

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.

- | | |
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| ☐ Deed or property record card (proof you own the home) | ☐ Homeowners insurance declaration page |
| ☐ Paid property tax receipt | ☐ Current mortgage statement (if you have a mortgage) |
| ☐ Pay stubs for everyone who works (last 30 days) | ☐ Social Security, SSI, or disability benefit letter |
| ☐ SNAP, SSI, or TANF benefit letter | ☐ Pension, retirement, or other income statements |
| ☐ Recent bank statements | ☐ Photo ID for adults in the home |
| ☐ Code violation notice (if you received one) | ☐ 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
Mikayla Marazzi | (765) 662-1574 | mikayla.marazzi.llc@gmail.com | 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:

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):