Help-A-HouseSM Program 2024-2025

Application



Funding for Help-a-House is available through the Community Development Block Grant Housing Rehabilitation Program from the City of Goshen and is therefore limited to properties located within the incorporated area of Goshen, and for homeowners who meet income and ownership guidelines set forth by the program.

If you would like to participate and find out if you are eligible, complete this application. Please note that this funding comes in the form of a deferred loan at zero percent interest. Details about process and additional information can be found at the end of this document, or on our website at www.lacasainc.net/help-a-house. We encourage you to read the pre-eligibility questions first. If you are interested in searching non-lending options, give us a call at 574-533-4450 and ask to speak with a housing counselor. You may also visit our website at www.lacasainc.net/dreamsavers. Please note that most programs follow income limits provided by state and federal guidelines.

Pre-Eligibility Questions.

- You are the owner(s) of record. This means that the Deed of the property is in your name.
- You are current on your home mortgage payments
- You have lived in your home for at least 1 year
- Your home is located in the incorporated area of the City of Goshen. This means that your home does not have more than a 4-digit address and your property is connected to city water and/or sewer.
- You believe your income is within the 80% of the Area Median Income as per information attached to this application.
- Your request for rehabilitation might meet the program priority list** (**Please review page 4 to see the priority list)

If you answered "yes" to the aforementioned statements, continue with this application. Please use ink.

HEAD OF HOUSEHOLD, primary applicant

Use this section to verify information about the primary owner of record that appears on the deed of the house. If there is more than one owner, use additional section in next page.

Address:			Ye	ears living at this a	address:	
Phone #:	Can we text you	? Yes	s No	Gender:		
Email:			Pers	on w/Disability:	Yes	No
Social Security #:			Single-par	ent household:	Yes	No
Date of Birth:				Veteran:	Yes	No
Race	Ethnicity	N	Marital Status	E	ducation	
White	Hispanic		Single	Below	high school	ol
Black/African Am.	Not Hispanic		- Married	High S	chool / Equ	uivalent
Asian	Chose not to respond		- Separated	Associ	ate Degree	ā
Other			_	Bache	lor's Degre	e
Chose not to respond				Gradu	ate Degree	2

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Name Phone #: Email: Date of Birth: Social Security #			Can we text you?	Yes	No	Person w/	Gender: _ 'Disability: Veteran:	Yes Yes	No No
Race White Black/African Am. Asian Other Chose not to respon		Ethni Hispani Not His Chose r	ic	Ma	arital Status Single Married Separated	- - - -	Below High So Associa Bachel	ducation high schoo chool / Equ ate Degree or's Degree ate Degree	uivalent e e
	R HOUSEHOL								
Use this section to list all o	other occupar	nts of your hou	usehold (children, rela	atives,	etc.) living	with you:			
	Full Na	me		(Gender	Age	f	Relationshi	p
				1					
Use this section to provide employer whether part of Administration, etc.		n about incom							
Name of Employer						F	Phone #		
Hourly Rate/Salary						Frequenc	y of pay		
Average Overtime						Bonus A	Amount		
Position						Hi	re Date		
Do you receive Social Sec	curity Benefit	s? Yes	No	W	hat's the ar	nount?			
Do you receive Disability	Benefits?	Yes	No	W	hat's the ar	nount?			
Do you receive a Pension	1?	Yes	No	W	hat's the ar	nount?			
Do you receive Child Sup	port?	Yes	No	Amou	nt and freq	uency?			

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Co-Applicant INCOM	ΛE						
Name of Employer	-		Phone #				
Hourly Rate/Salary			Frequency of pay				
Average Overtime			Bonus Amount				
Position			Hire Date				
Do you receive Social Security Benefits?	Yes	No	What's the amount?				
Do you receive Disability Benefits?	Yes	No	What's the amount?				
Do you receive a Pension?	Yes	No	What's the amount?				
Do you receive Child Support?	Yes	No	Amount and frequency?				
Other Household INC	OME						
Use this section to provide information abo		e received by	other household members.				
Household Member Name			Name of employer				
Hourly Rate/Gross Salary			Frequency of pay				
Overtime Hours			Bonus Amount				
Other Income/benefit? Yes	No		Amount & frequency				
Household Member Name			Name of employer				
Hourly Rate/Gross Salary			Frequency of pay				
Overtime Hours			Bonus Amount				
Other Income/benefit? Yes	No		Amount & frequency				
About the Property This section asks questions about known factors	ts of your	property. If y	you do not know the answers, mark them with N/A (non-applicable)				
When did you buy your home? _ Home built before 1978?			Are you aware if there has ever been a fire? Is your home located in a historical district?				
Appraised value of your home			Are there any lead-based paint issues known?				
Home located in a floodplain area?			Have you received Help-a-House assistance before?				
This section asks questions about your mort	gage and	other proper	ty payment obligations.				
your mortgage			about your mortgage payment				
Do you have a mortgage?			Amount of mortgage payment				
What is the balance?			Does it include taxes & insurance?				
property tax paymen	ts		homeowner's insurance				
Yearly property tax payments			Yearly amount of insurance				
Are you current?							

