

Application Instructions

This application includes three documents:

1. General Ramp Up Application
2. Certification of Categorical Income Eligibility
3. Income Certification Questionnaire

Each household will complete one **#1 General Ramp Up Application**. Depending on your household situation, you will EITHER complete **#2 Certification of Categorical Income Eligibility** OR **#3 Income Certification Questionnaire**.

If someone in your household can verify and document that they are a current beneficiary of one of the following programs, then each household member should complete the **#2 Certification of Categorical Income Eligibility**:

- SNAP (Supplemental Nutrition Assistance Program) also known as Food Stamps
- HIP (Healthy Indiana Plan)
- SSI (Supplemental Security Income), not Social Security
- TANF (Temporary Assistance for Needy Families)
- WIC (Special Supplemental Nutrition for Women, Infants, and Children)
- LIHEAP (Low Income Home Energy Assistance Program)
- LIHWAP (Low Income Household Water Assistance Program)

If no one in your household receives any of the benefits listed above, then each household member should complete the **#3 Income Certification Questionnaire**. Any income you list on this form and in the application must be submitted with proof such as pay stubs, social security statement of benefits, retirement statement, veteran benefits, etc. Remember to sign every form!

Submitting Proof of Income and Homeownership: If you have access to a printer, you can make copies of your proof of income and homeownership and bring them in with your application. If you don't have printer access, you can email pictures of your proofs to athompson@habitatsei.org. If you don't have email access, you can bring your proofs to the office and we will copy or scan the documents for you.

Consult this checklist before submitting your application:

- Complete all sections of this application
- Sign** the application (Section 4, Page 3)
- Submit proof of homeownership (*such as property deed, mortgage statement, or property tax receipt showing homeowner's name and address*)
- Submit proof of income for each household member (*such as two months' paystubs, current monthly Social Security statement, most recent tax statements, etc.*)
- Complete and **sign** the Certification of Categorical Income Eligibility **OR** the Income Certification Questionnaire. Remember, each member of your household must fill out one of these two forms.

Thank you for your interest in the Ramp Up Program!

Bring or mail your completed forms & documentation to:

Habitat for Humanity of Southeast Indiana

931 Lanier Drive, Madison, IN 47250

Or e-mail to **Amanda Thompson:**

athompson@habitatsei.org

Any questions? Please call our office at (812)274-0468



Ramp Up Application

Submit Completed Form To:
HFH SEI
931 Lanier Drive
Madison, IN 47250
tel (812)265-9697
athompson@habitatsei.org

SECTION 1 – Homeowner Information

Applicant Name: _____ Age: _____

Co-Applicant Name: _____ Age: _____

Primary Phone No: (____) _____ Secondary Phone No: (____) _____

Email: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

County: _____ How many years have you lived at this address: _____

List the names, ages, and relationship to the homeowner of all the people living in the home: *

**You may attach an additional page if more space is needed*

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Is there anyone in the household who has served – or is currently serving—in the military?

Please Circle: Yes No

Is there anyone in the home who is currently disabled?

Please Circle: Yes No

If yes, please specify:

Is translation needed?

Please Circle: Yes No

If so, what language?



SECTION 2 – Household Income & Debt Information

Income Information (includes wages, Social Security/SSI, pension, etc.)

You must attach verification of all HOUSEHOLD income for each adult in the home, unless a full-time student (with proof of registration) and/or benefits for children. See checklist in Section 5 for more information.

Monthly income—before taxes—for each member of the household over 18 years of age.

Household member #1: \$ _____ Household member #2: \$ _____

Household member #3: \$ _____ Household member #4: \$ _____

Total combined income before taxes for ALL persons living in the home is \$ _____ per year.

Asset Information (include 401ks, IRAs, savings, CDs, land, etc.)

Current value of:

401K and/or IRA accounts: \$ _____ Savings: \$ _____

Other assets: \$ _____

If “other” please describe:

Mortgage

Are you still paying a mortgage? Yes No If yes, your payment is \$ _____/month

Other Debts

Auto Loan: \$ _____ Credit Card(s) Balance: \$ _____

Medical Expenses: \$ _____ Other: \$ _____

If “other” please describe:

SECTION 3 – Privacy Information

SHARING YOUR PERSONAL INFORMATION

If your application is a more appropriate fit with another program or organization, may we share it with them?

YES NO

Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give HFHJCI you consent to share the information you provide on this application with similar organizations, if we are not able to assist you.

