

2023 NEIGHBORHOOD IMPACT PROGRAM (NIP)

NIP is to help eligible households with select deferred maintenance repairs.

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 FHL	BI grant funds (HOP/NIP/AMP) in the past 5 ye	ears? YES N	10
Have you applied for Fh **Households may	HLBI funds with any other organization this pro submit only one application per program year.	gram year?** YES	NO
	ssisting in the preparation of this application:		

HOUSEHOLD MEMBERS

List everyone who lives in this home, including the homeowner(s). Attach a separate page for additional household members.

HOUSEHOLD INCOME SOURCES

Select all sources of household income for the persons listed above

NIP ELIGIBLE 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.