



***A home repair program for Hamilton County***

Dear Hamilton County Homeowner:

Greetings! HAND Inc., a non-profit community development organization, is offering a comprehensive, county-wide home repair program designed to help homeowners live in healthy, safe and attractive housing. Through this program, we hope to build relationships and address housing issues. In partnership with residents, neighborhood associations, government and community agencies, especially Habitat for Humanity of Hamilton County, we want to revitalize and restore the housing conditions for existing homeowners. We hope you'll consider working with us.

Everyone is welcome to request an application or a free consultation about this program. At any time during the application or interview, you can withdraw from the program without consequence. There is no cost to apply, but there are several eligibility requirements for our repair program:

- **Income:** The household must have an annual income of approximately less than:
  - a. 1 person household – \$36,500
  - b. 2 person household – \$41,700
  - c. 3 person household – \$46,900
  - d. 4 person household – \$52,100
  - e. 5 person household – \$56,300
- **Ownership and Property Taxes:** You must be the owner of record and must be living there. Property taxes must be current. Contract buyers are excluded.
- **Location:** Your home must be located within Hamilton County.

To participate in the program, please complete Application – Part A and return it to HAND, Inc. Also, review the list of “Additional Information for Application Process” so that you can begin to gather any of the applicable information.

For additional information, please contact:

Michelle Westermeier  
Housing Coordinator  
HAND, Inc.  
347 S. 8<sup>th</sup> St., Suite A  
Noblesville, IN 46060  
(317) 674-8108  
michelle@handincorporated.org  
www.handincorporated.org

***Helping HAND***  
**Additional Information for Application Process**

Please complete Application – Part A and return to HAND, Inc. HAND staff will review the application and discuss with you any additional information you may need to provide. Below is a list of possible information necessary to confirm eligibility for the program. Please review the list and feel free to begin gathering any of the applicable items in order to keep the application process moving smoothly:

**WHAT YOU MIGHT NEED TO PROVIDE WHEN WE REVIEW YOUR APPLICATION:**

- \_\_\_\_\_ Copies of driver license(s) and social security card(s) for all adults
- \_\_\_\_\_ Copies of most recent pay stubs (The past month, or 2-3 pay stubs)
- \_\_\_\_\_ Copy of divorce decrees and agreements, if applicable
- \_\_\_\_\_ Copies of checks or other proof of receipt of child support or alimony for past 12 months
- \_\_\_\_\_ Copies of bank statements for the last three months on all savings and checking accounts
- \_\_\_\_\_ Copies of brokerage account statements for the last 3 months
- \_\_\_\_\_ Copies of all installment loans, monthly payments and number of months left
- \_\_\_\_\_ Copies of all auto loans, with monthly payments and the number of months left
- \_\_\_\_\_ Copies of mortgage/warranty deed
- \_\_\_\_\_ Copies of insurance
- \_\_\_\_\_ Copies of all outstanding debts that would apply to the verification of this application
- \_\_\_\_\_ Copy of bankruptcy discharge or debtor notice and all related schedules, if applicable



**APPLICATION**  
*(Part A)*

**APPLICANT INFORMATION**

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Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

\_\_\_\_\_  
(Address) (City, State, Zip)

\_\_\_\_\_  
Home Phone Number Work Phone Number Social Security Number

Marital Status: \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Unmarried (includes single, divorced, widowed)

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**CO-APPLICANT INFORMATION**

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Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

\_\_\_\_\_  
(Address) (City, State, Zip)

\_\_\_\_\_  
Home Phone Number Work Phone Number Social Security Number

Marital Status: \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Unmarried (includes single, divorced, widowed)

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List the names and ages of ALL people at this address (consider all who can/do receive mail at this address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Anticipated Work to Be Completed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Helping HAND APPLICATION**

<b>Applicant Income Sources</b>	<b>Possible Income:</b>  <input type="checkbox"/> Employment _____ <input type="checkbox"/> Social Security _____ <input type="checkbox"/> Retirement _____ <input type="checkbox"/> Unemployment _____ <input type="checkbox"/> Child Support _____ <input type="checkbox"/> Alimony _____ <input type="checkbox"/> Other (Please List) _____  _____ _____ _____
<b>Co-Applicant Income Sources</b>	<b>Possible Income:</b>  <input type="checkbox"/> Employment _____ <input type="checkbox"/> Social Security _____ <input type="checkbox"/> Retirement _____ <input type="checkbox"/> Unemployment _____ <input type="checkbox"/> Child Support _____ <input type="checkbox"/> Alimony _____ <input type="checkbox"/> Other (Please List) _____  _____ _____ _____
<b>Others in Household (list names below)</b>	<b>Possible Income:</b>  <input type="checkbox"/> Employment _____ <input type="checkbox"/> Social Security _____ <input type="checkbox"/> Retirement _____ <input type="checkbox"/> Unemployment _____ <input type="checkbox"/> Child Support _____ <input type="checkbox"/> Alimony _____ <input type="checkbox"/> Other (Please List) _____  _____ _____ _____

\_\_\_\_\_ Applicant Signature Date

\_\_\_\_\_ Co-Applicant Signature Date