Rehabilitation PRIORITY LIST

Help-A-House M Program adheres to the following priority rehab list. You may request repairs/rehab items from any priority list but if any items from the first two priorities are discovered during our initial inspection, these must be addressed in the rehabilitation scope. Please note that while you may request several items below, Help-a-House cannot and will not fix every single that's not working properly in your home. If your property has major structural deficiencies or has several code violations, it is possible that Help-a-House might not be able to assist at all. We have budget caps that need to be taken into consideration. The items that you request below will be inspected by a Lacasa Construction Manager and a preliminary rehabilitation scope of work will be provided and presented to you. Lacasa will only initiate repairs/rehab until after you express intent to proceed, and the City and regulatory entities have approved the project.

Please include a checkmark next to the home repairs/rehab you need, then write an explanation of how that problem situation has developed in your home. You may add as many details as you deem important that may allow us to understand what is happening and why you need it addressed.

Electrical System	Des	scription:
Gas Lines		
Heating System		
Modifications for Handid	сар	
accessibility		
Priority 2. These include	items which affect th	he structural integrity and energy efficiency of the house
Roof	Des	scription:
Foundation		
Insulation		
the structure of the hou	SP	
the structure of the flow		
Duinnitus 2. The annius also de	:+	he value of the neighborhood
Friority 5. These include	items which affect ti	ne value of the neighborhood
Soffits and Gutters	Roof	Description:
Exterior Painting	Siding	
Exterior Doors	Windows	
Driveways	Sidewalks	
· · · · · · · · · · · · · · · · · · ·		
Priority 4. These include	major systems which	n make the house more livable
·		h make the house more livable
Heating		h make the house more livable scription:
·		

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Acknowledgments & Agreements

Definitions: "Lender" represents the City of Goshen and includes the Lender's agents (i.e. Lacasa, Inc.) and any of their successors and assigns. "Borrower" represents you, and all other owners of record who have a vested interest in the property that is subject to repairs/rehab under this program.

I/We agree to, acknowledge, and represent the following:

- The information provided in here is true, accurate and complete as of the date I/We signed this application
- If the information I/We submitted changes or I/We have new information before loan approval, I/We must change and supplement this application
- Approval of this loan is subject to an inspection of my/our home to determine rehab feasibility, cost and adherence to the priority rehab requirements
- Approval is contingent upon availability of funds by the City of Goshen
- Any intentional or negligent misrepresentation of information may result in a denial and ineligibility for future applications

By signing below, I/We expressly authorize the Lender and Lacasa, Inc. to obtain, use and share with each other,

- The information in this application and related information and documentation provided as part of this application
- A consumer credit report on me/us, and information necessary to carry the actions listed below,
- The process and underwriting of my/our loan
- Perform an audit, quality control and legal compliance reviews
- Obtain a property report
- Other actions permissible under applicable law

SIGNATURES & AU	THORIZATION	*all owners of record must sign*				
Signature (applicant)	Date	Signature (co-applicant)	Date			
		www.lacasainc				
Lacasa works with individuals and opportunity for personal empo	, ,	202 N. Cottage Ave. 0 (574) 533-445				

Documents Needed

Proof of Ownership

■ Copy of your Warranty Deed

If you cannot find it, you may go to the Recorder's Office located on the second floor of the Elkhart County Administration Building 117 N. 2nd St #205 in Goshen. Expect to pay about \$1 per page. Most deeds are one or two pages.

Proof of Income

This is household income. You and each household member over the age of 18 living at the property must present the following

- Most recent Tax Returns including W2s. If you are self-employed, include all schedules.
- 4 paystubs (consecutive most recent of all house members over the age of 18 holding a job)
- For household members of the age of 18 who do not have a job,

Proof of full-time student OR Sign Zero-Income Affidavit

If applicable, for every household member regardless of age who receives the following:

- 2022 Year Social Security Award Letter
- Current Year Pension Statement
- Child/Alimony Support information for the last 12 months

Proof of Homeowner's Insurance

■ Copy of Current Homeowner's Insurance.

If your lender takes care of paying your insurance, please contact your homeowner's insurance agent and request a copy of the *Declaration Page*

Proof of Bank / Investments Activity

- Most recent monthly Bank Statements OR printout from bank (stamped and signed by Teller)
- Most recent Quarterly Statements from your 401k or any other investment you have.

Proof of Mortgage

If you have a mortgage and/or home equity line of credit, please submit:

- Most recent Mortgage Statement, showing your total monthly payment
- Most recent Home Equity Line of Credit Statement showing your total monthly payment

Income Limits

Income limits are provided by HUD and updated on a yearly basis. Most recent income limits: 2023.

Single	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8
45,950	52,500	59,050	65,600	70,850	76,100	81,350	86,600

Restrictions or limitations that may affect ability to apply

This list includes but is not limited to,

- Properties on Land Contract and Rental Units DO NOT qualify
- Mobile Homes
- Manufactured Homes built before 1991
- Properties that are uninsured, behind on payment of property taxes or behind on mortgage payments
- Properties that have negative equity
- If the applicant is under Chapter 13 Bankruptcy permission from the Trustee or Court will be required. If the Trustee or Court do not provide authorization, Help-A-House will not proceed
- If the applicant is currently on a Forbearance Agreement or other form of Foreclosure Mitigation, assistance from Help-A-House may be delayed until mortgage deficiency has been cured
- Properties that require over \$25,000 in rehab/repairs to bring them up-to-code
- Properties that have major structural deficiencies