub, check copies, tax returns, etc.)
- Driver's License or Government Issued ID (*for age and address verification*)
- A copy of your home's Warranty Deed or Deed of Trust
- Proof of current status of property taxes or payment agreement letter regarding delinquent taxes



(turn page)

Income Eligibility:

To be eligible for this home modification project, a householder's income must be less than or up to 80% of the area median income in your county of residence. What does this mean in terms of dollars and cents? See the chart below for the income guidelines for this Project. Household income is determined as the gross income (before taxes) of all household members aged 18 years and older.

Income Guidelines for Marion County:

Household Size Number of Persons	Annual Household Income Limits
1	\$36,500 or less
2	\$41,700 or less
3	\$46,900 or less
4	\$52,100 or less
5	\$56,300 or less
6	\$60,450 or less
7	\$64,650 or less
8	\$68,800 or less

Please return your completed and signed application to the following address, fax number or email address:

**Fair Housing Center of Central Indiana
615 N. Alabama Street, Suite 426
Indianapolis, IN 46204**

**Fax: 317-245-0322
Email: info@fhcci.org**

Application Process:

You will receive an email, letter or postcard that your application has been received. Please be aware that there may be a delay before your application is reviewed based upon the review committee's schedule. If your application meets the initial review, you will be contacted to provide additional verification which may also include a home assessment to better score your application. Following this, if your application is accepted for the Project the needed modifications will be made at no cost to you.

If you have any questions or if you need assistance in completing this application, please do not hesitate to contact Amy Nelson at the Fair Housing Center of Central Indiana at 317-644-0673 x1001 or anelson@fhcci.org

**Central Indiana Accessibility Partnership Project
Homeowner Household Information**

Today's Date: _____

Homeowner Name: _____

Date of Birth: _____ Are you a veteran or in the military? Yes No

Race/ Ethnicity: White Hispanic/Latino Pacific Islander Other _____
Black/African Am Asian American Indian/Alaskan Native

Address: _____

Phone number:(_____) _____ Alt. Phone Number:(_____) _____

Email: _____

Marital Status: Single Divorced Widow Married

Length of Time at this Address: _____ years

Emergency Contact: _____ Phone: _____

Others in Household (attach sheet if you need more lines):

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Are you or a member of your household a person with a disability or an adult 55 years or older with a condition of aging?

_____ Yes _____ No

If yes, please explain why you or your family member(s) are in need of accessibility modifications: _____

How did you learn of this project? (circle one & list specific name)

Newspaper _____ Radio _____ Magazine _____

Website _____

Referred by another Organization _____

Other _____

What is your household's yearly gross income? _____

Please list the household income sources and the amounts from each source:

_____ SSI _____ SSDI _____ Employment

Other: _____

Home Modification Status

Modifications: List any accessibility modifications that are already in place (grab bars, tub bench, etc.): _____

List any accessibility modifications that you or your family/caregiver feel would benefit you, and if appropriate, benefit his or her ability to assist you:

Dwelling/Home Background Information & Agreement

Dwelling Type: Do you live in a () Frame () Mobile Home (Trailer)

() Apartment Building () Other (specify) _____

Age: If known, in what year was your home or rental housing constructed: _____

If your home needs additional repairs, please list your concerns below (i.e., new roof, furnace, leaky faucet, etc.):

.....

I, the undersigned, do hereby certify that all the information contained in this application is true and correct to the best of my knowledge, information, and belief. I understand that if any of the information is found to be false, I may be disqualified from participation in the Project(s) for which my home has been selected, if it is in fact selected. At this time, I grant the Project permission to inspect my home for purposes of possible home selection for accessibility modifications (time of review will be coordinated between the Project and homeowner). I understand that completion of this application is no guarantee that my application will be selected for the Project.

Homeowner's Signature

Homeowner's Name - Please Print Clearly

Date of Signature

Applicant's Signature *(if other than homeowner)*

Applicant's Name & Title *(if other than homeowner)* - Please Print Clearly

Company

Date of Signature