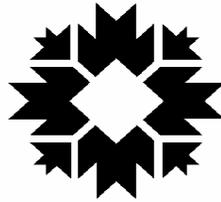


City of Bloomington
Department of Housing and Neighborhood Development



Showers City Hall, Room 130
401 N. Morton Street, P.O. Box 100
Bloomington, IN 47402
Phone (812) 349-3401

Emergency Home Repair Grant Application

Checklist

The Emergency Home Repair Grant Application will not be processed until all the required documentation is provided:

- _____ The three attached information forms completed with signature(s) and dates
- _____ The attached Authority to Verify Credit information form with signature(s) and date
- _____ Last years Federal and State tax forms with all attachments
- _____ Last two months check stubs for each applicant
- _____ Property tax statement or proof of payment of property tax
- _____ Copy of Homeowners Insurance Policy
- _____ Deed to property or title for mobile home
- _____ An letter of consent from owner for repairs, if any land Sales contract
- _____ For a mobile home proof lot rent is current

Please describe below your Emergency Home Repair Problem:

CITY OF BLOOMINGTON
 OWNER-OCCUPIED HOUSING
 EMERGENCY HOME REPAIR GRANT APPLICATION
 Application Date_____

Applicant's Name_____ Race_____

Name and Address of Employer_____

Years Employed at this Job_____ Female Head of Household yes no

Spouse's Name_____ Race_____

Name and Address of Employer_____

Number of years employed at this job_____

Telephone number: home_____ work_____

PROPERTY INFORMATION

Address_____ Number of Units_____

Date of Home Purchase_____ Age of Structure_____

Original Mortgage Amount_____ Unpaid Balance_____

Lender Name and Address_____ Loan Number_____

Number Residing in Household_____

HOUSEHOLD COMPOSITION

(List the head of your household and all persons who live in your home.)

FULL NAME	RELATIONSHIP	AGE	SOCIAL SECURITY

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Monthly Income

Source	Applicant	Co-Applicant	Household Member 18 or Older	Total
Gross Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Net Rental Income				
Social Security				
Pensions/Retirement				
Unemployment Benefits				
Workers Compensations				
Alimony/Child Support				
Welfare Payments				
Other				
Total				

ASSETS

Type	Cash Value	Annual Income From Assets	Bank Name	Account #
Checking Accounts				
Savings Accounts				
Credit Union Acct.				
Stocks/IRA				
U.S. Savings Bonds				
Other Real Estate				

AUTHORITY TO VERIFY CREDIT INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a grant from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective grantee under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective grantee may be delayed or rejected.

Applicant Signature

Social Security Number

Co-Applicant

Social Security Number

Date

M:\programs\ehr grant application