

# Brown County Owner-Occupied Rehabilitation Program

The purpose of this application is to develop a WAITLIST for homeowners who are interested in participating in the Brown County OOR Program. If Brown County is awarded grant funding from the Indiana Office of Community and Rural Affairs (OCRA) to establish a local home repair program, a representative from Administrative Resources association (ARa) will contact you with updates on your application status and next steps.

Any missing information will delay the application process and could affect your eligibility for the program. Additionally, all information provided will be subject to verification during the income verification process to ensure compliance with program requirements.

<b>Section 1: Applicant Contact Information</b>	
<b>NAME</b>	
<b>ADDRESS</b>	
<b>PHONE NUMBER</b>	Cell: _____ Home: _____
<b>EMAIL ADDRESS</b>	
<b>DOB</b>	

<b>Section 2: Homeownership</b>			
<b>1. Do you own your home ?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5. Do you have an active mortgage?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Is your home on a permanent foundation?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>6. Do you have home insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Do you live within Brown County limits?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7. Are your property taxes up to date?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Is the address you provided your primary residence?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. Is your home located in a floodplain?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

<b>Section 3: Home Repair Information</b>	
<b>9. Which year was your home built?</b>	ANSWER:
<b>10. How long have you owned your home?</b>	ANSWER:
<b>11. Types of Repairs</b>	<input type="checkbox"/> Roof Repair or Replacement <input type="checkbox"/> Heating/Cooling Replacement <input type="checkbox"/> ADA Accessibility Modifications to the threshold of the home <input type="checkbox"/> Water Heater Replacement

12. Enter any comments you have about the urgency of your repair request:

#### Section 4: Applicant Income Information

<p>13. What is your primary source of income? Please check all that apply.</p>	<input type="checkbox"/> Employment (full-time or part-time) <input type="checkbox"/> Social Security <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Retirement Income <input type="checkbox"/> Unemployment
14. What is your total annual household income before taxes ?	ANSWER:

#### Section 5: Household Income

15. How many people live in your home?	ANSWER:		
16. How many people over the age of 18 live in your home?	ANSWER:		
17. Please provide the following information for everyone in your home:			
Name	DOB	Income Source	Monthly Net Salary/Wages

#### Section 6: Household Composition

<p>18. What is your race/ethnicity?</p> <p>This information will be used for reporting required by the Department of Housing and Urban Development (HUD).</p>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
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<b>19. Does anyone in your household belong to the following groups:</b>	<input type="checkbox"/> Individuals with Disabilities <input type="checkbox"/> Elderly (62+ years or older) <input type="checkbox"/> Veterans Single Parent Head of Household
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## Section 6: Open Response

Your responses will be used to strengthen Brown County's application to OCRA. Please provide specific and detailed responses to ensure accurate representation of community needs.

<b>20. Does your current income or employment status impact your ability to make necessary home repairs?</b>	
<b>21. Do you have ongoing housing issues that have persisted over the past 3-5 years?</b>	
<b>22. Do you have any health or safety concerns related to your home?</b>	

By signing and returning this application, I pledge the following:

- I certify that all information provided in this document is true and accurate to the best of my knowledge.
- I authorize Brown County Government and its representatives to verify any information contained herein.
- I understand that if I receive assistance, I must comply with all program requirements, including future income verifications and home inspections.
- I acknowledge that providing incomplete or inaccurate information may result in delays or disqualification from the program.
- I understand that I must allow a licensed home inspector to conduct both an initial and final inspection of my home while I am present.
- I acknowledge that I do not have the option to select the contractor assigned to perform work on my home.
- I understand that radon testing and mitigation are required for this program and will be provided at no cost to the homeowner.

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Applicant Signature

Date