

2021 NIP / AMP Program
Must be completed by Applicant

Date _____

Client Name (First, Middle Initial, Last)		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Street Address		City	State
County of Residence	Home Phone Number	Cell Phone Number	Email Address
<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you active military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy)
Number in Household: _____		Total Household Annual Income: \$ _____	
Race:			
<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian / Alaskan Native		
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian / Pacific Islander		
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other Multiple Race		
<input type="checkbox"/> Asian	<input type="checkbox"/> Choose Not to Respond		

List All Other Household Members & Relationship to Applicant

Name (First, Middle Initial, Last)	Date of Birth (dd/mm/yyyy)	Monthly Income / Source	Relationship
Name (First, Middle Initial, Last)	Date of Birth (dd/mm/yyyy)	Monthly Income / Source	Relationship
Name (First, Middle Initial, Last)	Date of Birth (dd/mm/yyyy)	Monthly Income / Source	Relationship
Name (First, Middle Initial, Last)	Date of Birth (dd/mm/yyyy)	Monthly Income / Source	Relationship
Name (First, Middle Initial, Last)	Date of Birth (dd/mm/yyyy)	Monthly Income / Source	Relationship





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)							\$
Total Household Income:							\$

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

Other

Other

FOR FHLBANK INDIANAPOLIS MEMBER USE ONLY:

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;">What type of home do you live in?</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.

Homeowner Signature	Printed/Typed Name	Date
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Homeowner Signature	Printed/Typed Name	Date
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FOR FHLBANK INDIANAPOLIS MEMBER USE ONLY

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.



PAPERLESS COMMUNICATION AGREEMENT

In an effort to provide accurate, timely, and efficient communication between NIP/ AMP Participants and their Program Coordinators, the Metro Community Development NIP/ AMP Program is moving to online communication.

By signing this form, you agree to receive the following through email:

- NIP/ AMP Program Documents
- Electronic communication from Metro Community Development

Your Program Coordinator is still available by phone, but it will take longer to receive a returned phone call than an email. Official documentation, program status changes and other formal communication will be emailed to you.

YES, I would like to receive program documents & information via email.

COMPLETE THE FORM BELOW. PLEASE PRINT CLEARLY

NAME _____

EMAIL ADDRESS _____

HOME ADDRESS _____

PHONE _____

SIGNATURE _____ Date _____

NO, I do not wish to receive basic communication & information via email.

REASON FOR NOT PARTICIPATING IN EMAIL COMMUNICATION:



Contractor Selection Confirmation (CSC)

FHLBank Indianapolis Home Repair Programs

NIP AMP (Please select program applying for)

Homeowners must obtain two independent third-party bids for the repairs requested. Homeowners must also identify which contractor(s) they have selected to complete the repair(s) on their home by completing the information below.

Household Information

Name:	_____
Street address:	_____
City, State, ZIP:	_____

List the primary contractor you have chosen to complete the work:

Contractor:	_____
Address:	_____
Repair to be done:	_____
Bid Amount:	_____

If a second contractor is completing a different repair, please list that information here:

Contractor:	_____
Address:	_____
Repair to be done:	_____
Bid Amount:	_____

Homeowner signature

I/We have willfully and of my/our own accord selected the above named contractor(s) for the purpose of completing specified repairs at my/our property indicated above.		
_____	_____	_____
(Signature)	(Printed name)	(Date)
_____	_____	_____
(Signature)	(Printed name)	(Date)

The completed form should be scanned and submitted with the grant request package.
The FHLBI Member is to retain the original form in their household file.

The following is a list of contractors that have worked with the NIP and AMP program previously. This list is for informational purposes only.

Bedrock Building (roofs, siding, windows, gutters, doors)	810-691-0808
Goyette Heating & Cooling	810-742-8530
Energy Systems II (siding, roofs, windows, gutters, doors, AMP)	810-424-4085
Affordable Seamless Gutters	810-343-6380
All-Weather Seal (windows, roofs, siding)	(800)621-2828
AA Aluminum (windows)	810-787-0542
Dennis Francis Roofing	810-516-4962
D & W Windows (AMP , windows, roofs, siding)	810-658-8777
Andy's Roofing	810-762-5958
Terry Allen Plumbing & Heating	810-232-8270
Access Construction (AMP)	989-793-9300
Access Builders	810-742-4023

****No Bids will be accepted from TMC Electric, LLC****