MUNCIE

Lead Hazard Reduction Program

ICAP **PathStone**
Connecting You to Opportunities

Application Form

Please return this form and copies of additional information to either:

- **Margaux Dever to mdever@pathstone.org or 420 S. High #101, Muncie, Indiana 47305**
- **Holly Lee to hlee@icapcaa.org or 407 W. Main, Muncie, Indiana 47305**

Demographic Information

The information listed on this page is for purposes of statistical reporting for the U.S. Department of Housing and Urban Development ("HUD"), Indiana Housing and Community Development Authority ("IHCDA") and the City of Muncie Office of Community Development **ONLY**. ICAP/PathStone is an equal housing opportunity organization. ICAP/PathStone does not discriminate on the basis of an applicant's race, color, creed, religion, sex, national origin, or family composition.

1. Number of Persons in Household: _____

2. Is the head of household age 62 or older? ☐ Yes ☐ No

3. Is this a Hispanic Household? ☐ Yes ☐ No

4. Does an individual in this household have a disability or handicap? ☐ Yes ☐ No

5. Ethnic Background: (please check one)

White	☐ 11
Black/African-American	☐ 12
Asian	☐ 13
American Indian/Alaskan Native	☐ 14
Native Hawaiian or Pacific Islander	☐ 15
American Indian/Alaskan Native & White	☐ 16
Asian & White	☐ 17
Black/African American & White	☐ 18
American Indian/Alaskan Native & Black/African American	☐ 19
Other Multi-Racial	☐ 20
I Choose Not To Provide	☐ 21

ihcda
Indiana Housing & Community Development Authority

MUNCIE

Lead Hazard Reduction Program

Household Information

Applicant
Please Print Clearly

Name:_____ *

       First   *MI*   *Last*

*Please attach a copy of a government issued ID such as a driver's license or social security card

Phone Contact: Home or Mobile/Cell (____) _____-_____   Alternate: (_____) _____-_____

Email:_____

Social Security Number: _____-_____-_____   Birth Date _____/_____/_____

Veteran: ☐ Yes ☐ No

Household Members at Risk from Lead Hazard:

Child(ren) under six (6) year of age living in household: ☐ Yes   ☐ No   *How many?_____*

Child(ren) under six (6) year of age visiting household: ☐ Yes   ☐ No

    If Yes: *Two (2) hours or more per week:* ☐ Yes   ☐ No

                    OR

           Sixty (60) hours or more per year: ☐ Yes   ☐ No

Is a member of the household currently pregnant? ☐ Yes   ☐ No

Household Members other than Applicant
Please Print Clearly

Name	Relationship	Age

Household size (total number of people, adults and minors, living in the same house):_____

Household Type *(Please circle the most accurate)*

1. Female head single parent household   2. Male head single parent household 3. Single Adult

4. Two or more unrelated adults   5. Married with children   6. Married without Children   7. Other

Employment Information

Are you currently employed? ☐ Yes ☐No

If Yes:

Employer: _____

Employer Address: _____

| | Street | City | State | Zip Code |

Phone: (_____) _____-_____

Title _____   Hire Date: _____/_____/_____

Part Time ☐ Full Time ☐   Hourly pay rate $ _____   Hours per week _____

Income Information

Type of Income**	Applicant *Total Monthly Amount*	Adult Household Members *Total Monthly Amount*
Wages/Salary		
Tips/Commissions/Bonuses		
Self-employment Income		
Pension Income		
Social Security		
Disability Income		
Receiving Alimony/Child Support		
Income from Rental Properties		
Public Assistance (TANF etc.)		
Unemployment Benefits		
Veteran Benefits		
Other		

***Please provide copies of documents for each type of income** (For example: check stubs for wages/salary, deposit statements for unemployment, or benefit letters for social security)*

Do you expect any changes to your income in the next 12 months? ☐ Yes ☐No

If Yes: *Please Explain:_____*

Are you currently in Chapter 13 bankruptcy? ☐ Yes ☐No

If Yes: *How much is the payment? $ _____*

Have you had a Chapter 7 bankruptcy? ☐ Yes ☐No

If Yes: *When was it discharged? _____/_____/_____*

Asset Information

- Do you have a Checking Account? ☐ Yes ☐No

    If Yes, Balance $ _____ Bank: _____

- Do you have a Savings Account? ☐ Yes ☐No

    If Yes, Balance $ _____ Bank: _____

- Do you have a Direct Deposit Card? ☐ Yes ☐No

    If Yes, Approximate Cash Value: $ _____

- Do you have any of the following: ☐ Yes ☐No

    - Certificate of Deposit, Mutual Funds, Trust Fund, Stocks, Bonds, Treasury Bills, Annuity, Whole Life Insurance, Money Market, IRA, Company Retirement account?

    If Yes, type of asset(s) _____ Approximate Cash Value: $ _____

- Have you received any lump sum receipts, such as lottery winnings, inheritance, insurance settlements, or other claims? ☐ Yes ☐No

    If Yes, When? _____/_____/_____ Approximate Cash Value: $_____

- Have you sold, given away or otherwise transferred ownership of assets or property within the last two years? ☐ Yes ☐No

    If Yes, When? _____/_____/_____ Approximate Cash Value: $ _____

TOTAL OF NET HOUSEHOLD ASSETS $ _____

*** *Please provide a copy of your credit report.* *You can receive this for free from* www.annualcreditreport.com *or you can sign a credit report release form and pay a small fee for us to complete the report for you.*

Property Information

Address:_____Muncie, IN_____
    Street   *City* *State* *Zip Code*

Are you a renter or the homeowner?   ☐ Renter   ☐Homeowner

 If Renter, please provide landlord/owner information:

Owner Name: _____

Owner Address:_____
      Street   *City*   *State* *Zip Code*

Owner Contact: Phone (_____) _____-_____ Email: _____

 If Homeowner, Please provide the following:
 _____ Copy of Homeowner Insurance Policy (showing owner name, policy number and payment status)
 _____ Copy of Mortgage Statement in good standing/ Copy of Deed/ Copy of Purchase Contract

Property Information, Continued

Was the house built before 1978? ☐ Yes   ☐No   Year of construction _____

Previous Lead Inspection or Lead Risk Assessment? ☐ Yes   ☐ No ☐ Unknown

Does the property currently have: ☐ Water   ☐Heat   ☐Electricity

Does the property have active roof leaks? ☐ Yes   ☐ No ☐ Unknown

Does the property have any structural, water or pest issues? ☐ Yes   ☐ No ☐ Unknown

Does the property have any other hazards? ☐ Yes   ☐ No

If Yes, please explain: _____

AUTHORIZATION

I certify that all the information I have provided on this form is true and complete to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud, false, misleading or incomplete information may result in the termination of the application and ineligibility for the program.

_____   _____

Applicant Signature   *Date*