



**2020  
DISASTER RELIEF PROGRAM  
(DRP)**

DRP is to help eligible households with select repairs caused by disaster.

**HOMEOWNER INFORMATION**

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ COUNTY\*: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

How long have you owned this home?: \_\_\_\_\_

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 \_\_\_\_\_

**HOUSEHOLD MEMBERS**

Please list everyone who lives in this home, including the homeowner. Attach a separate page if more space is needed for additional household members.

Name	Position in Household	Age	Income Source(s) (see below)	Annual Income
1)	Primary			\$
2)				\$
3)				\$
4)				\$
5)				\$
6)				\$
<b>Total Household Income</b>				\$

**Income Sources (Above, please list the corresponding letter of the type of income received):**

A. Social Security    C. Interest/Dividends    E. Disability    G. Other  
B. Pension/Annuity    D. Earned Income from job(s)    F. Child Support

Please provide documentation for all sources of income for all household members. Applications received without documentation or with only partial documentation will not be processed until all documents are received.

\*Property must be located in designated disaster area, see program website for eligible counties.

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

---

FOR FHLBANK INDIANAPOLIS MEMBER USE ONLY:

**80% AMI for**

**Household Size:** \_\_\_\_\_

**Census Tract #:** \_\_\_\_\_

**Total # in Household:** \_\_\_\_\_

## HOME REPAIRS

From the eligible repairs below, please list in the order of importance the repairs needed on your home:

1)	4)
2)	5)
3)	6)

**Eligible DRP Repairs:**

- |                                |                    |                      |
|--------------------------------|--------------------|----------------------|
| ·Structural (foundation/walls) | ·Windows           | ·Gutters             |
| ·Interior walls/ceilings       | ·Roof              | ·Soffit/Fascia       |
| ·Sump pump systems             | ·Furnace/AC        | ·Exterior Doors      |
| ·Flooring                      | ·Siding            | ·Water Heater        |
| ·Plumbing/electrical           | ·Well/Septic/Sewer | ·Insulation/Caulking |

Do you have a mortgage on your home?	YES	NO
If yes, are your payments current?	YES	NO
Do you have homeowner's insurance on the home?	YES	NO
Are the property taxes paid and current?	YES	NO
Is there anyone on the deed of the home that is not living in the home?	YES	NO
If yes, what is their relationship to the homeowner?	_____	

## HOMEOWNER ACKNOWLEDGEMENT

**By signing this application, I hereby certify and understand that:**

- 1) I own and occupy the home referenced as my primary residence, and have owned it for at least 6 months;
- 2) All occupants of the home have been listed on this form;
- 3) Funds are available on a first-come, first-serve basis and there is no guarantee I will receive funds;
- 4) It is my responsibility to provide, at a minimum, 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) The maximum amount available per household under DRP is **\$10,000**;
- 7) I have not received a grant from any FHLBank in the last 5 years;
- 8) Repairs to be done have not been paid for by insurance or any other emergency funding;
- 9) All statements on this application are true and accurate.

Homeowner Signature	Printed Name	Date
---------------------	--------------	------

Homeowner Signature	Printed Name	Date
---------------------	--------------	------

FOR FHLBANK INDIANAPOLIS MEMBER USE ONLY

DATE RECEIVED: \_\_\_\_\_