





**Southeastern Indiana
Community Preservation &
Development Corporation**

SICPDC HOMEBUYER PROGRAM APPLICATION

Address of Interest:				
APPLICANT				
Name (First, Middle, Last):				
Address:	Street	City	State	Zip
Phone Number:		Email Address:		
Social Security Number:		United States Citizen: Yes No		Date of Birth:
Driver's License #:		Employer:		
State Driver's License is issued:		Current Student in Higher Education? Yes No		
First-time homebuyer? Yes No		Elderly (62+)? Yes No		Public Servant? Yes No
Single Parent? Yes No		Disabled? Yes No		(Police/Fire/EMT/EMS)
Survivor of Domestic Violence? Yes No		Veteran? Yes No		
CO-APPLICANT				
Name (First, Middle, Last):				
Address:	Street	City	State	Zip
Phone Number:		Email Address:		
Social Security Number:		United States Citizen: Yes No		Date of Birth:
Driver's License #:		Employer:		
State Driver's License is issued:		Current Student in Higher Education? Yes No		
First-time homebuyer? Yes No		Elderly (62+)? Yes No		Public Servant? Yes No
Single Parent? Yes No		Disabled? Yes No		(Police/Fire/EMT/EMS)
Survivor of Domestic Violence? Yes No		Veteran? Yes No		
<p>Please continue questions on page 2</p>				
 				

DEPENDENTS					
Name First, Middle, Last	Birthdate XX-XX-XXXX	Employed	Disabled	Currently Enrolled in Higher Education	Relationship to Applicant
		Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. BY SIGNING AND SUBMITTING THIS APPLICATION, I AM AUTHORIZING THE CITY/TOWN/COUNTY AND/OR SICPDC TO CHECK MY CREDIT HISTORY, CITIZENSHIP STATUS, CRIMINAL HISTORY, INCOME STATUS, PRESENT AND PAST EMPLOYMENT AND ANY FACT INCLUDED IN THE APPLICATION DOCUMENTS. I UNDERSTAND THAT PROVIDING FALSE OR INCOMPLETE INFORMATION OF FAILING TO PROVIDE REQUIRED INFORMATION CAN RESULT IN THE DENIAL OF MY APPLICATION. IN ADDITION, FALSE OR INCOMPLETE INFORMATION COULD RESULT IN THE WITHDRAWL OF YOUR OFFER SHOULD TRUE INFORMATION BECOME APPARENT BEFORE PROPERTY CLOSING. I ALSO UNDERSTAND:

- 1) IF ANY ASSISTANCE IS PROVIDED IN THE FORM OF A SUBSIDY AT CLOSING, A LIEN WILL BE PLACED ON THE HOME FOR A 5-15 YEAR PRORATED PERIOD OF TIME.
- 2) DURING THE 5-15 YEAR PRORATED PERIOD OF TIME, I WILL PROVIDE PROOF OF PRIMARY RESIDENCE WITH A COPY OF EITHER HOMEOWNERS INSURANCE OR UTILITY BILL AS WELL AS SIGNING A FORM.
- 3) THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE SELECTION FOR PARTICIPATION IN THE PROGRAM, ACCESS TO HOMEOWNERSHIP COUNSELING, HOME SUBSIDY (DOWN PAYMENT ASSISTANCE) OR HOME PURCHASE.
- 4) APPLICATIONS ARE COMPETITIVE AND WILL BE REVIEWED AND SCORED BASED ON PROGRAM PRIORITIES. COMPLETE APPLICATIONS INCLUDE: 1) THIS COMPLETED APPLICATION 2) VERIFICATION OF ASSETS FORM 3) EMPLOYMENT VERIFICATION 4) INCOME CERTIFICATION QUESTIONNAIRE 5) STUDENT STATUS VERIFICATION (if applicable) 6) INCOME DOCUMENTATION 7) ONGOING MONTHLY EXPENSES FORM 8) 2 MONTHS of BANK STATEMENTS 9) COPY OF YOUR CREDIT REPORT.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

Please submit all documents to your realtor. For questions, please contact SICPDC at 812-750-8036





Southeastern Indiana Community Preservation & Development Corporation

Homebuyer Program Application Frequently Asked Questions

Income Limits

The program requires specific HUD income limits for the person(s) buying the home. The income limits are set per county. The following are the limits for this home.

FY 2026 Income Limit Area	FY 2026 Income Limit Category	Number of Persons in Household							
		1	2	3	4	5	6	7	8
Cincinnati, OH-KY-IN HUD Metro FMR Area*	Low (80%) Income Limits (\$)	\$61,550	\$70,350	\$79,150	\$87,900	\$94,950	\$102,000	\$109,000	\$116,050

*Dearborn County is part of the Cincinnati, OH-KY-IN Hud Metro FMR area.

