

Help-A-HouseSM Program

2021-2022

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
- Your home is a single-family unit (duplexes are not eligible)
- 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 does not exceed 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.

| | | | |
|--------------------|-------|---------------------------------|---------------|
| Name | _____ | Years living at this address: | _____ |
| Address: | _____ | | |
| Phone #: | _____ | Can we text you? Yes No | Gender: _____ |
| Email: | _____ | Person w/Disability: Yes No | |
| Social Security #: | _____ | Single-parent household: Yes No | |
| Date of Birth: | _____ | Veteran: Yes No | |

| Race | Ethnicity | Marital Status | Education |
|---------------------------|---------------------------|----------------|-------------------------------|
| ____ White | ____ Hispanic | ____ Single | ____ Below high school |
| ____ Black/African Am. | ____ Not Hispanic | ____ Married | ____ High School / Equivalent |
| ____ Asian | ____ Chose not to respond | ____ Separated | ____ Associate Degree |
| ____ Other | | | ____ Bachelor's Degree |
| ____ Chose not to respond | | | ____ Graduate Degree |

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CO-APPLICANT

Name _____
 Phone #: _____ Can we text you? Yes No Gender: _____
 Email: _____ Person w/Disability: Yes No
 Date of Birth: _____ Veteran: Yes No
 Social Security # _____

| | | | |
|----------------------------|----------------------------|-----------------------|--------------------------------|
| Race | Ethnicity | Marital Status | Education |
| _____ White | _____ Hispanic | _____ Single | _____ Below high school |
| _____ Black/African Am. | _____ Not Hispanic | _____ Married | _____ High School / Equivalent |
| _____ Asian | _____ Chose not to respond | _____ Separated | _____ Associate Degree |
| _____ Other | | | _____ Bachelor's Degree |
| _____ Chose not to respond | | | _____ Graduate Degree |

OTHER HOUSEHOLD MEMBERS

Use this section to list all other occupants of your household (children, relatives, etc.) living with you:

| Full Name | Gender | Age | Relationship |
|-----------|--------|-----|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Primary Applicant INCOME

Use this section to provide information about income you receive from all sources. This includes income you receive from an employer whether part or full time (must include information about overtime, and bonuses if applicable), from the Social Security Administration, etc.

| | |
|--------------------------|------------------------|
| 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? _____ |

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Co-Applicant INCOME

| | | | |
|--|--------|-----------------------|-------|
| 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 INCOME

Use this section to provide information about income 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 facts of your property. If you do not know the answers, mark them with N/A (non-applicable)

| | |
|--|---|
| When did you buy your home? _____ | Are you aware if there has ever been a fire? _____ |
| Home built before 1978? _____ | 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 mortgage and other property 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 payments | homeowner's insurance |
| Yearly property tax payments | Yearly amount of insurance |
| Are you current? | Name of insurance company |

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Rehabilitation PRIORITY LIST

Help-A-HouseSM 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.

Priority 1. These include items which affect the safety and accessibility of the occupants.

- Electrical System
- Gas Lines
- Heating System
- Modifications for Handicap accessibility

Description:

Priority 2. These include items which affect the structural integrity and energy efficiency of the house

- Roof
- Foundation
- Insulation
- Plumbing leaks that damage the structure of the house

Description:

Priority 3. These include items which affect the value of the neighborhood

- Soffits and Gutters
- Exterior Painting
- Exterior Doors
- Driveways
- Roof
- Siding
- Windows
- Sidewalks

Description:

Priority 4. These include major systems which make the house more livable

- Heating
- Plumbing
- Electrical

Description:

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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 & AUTHORIZATION

all owners of record must sign

Signature (applicant)

Date

Signature (co-applicant)

Date

Lacasa works with individuals and community partners to create opportunity for personal empowerment, family stability and neighborhood vitality.

www.lacasainc.net
202 N. Cottage Ave. Goshen, IN
(574) 533-4450



Documents Needed

Proof of Ownership

- Copy of your recorded 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: 2021.

| Single | Family of 2 | Family of 3 | Family of 4 | Family of 5 | Family of 6 | Family of 7 | Family of 8 |
|--------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 37,800 | 43,200 | 48,600 | 54,000 | 58,350 | 62,650 | 67,000 | 71,300 |

Restrictions or limitations that may affect ability to apply

This list includes but is not limited to,

- Properties on Land Contract, Rental Units and properties with more than one dwelling unit 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