# Marion Home Repair Assistance Program

*Preliminary Application*

This short form helps us see whether you may qualify for up to $25,000 in critical home repairs (roof, heating and cooling, electrical, water heater, and accessibility). It is not the full application and does not guarantee assistance. Eligible homeowners will be invited to complete the full application during the open application period. Questions or need help? Call (765) 662-1574. A friend, family member, case manager, or care worker may fill this out on a homeowner's behalf.

## SECTION 1: Contact Information

Homeowner name: _____ Date of birth: _____

Phone: _____ Email: _____

Home address: _____ ZIP: _____

Best way/time to reach you: _____

☐ I am completing this on behalf of the homeowner. My name: _____ Relationship: _____

## SECTION 2: Eligibility

Please answer each question.

1) Do you own the home and live in it as your primary residence? ☐ Yes ☐ No

2) Is the home located within the City of Marion city limits? ☐ Yes ☐ No

3) Do you have current homeowners insurance on the home? ☐ Yes ☐ No

4) Are you current on your property taxes? ☐ Yes ☐ No

5) Do you have a mortgage on the home? ☐ Yes ☐ No

6) Does anyone in the household receive SNAP, SSI, or TANF benefits? ☐ Yes ☐ No

If you have a mortgage, is it current? ☐ Yes ☐ No ☐ N/A

7) Number of people living in the home: _____ Total yearly household income (all members): $ _____

**8) Find your household size below. Is your total yearly household income at or below the amount shown?**

| 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
|---|---|---|---|---|---|---|---|
| $47,500 | $54,300 | $61,100 | $67,850 | $73,300 | $78,750 | $84,150 | $89,600 |
| ☐ At/below ☐ Above | ☐ At/below ☐ Above | ☐ At/below ☐ Above | ☐ At/below ☐ Above | ☐ At/below ☐ Above | ☐ At/below ☐ Above | ☐ At/below ☐ Above | ☐ At/below ☐ Above |

*Limits are 80% of Area Median Income, HUD FY 2026 Income Limits, Grant County, Indiana. Income will be verified if you are invited to apply.*

## SECTION 3: Home and Repair Needs

Year home was built (approx.): _____ Built before 1978? ☐ Yes ☐ No ☐ Don't know

**Which repairs does your home need? Check all that apply.**

☐ Roof repair or replacement

☐ Heating replacement

☐ Cooling (A/C) replacement

☐ Lighting and electrical upgrades

☐ Water heater replacement

☐ Accessibility modifications (ramp, rails, bathroom)

Briefly describe the problem(s) and how long they have been going on:

## SECTION 4: Household Priority Questions

| | Yes | No | Don't know |
|---|---|---|---|
| 1) Does a person age 62 or older live in the home? | ☐ | ☐ | ☐ |
| 2) Does a person with a disability live in the home? | ☐ | ☐ | ☐ |
| 3) Does a veteran live in the home? | ☐ | ☐ | ☐ |
| 4) Does the home have an open code violation from the Marion Building Department? | ☐ | ☐ | ☐ |
| 5) Has the Grant County Health Department recorded a health or safety issue at the home? | ☐ | ☐ | ☐ |
| 6) Do any children under age 6 live in or regularly visit the home? | ☐ | ☐ | ☐ |

## SECTION 5: Documents You Can Provide

You do not need to send documents now. Check the ones you have or can get, so we know how to help you.

- ☐ Deed or property record card (proof you own the home)
- ☐ Paid property tax receipt
- ☐ Pay stubs for everyone who works (last 30 days)
- ☐ SNAP, SSI, or TANF benefit letter
- ☐ Recent bank statements
- ☐ Code violation notice (if you received one)
- ☐ Homeowners insurance declaration page
- ☐ Current mortgage statement (if you have a mortgage)
- ☐ Social Security, SSI, or disability benefit letter
- ☐ Pension, retirement, or other income statements
- ☐ Photo ID for adults in the home
- ☐ Photos of the repair problems

Need help getting any of these documents? ☐ Yes ☐ No

## SECTION 6: Certification and Signature

By signing, I confirm that the information on this form is true to the best of my knowledge. I understand that this preliminary application does not guarantee assistance, that all information will be verified if I am invited to complete the full application, and that AHC and the City of Marion may contact me about the program.

Homeowner signature: _____ Date: _____

Signature of person helping (if any): _____ Date: _____

**Return this form to:**

Affordable Housing Corporation of Marion | 812 S Washington St, Marion, IN 46953

Email: tana@ahcgrantcounty.com or mikayla.marazzi.llc@gmail.com | Phone: (765) 662-1574 | www.ahcgrantcounty.com

You may mail it, email it, drop it off at the AHC office, or ask us to complete it with you over the phone.

## FOR OFFICE USE ONLY

Date received: _____ Received by: _____ Likely eligible? ☐ Yes ☐ No

Notes: _____

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**TO BE FILLED OUT AFTER SUCCESSFUL NOTIFICATION OF FUNDING**

Date funding awarded: _____ Invited to full application (date): _____

Invitation sent by: ☐ Email ☐ Phone ☐ Mail Full application received (date): _____