



## 2021 ACCESSIBILITY MODIFICATIONS PROGRAM (AMP)

AMP is to help eligible households with accessibility modifications to their home,  
giving them better access and ease of mobility throughout the home.

### HOMEOWNER INFORMATION

\*The applicant must own and occupy the home in need of repair\*

NAME:

ADDRESS:

COUNTY:

CITY:

STATE:

ZIP:

PHONE:

EMAIL ADDRESS:

Have you received FHLBI grant funds (HOP,NIP,AMP,DRP) in the past 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you applied for FHLBI funds with any other organization this program year? \*\* YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*Households may submit only one application per program year.

### HOUSEHOLD MEMBERS

First and Last Name							Gross Annual Income
1)							\$
2)							\$
3)							\$
4)							\$
5)							\$
6)							\$
<b>Total Household Income:</b>							\$

**Income Sources: Select all sources of household income for those persons listed above**

Other

Other

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\_\_\_\_\_

## Home Repairs

From the list below, select the repair(s) you are requesting assistance for:

Entry Ramp	Levered Door Handles		*
Universal Flooring	Bathroom Modifications	Windows	Exterior Doors
Widened Doorways	Smoke Detectors	Roof	Well/Septic/Sewer
Internal Chair Lift	Relocation of Laundry	Furnace/AC	Insulation/Caulking
Lowering of	to Main Level	Siding	Gutters/Downspouts
Kitchen Cabinets		Water Heater	Electrical
		Soffit/Fascia	

	<p style="text-align: center;"><b>What type of home do you live in?</b></p>
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### HOMEOWNER ACKNOWLEDGEMENT

- 1) I own and occupy the home referenced as my primary residence and have done so for at least 6 months;
- 2) All occupants of the home have been listed on this application and all income has been disclosed;
- 3) I must qualify to receive funds, and funds are available on a first-come, first-serve basis. There is no guarantee that I will receive funding;
- 4) It is my responsibility to provide a minimum of two, independent third-party bids for the requested repairs;
- 5) If I qualify, it is my responsibility to choose the contractor who completes the repairs;
- 6) Any disputes surrounding the repairs will be resolved between myself and the contractor;
- 7) The maximum amount available per household under this program is \$10,000;
- 8) I have not received a grant from any Federal Home Loan Bank in the past 5 years;
- 9) My application is subject to approval by the FHLBI and the member institution submitting it on my behalf;
- 10) All information on this application is true and accurate.

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Homeowner Signature	Printed/Typed Name	Date
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Homeowner Signature	Printed/Typed Name	Date
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DATE RECEIVED: \_\_\_\_\_ \*Cost of NIP repairs cannot exceed 50% of the cost of AMP repairs, the total of both cannot exceed \$10,000.  
Example: If AMP repairs = \$6,000, then NIP repairs are limited to a maximum of \$3,000, for a total of \$9,000.

## 2021 INCOME DOCUMENTATION GUIDE

Use this guide to determine what type of documentation for each income type is required

### 1. Household member has no income

- A “ Zero Income Affidavit” is needed for individuals who are 18 or older.

### 2. If required to file 2020 Federal tax return

- Provide a copy of filed 2020 Federal tax returns including all W-2s, 1099s, attachments and schedules (State/ City tax returns are NOT needed)

### 3. Wages from an Employer: This is needed for each employer.

- Employer Name, Employment Type (Full Time, Part Time, Seasonal, Irregular), Pay Frequency (Weekly, Bi-Weekly, Semi-Monthly, Monthly), Length of Employment, Date of last pay increase/raise
- Income Certification:
  - If Paid Monthly: 2 consecutive paystubs that are dated within the last 60 days
  - If Paid Semi-Monthly: 2 consecutive paystubs that are dated within the last 30 days
  - If Paid Bi-weekly: 2 consecutive paystubs that are dated within the last 30 days
  - If Paid Weekly: 4 consecutive paystubs that are dated within the last 30 days
  - If Paid on an Irregular Schedule: 2-4 of most recent

### 4. Social Security

- Current year’s award letter confirming the gross payments and frequency of payments AND the most recent bank statement reflecting the monthly net amount from the award letter
  - If these amounts differ, a current benefits statement dated within 60 days will be necessary.

### 5. Child Support/Alimony

- Court-ordered documentation evidencing a minimum of 6 months of the most recent payments
  - Documentation from the court system should reflect the current amount due and paid
  - If less is being received, the actual amount must be documented from state or local entity responsible for enforcement of payments

### 6. Pensions/Annuities/Insurance Policies

- Pension statement/award letter confirming gross payments & frequency of payments dated within 60 days

### 7. Unemployment Current/Past Year

- Most recent benefit letter prepared by the authorizing agency along with schedules reflecting payments received YTD or similar third-party documentation

### 8. Interest/Dividends

- Quarterly/Monthly Statements as generated
- If received annually; verification letters received from the institution or the IRS 1099 form

### 9. Self-Employment

- Two (2) years of completed, signed, and filed U.S. Federal tax returns, including all attachments and schedules for the business and personal, where applicable

### 10. Rental Property

- Executed lease agreement or Comparative Market Analysis (CMA) evidencing rental income
  - Projected income from vacant units must be included

### 11. Other: This will be dependent on the type of income received.

Upon review of your file, additional documentation may be requested. If you have any questions, please contact the organization/financial institution you are submitting this application to.