

City of Montpelier, Indiana Housing Preservation Grant (HPG) Program
Ultimate Recipient Application

Applicant Information

Applicant Name: _____

Co-Applicant Name (if applicable): _____

Property Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Number of Persons Living in Household: _____

Section 1 — Property Information

1. Ownership Status

- Owner Occupied
- Life Estate Holder
- Other: _____

2. Type of Dwelling

- Single Family Home
- Manufactured Home
- Duplex
- Other: _____

3. Year Home Was Built (Approximate):

4. Is this your primary residence?

- Yes
- No

5. Do you currently have homeowners insurance?

- Yes
- No

6. Are property taxes current?

- Yes
- No

7. Have you received housing repair assistance before?

- Yes
- No

If yes, explain: _____

Section 2 — Household Income & Demographic Information

The application form includes demographic data and information collection fields consistent with federal reporting requirements. Applicants are invited to voluntarily provide the following information:

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Sex/Gender

- Female
- Male
- I do not wish to provide this information

This application also includes the following voluntary disclosure statement:

“The following information is requested by the Federal Government to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program. Submission of this information is voluntary and is not required for consideration of your application. The information will not be used in evaluating your application or to discriminate against you in any way. However, if this information is not provided, the sponsoring agency may be required to record the applicant’s race, ethnicity, and sex based on visual observation or surname.”

Please list all household members and income sources.

Household Member Name	Age	Relationship	Gender	Race/Ethnicity	Monthly Income Source	Monthly Income Amount

Total Household Monthly Income: \$_____

Total Household Annual Income: \$_____

Section 3 — Housing Repair Needs

Please check all repairs needed in the home.

Health & Safety

- Roof Repair/Replacement
- Plumbing Repair
- Electrical Repair
- Heating System Repair
- Water Heater Repair
- Foundation Repair
- Smoke Detectors
- Mold/Mildew Issues

Accessibility Improvements

- Wheelchair Ramp
- Grab Bars
- Bathroom Modifications
- Wider Doorways

Energy Efficiency

- Windows
- Insulation
- Doors
- Weatherization

Other Needed Repairs

Describe the major problems with the home:

Section 4 — Priority Considerations

Please check all that apply.

- Applicant is age 62 or older
- Household includes person(s) with disability
- Household includes children under 18
- Veteran household
- Emergency health/safety condition exists
- Home currently lacks safe heating/plumbing/electricity
- Household income is very low-income

Section 5 — Required Documentation Checklist

Please attach copies of the following documents:

- Proof of Ownership (Deed/Title/Tax Bill)
- Proof of Income for all household members
- Government Issued Identification
- Proof of Homeowners Insurance (if applicable)
- Property Tax Verification
- Photos of Needed Repairs (if available)

Section 6 — Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in denial of assistance.

I authorize the Housing Preservation Grant Program administrator to verify all information necessary to determine eligibility.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Program Use Only

Date Application Received: _____

Application Number: _____

Income Eligibility Verified:

Yes No

Property Eligibility Verified:

Yes No

Inspection Completed:

Yes No

Priority Ranking Score: _____

Approved:

Yes No

Amount Approved: \$ _____

Reviewer Name: _____

Reviewer Signature: _____

Date: _____