PRORATED LIEN & RESTRICTIVE COVENANTS CHART-AFFORDABILITY PERIOD

A lien and restrictive covenant and homebuyer agreement documents are required with the purchase of the home. Please see the attached lien and restrictive covenant and homebuyer agreement documents that will be in effect throughout the affordability period.

Funds Per Residential Unit	Term of Lien and Restrictive Covenant
Under \$15,000.00	5 years
\$15,000.00 to \$40,000	10 years
Over \$40,000	15 years

Homeownership Counseling

Homebuyers are required to attend Homeownership counseling through a Department of Housing and Urban Development (HUD) approved counseling program. To receive the certified counseling and the required certificate, the homebuyer will need to attend training through the Indianapolis Neighborhood Housing Partnership (INHP). The Homebuyer Education (HBE) course is offered for free in a classroom setting. An alternate, user-friendly online format is available for a fee of \$75.00 and may be taken at any time. Information for the Homebuyer Education (HBE) can be found at:

<https://www.inhp.org/classes-and-advising/classes>





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Proof of Status

Home buyers must be able to provide proof of status claimed on the application. Veterans are defined as a person who served in the active military, naval, or air service. Elderly should be able to provide a birth certificate showing they are 62 years or older. Disabled persons must be able to provide social security administration benefits or similar documentation. Students in higher education must have their educational institution fill out the attached Student Status Verification form. Documentation will need to be provided for all sources of income.

Resale Provisions

The resale provisions are triggered if any of the following occur during the Affordability Period:

1. The homebuyer transfers or conveys the property by deed, land contract, or otherwise.
2. Foreclosure proceedings are commenced against the property.
3. The property is transferred by an instrument in lieu of foreclosure.
4. The title of the property is transferred from the homebuyer through any other involuntary means.

The resale provision requires that the property:

1. Be marketed to families at or below 80% AMI (income limits),
2. Be resold to another individual or family whose income is at or below 80% of the Area Median Income,
3. Be occupied by that individual or family as its primary residence for the remainder of the affordability period;
4. Be resold at the price that does not exceed 29% of the reasonable range of low-income buyer's income towards the principal, interest, taxes, and insurance for the property on a monthly basis ("Affordable Price"); and
5. Be affordable for a reasonable range of low-income families between 50% and 80% of the median area income for the geographic area published annually by HUD.

Application Scoring

In the event that multiple offers for the home are submitted, the SICPDC scoring committee will utilize the attached scoring matrix to determine the chosen home buyer for the program.

Underwriting Criteria

The purchaser must be qualified to spend at least 20% of their gross income on housing.





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Thank you for your interest in the Homebuyer program. We have provided the Lien and Restrictive Covenants Recapture agreement, HOME Homebuyer Principal Residence Certification and Photo Release Form for your review. All of these documents will be signed at the closing with the homebuyer. All documents listed below must be submitted for your application to be considered.

1) Be sure to fill in all the information on the Homebuyer application.

- We need and use all this information.

2) “Verification of Assets on Deposit”

- Fill in your account numbers only in the **RED** sections, and sign and date form.
- Take the form to your bank and have them fill out the **BLUE** sections. The bank will fill in the dollar amounts and the interest rates and sign the form.

3) “Employment Verification”

- All adult household members (18+), please ask your employer(s) to fill out this form. If you have special employment circumstances, please call SICPDC at 812-750-8036. Additional forms may be more appropriate for your specific situation.
- If your employer does not provide this information, please provide 3 months of paystubs in place of verification form.

4) “Income Certification Questionnaire”

- All adult household members (18+) should complete a separate form.
- Please fill in your name and telephone number at the top of page.
- Answer all Yes and No questions. If you answer “yes” please provide information related to that question.
- Please sign and date the form.

5) “Student Status Verification”

- Any household member attending higher education should fill out this form.
- Write your name and date at the top and ask your educational institution to fill out the remaining section of the form.

6) Copies of all ADDITIONAL forms of income for the past 30 days. Example: public assistance benefit, retirement, disability, and child support

7) Statement of Current Social Security Benefit. This must be a form from the social security office. A copy of a check or bank statement cannot be used.

- If you do not have this statement, you can request a copy by calling the Indianapolis Social Security office at 1-800-772-1213.

8) Underwriting Items Needed: Fill out the attached “**Ongoing Monthly Expenses**” form, provide 2 months of bank statements and a copy of your credit report (mortgage lender should be able to provide you a copy of your credit report.)

