



**2020**  
**ACCESSIBILITY MODIFICATIONS PROGRAM**  
**(AMP)**

AMP is to help eligible households with accessibility modifications to their home, giving them better access and ease of mobility throughout the home.

**HOMEOWNER INFORMATION**

\*The applicant must own and occupy the home in need of repair\*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

How long have you owned this home?: \_\_\_\_\_

Have you received FHLBI grant funds (HOP,NIP,AMP,DRP) in the past 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you applied for FHLBI funds with any other organization this program year? \*\* YES \_\_\_\_\_ NO \_\_\_\_\_

<b>HOUSEHOLD MEMBERS</b>				
Please list everyone who lives in this home, including the homeowner. <i>For AMP, all residents must be either (1) age 62 or older; (2) age 62 or older and age 17 or younger; or (3) one person must have a permanent disability.</i>				
Name	Position in Household	Age	Income Source(s)* (see below)	Annual Income
1)	Primary			\$
2)				\$
3)				\$
4)				\$
5)				\$
6)				\$
<b>Total Household Income</b>				\$

**\*Income Sources (Above, please list the corresponding letter of the type of income received):**  
 A. Social Security    C. Interest/Dividends    E. Disability    G. Other  
 B. Pension/Annuity    D. Earned Income from job(s)    F. Child Support

Please provide documentation for all sources of income for all household members. Applications received without documentation or with only partial documentation will not be processed until all documents are received.

**\*\*Households may only submit one application per program year.**

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**80% AMI for Household**

**Total # in Household:** \_\_\_\_\_ **Size:** \_\_\_\_\_

**Census Tract #:** \_\_\_\_\_

## HOME REPAIRS

From the eligible repairs below, please list, in the order of importance, the repairs needed on your home:

1)	4)
2)	5)
3)	6)
<b>Eligible Accessibility Modification Repairs:</b> ·Entry Ramp ·Widened Door Ways ·Internal Chair Lift ·Bathroom Modifications: i.e. Walk-in shower ·Smoke Detectors ·Levered Door Handles ·Relocation of Laundry to Main Level	<b>Other NIP Eligible Repairs:</b> ·Gutters ·Soffit/Fascia ·Exterior Doors ·Water Heater ·Insulation/Caulking ·Electrical (replace knob-and-tube wiring only)

**Please answer the following:**

Do you have a mortgage on your home?	YES	NO
If yes, are your payments current?	YES	NO
Do you have homeowner's insurance on the home?	YES	NO
Are the property taxes paid and current?	YES	NO
Is there anyone on the deed of the home that is not living in the home?	YES	NO
If yes, what is their relationship to the homeowner?	_____	

## HOMEOWNER ACKNOWLEDGEMENT

**By signing this application, I hereby certify and understand that:**

- 1) I own and occupy the home referenced as my primary residence;
- 2) All occupants of the home have been listed on this form;
- 3) Funds are available on a first-come, first-serve basis and there is no guarantee I will receive funds;
- 4) It is my responsibility to provide, at a minimum, two independent third-party bids for the requested repairs;
- 5) If I qualify, it is my responsibility to choose the contractor who completes the repairs;
- 6) The maximum amount available per household under AMP is **\$11,000**;
- 7) NIP repairs cannot exceed 50% of the cost of AMP repairs, the combined amounts shall not exceed **\$11,000**;
- 8) I have not received a grant from any FHLBank in the last 5 years;
- 9) All statements on this application are true and accurate.

x

Homeowner Signature	Printed Name	Date
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x

Homeowner Signature	Printed Name	Date
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DATE RECEIVED: \_\_\_\_\_