

# 2023 ACCESSIBILITY MODIFICATION 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: E  | MAIL ADDRESS: |      |  |  |
| Have you received FHLBI grant funds (HOP/NIP/AMP) in the past 5 years? YES NO   |               |      |  |  |
| Have you applied for FHLBI funds with any other organization this program year?** YES  **Households may submit only one application per program year.  NO |               |      |  |  |
| Name of organization assisting in the preparation of this application:  IE: Habitat for Humanity, community or senior center                              |               |      |  |  |

# **HOUSEHOLD MEMBERS**

Please list everyone who lives in this home, including the homeowner. For AMP, all residents must be either (1) age 62 or older; (2) age 62 or older and age 17 or younger; or (3) one person must have a permanent disability

# HOUSEHOLD INCOME SOURCES

Select all sources of household income for the persons listed above

# **Home Repairs**

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

## 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. The maximum amount available per household is \$10,000;
- 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) Information in this application and income documents supplied will be shared with FHLBank Indianapolis;
- 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.

| Homeowner Signature                      | Printed/Typed Name | Date |
|--|--------------------|------|
|  |                    |      |
| Homeowner Signature                      | Printed/Typed Name | Date |
| FOR FHLBANK INDIANAPOLIS MEMBER USE ONLY |                    |      |
| DATE RECEIVED:                           |                    |      |



#### **2023 INCOME DOCUMENTATION GUIDE**

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

#### Household member has no income

A "Certification of Zero Income" is needed for individuals who are 18 or older.

#### 2. If required to file 2022 Federal tax return

Provide a copy of filed 2022 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

#### 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.