MEDIA AND PUBLICITY

1.) Where did you learn about the Ramp Up Program?

2.) Habitat depends largely on community support to provide affordable housing services. If HFHJCI selects your house to for the Ramp Up program, pictures of your home may be taken and shared with Habitat supporters.

YES, I agree. NO, I disagree.

SECTION 4 – Authorization to Release Information

I confirm that the information on this application is accurate and that I own the property at the address given on this application. In addition, I understand that this program is intended to provide accessibility to existing housing and that I have no present intention to move or offer my home for sale for at least three years.

I confirm that my home is a safe place for Habitat staff and volunteers.

I authorize HFHSEI to verify any information that I have provided on this application, including verification of income and/or assets, credit worthiness, criminal history, and any other information deemed necessary in connection with a consumer credit report for a real estate transaction.

Applicant Name *(please print)*

Signature

Date of Birth

Co-Applicant Name *(please print)*

Signature

Date of Birth

Did someone assist you with this application? If so, please provide their contact information:

Name *(please print)*

Relationship to Applicant

Phone Number

**Certification of Categorical Income Eligibility
Ramp Up Indiana Program**

***A separate form must be completed by each adult member of the household. Grantee must obtain verification that household member is enrolled in qualifying benefit program (e.g., benefit letter or card).**

Name: _____

I certify that I am a beneficiary of the following programs. Check all that apply:

YES ___ NO___ Supplemental Nutrition Assistance Program (SNAP)

YES ___ NO ___ Healthy Indiana Medicaid Plan (HIP)

YES ___ NO___ Supplemental Security Income (SSI)

YES___ NO___ Temporary Assistance for Needy Families (TANF)

YES___ NO___ Special Supplemental Nutrition for Women, Infants, and Children (WIC)

YES___ NO___ Low Income Home Energy Assistance Program (LIHEAP)

YES___ NO___ Low Income Household Water Assistance Program (LIHWAP)

Under penalties of perjury, I certify that the information presented in this Certification is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Signature: _____

Date: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

RENTAL ASSISTANCE

YES NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/> <input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

3. <input type="checkbox"/> <input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____



YES NO

MONTHLY GROSS INCOME

<p>5. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
<p>6. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive unemployment benefits.</p>	<p>\$ _____</p>
<p>7. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Veteran’s Administration, GI Bill, or National Guard/Military benefits/income.</p>	<p>\$ _____</p>
<p>8. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments</p>	<p>\$ _____</p>
<p>9. <input type="checkbox"/> <input type="checkbox"/></p>	<p>The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).</p>	<p>\$ _____</p>
<p>10. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive disability or death benefits other than Social Security.</p>	<p>\$ _____</p>
<p>11. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payment from lottery winnings.</p>	<p>\$ _____</p>
<p>12. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Public Assistance Income (examples: TANF) DO NOT INCLUDE FOOD STAMPS</p>	<p>\$ _____</p>
<p>13. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive child support payments through court order or other agreement. If yes, from how many persons do you receive support? _____</p>	<p>\$ _____ (amount received)</p>
<p>14. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive alimony/spousal maintenance payments</p>	<p>\$ _____ (amount received)</p>
<p>15. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements. If yes, list sources: 1) _____ 2) _____</p>	<p>\$ _____ \$ _____</p>
<p>16. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive income from real or personal property.</p>	<p>(Use <u>net</u> earned income) \$ _____</p>



YES <input type="checkbox"/>	NO <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.).	\$_____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>		
18. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form if my entire household is claiming zero income	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES <input type="checkbox"/>	NO <input type="checkbox"/>		INTEREST RATE	CASH VALUE
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____%	\$ _____



YES NO		INTEREST RATE	CASH VALUE
24. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____



YES NO		INTEREST RATE	CASH VALUE
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through a crowdfunding platform (e.g., GoFundMe)		CURRENT BALANCE \$ _____
34. <input type="checkbox"/> <input type="checkbox"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment</p> <p>If yes, list type below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>		\$ _____ \$ _____ \$ _____
35. <input type="checkbox"/> <input type="checkbox"/>	I received a federal tax refund or refundable tax credit in the past 12 months.		AMOUNT RECEIVED \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

 PRINTED NAME OF APPLICANT/TENANT

 SIGNATURE OF APPLICANT/TENANT

 DATE