If you have any questions regarding these forms please contact the SICPDC office at 812-750-8036



VERIFICATION OF ASSETS ON DEPOSIT

HOMEOWNER – fill in RED sections

BANK – fill in BLUE sections

<p style="text-align: center; border-bottom: 1px solid red; margin-bottom: 10px;">_____</p> <p style="text-align: center; color: red;">(Bank name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify income of all members of the household applying for participation in the CDBG Program which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	<p style="text-align: center;">Checking Account Number</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Average monthly balance for last 6 months</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Current Interest Rate</p> <p>_____ %</p> <p>_____ %</p>		
	<p style="text-align: center;">Savings Accounts</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Current Balance</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Current Interest Rate</p> <p>_____ %</p> <p>_____ %</p>		
	<p style="text-align: center;">Certificate of Deposit Account #</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Amount</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Withdrawal Penalty</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Current Interest Rate</p> <p>_____ %</p> <p>_____ %</p>	
	<p>IRA, Keogh, Retirement Accounts</p>				
	<p style="text-align: center;">Account Number</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Amount</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Withdrawal Penalty</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Current Interest Rate</p> <p>_____ %</p> <p>_____ %</p>	
	<p style="text-align: center;">Money Market Funds</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Amount (Average 6-month balance)</p> <p>\$ _____</p> <p>\$ _____</p>	<p style="text-align: center;">Interest Rate</p> <p>_____ %</p> <p>_____ %</p>		
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p style="text-align: center; color: red;">(signature of applicant)</p> <p>_____</p> <p style="text-align: center; color: red;">(date)</p>	<p style="text-align: center; border-bottom: 1px solid blue; margin-bottom: 10px;">_____</p> <p style="text-align: center; color: blue;">(signature of authorized representative)</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>				
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>					



INCOME CERTIFICATION QUESTIONNAIRE

(*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: _____

Initial Certification Recertification Addition of Household Member

RENTAL ASSISTANCE

YES NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below. Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/> <input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

MONTHLY GROSS INCOME

3. <input type="checkbox"/> <input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ 2) _____	(Use <u>net</u> income from business) \$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer. Check all that apply: <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	\$ _____ \$ _____



YES NO

MONTHLY GROSS INCOME

<p>5. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
<p>6. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive unemployment benefits.</p>	<p>\$ _____</p>
<p>7. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Veteran’s Administration, GI Bill, or National Guard/Military benefits/income.</p>	<p>\$ _____</p>
<p>8. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments</p>	<p>\$ _____</p>
<p>9. <input type="checkbox"/> <input type="checkbox"/></p>	<p>The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).</p>	<p>\$ _____</p>
<p>10. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive disability or death benefits other than Social Security.</p>	<p>\$ _____</p>
<p>11. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payment from lottery winnings.</p>	<p>\$ _____</p>
<p>12. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive Public Assistance Income (examples: TANF) DO NOT INCLUDE FOOD STAMPS</p>	<p>\$ _____</p>
<p>13. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive child support payments through court order or other agreement. If yes, from how many persons do you receive support? _____</p>	<p>\$ _____ (amount received)</p>
<p>14. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive alimony/spousal maintenance payments</p>	<p>\$ _____ (amount received)</p>
<p>15. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements. If yes, list sources: 1) _____ 2) _____</p>	<p>\$ _____ \$ _____</p>
<p>16. <input type="checkbox"/> <input type="checkbox"/></p>	<p>I receive income from real or personal property.</p>	<p>(Use <u>net</u> earned income) \$ _____</p>



YES <input type="checkbox"/>	NO <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.).	\$_____ per semester
17. <input type="checkbox"/>	<input type="checkbox"/>		
18. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form if my entire household is claiming zero income	

ASSET INFORMATION

Include all asset sources, including assets of minors.

YES <input type="checkbox"/>	NO <input type="checkbox"/>		INTEREST RATE	CASH VALUE
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____% _____% _____%	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____%	\$ _____



YES NO		INTEREST RATE	CASH VALUE
24. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____



STUDENT STATUS VERIFICATION

Name of Applicant/Tenant _____

Date _____

The individual named directly above is an applicant/tenant of a housing program that requires verification of student status. The information provided will remain confidential for satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

GENERAL INFORMATION

1. Is the above-named individual a student at this educational organization? Yes ____ No ____
2. If yes, which of the following applies (circle one): full-time part-time not currently enrolled other: _____
3. The above statements apply to the _____ semester of the _____ / _____ school year
4. Date enrolled: _____
5. Expected date of graduation: _____
6. Is the student pre-enrolled for the next semester? Yes ____ No ____
7. Additional remarks:

Printed Name Title Name of educational institution

Signature Date

Phone# Email Address



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.



