

2024 NEIGHBORHOOD IMPACT PROGRAM (NIP)

NIP is to help eligible households with select repairs and accessibility modifications.

Applications are only accepted through a FHLBI participating member institution.
To find a participating member institution, review program information and FAQ's, please visit our website:
www.FHLBI.com/NIP

HOMEOWNER INFORMATION

The applicant must own and occupy the home in need of repair/modification

NAME: _____

ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

Have you received FHLBI grant funds (HOP/NIP/AMP) in the past 5 years? **YES** _____ **NO** _____

Have you applied for FHLBI funds with any other organization this program year? ** **YES** _____ **NO** _____

**Households may submit only one application per program year.

Name of organization assisting in the preparation of this application: _____
IE: Habitat for Humanity, community or senior center

HOUSEHOLD MEMBERS

List everyone who lives in this home, including the homeowner(s). Attach a separate page for additional household members.

First and Last Name	Relation to Applicant	Date of Birth	Last 4 of SSN	Gross Annual Income
	Self			\$
				\$
				\$
				\$
				\$
				\$

Total Gross Annual Income: \$ _____

HOUSEHOLD INCOME SOURCES

Select all sources of household income for the persons listed above

Social Security
 Interest/Dividends
 Disability
 Other _____

Pension/Annuity
 Earned Income from job(s)
 Child Support
 Other _____

Please provide documentation for ALL sources of income for all household members. Applications received without all documentation will be rejected. For assistance, review the Income Documentation Guide.

FOR FHLBANK INDIANAPOLIS MEMBER USE ONLY:

Total # in Household: _____ Census Tract #: _____ 80% AMI for Household Size: _____

Property Information

All of the questions below require answers

Do you have a mortgage on your home? YES NO

If yes, are the payments current or in an agreed payment plan? YES NO

Are property taxes current/under an agreed payment plan? YES NO

Do you have homeowner's insurance on the home? YES NO

If no, briefly explain why: _____

Is anyone on the property deed that is not living in the home? YES NO

Note: All non-occupant owners must provide proof of residence or must be counted as a part of this household.

Date of Home Purchase:

Select your home type below

Single family Duplex/Condo/Townhome Other: _____

Manufactured** **Manufactured homes must be permanently affixed to a foundation and titled as real estate to qualify. Proof of affixture must be provided with the application

For a complete list of eligible repairs refer to the NIP Application Addendum. (page3)

HOMEOWNER ACKNOWLEDGEMENT

By signing this application, I hereby certify and understand that:

- 1) I own and occupy the home referenced as my primary residence;
- 2) All occupants of the home have been listed on this application and all income has been disclosed;
- 3) Funds are available on a first-come first-serve basis and there is no guarantee of funding. The maximum amount available per household is \$15,000;
- 4) It is my responsibility to provide a minimum of two, independent third-party bids for the requested repairs;
- 5) If I qualify, it is my responsibility to choose the contractor who completes the repairs;
- 6) Any disputes surrounding the repairs will be resolved between myself and the contractor;
- 7) All information and income documents supplied will be shared with FHLBank Indianapolis;
- 8) I have not received a grant from any Federal Home Loan Bank in the past 5 years;
- 9) My application is subject to approval by FHLBank Indianapolis and the member institution submitting it on my behalf;
- 10) All information on this application is true and accurate.

Homeowner Signature	Printed/Typed Name	Date
Homeowner Signature	Printed/Typed Name	Date

FOR FHLBANK INDIANAPOLIS MEMBER USE ONLY

DATE RECEIVED: _____

**ADDENDUM: NEIGHBORHOOD IMPACT PROGRAM (NIP)
ELIGIBLE HOME REPAIRS AND MODIFICATIONS**

Eligible Deferred Maintenance Repairs	
HVAC systems and ductwork	Siding
Well or septic systems	Roof and/or chimney
Water Heater	Gutters and downspouts
Windows	Exterior doors (including overhead garage)
Soffit and Fascia	Insulation or weatherization
Electrical	Ceiling and drywall repair (due to roof failure)
Structural repairs – foundations and floor joists	Plumbing
Sump-pump systems	Basement/Crawlspace Waterproofing
Eligible Accessibility & Safety Repairs	
Entry Ramps	Entry Steps/Stairs
Mold and/or mildew remediation	Levered door handles
Interior/Exterior handrails	Widened doorways
Internal Chair or Wheelchair lifts	
Relocation of washer/dryer from basement to main level of the home	
Eligible Bathroom Accessibility Modifications/Repairs	
Installation of walk-in shower	ADA height toilets and fixtures
Grab bars	
The following repairs must be supported by an assessment by a certified professional demonstrating need to support access.	
Universal Design Flooring	Kitchen Accessibility Modifications
Conversion of lower level ½ bath to full bath (eliminate the need to go upstairs)	
<i>*Up to \$250 may be used to cover the expense of a Certified Professional to do a home accessibility/modification assessment*</i>	

*Only certified professionals such as Certified Aging-in-Place Specialist (CAPS), Certified Environmental Access Consultant (CEAC) or those with similar designations. Certification must be provided with the submission.

If work is being performed by a related party to the homeowner, the Member must ensure that all repairs included in the original bid are being completed and funds are being used for said repairs.

2024 INCOME DOCUMENTATION GUIDE

Use this guide to determine required documentation for each income type

- 1. Household member has no income**
 - A “Certification of Zero Income” is needed for individuals who are 18 or older.
- 2. Wages from an Employer: This is needed for each employer.**
 - Employer Name & Employment Type (Full Time, Part Time, Seasonal, Irregular)
 - Pay Frequency (Weekly, Bi-Weekly, Semi-Monthly, Monthly)
 - Length of Employment & Date of last pay increase/raise/change
 - Income Documentation: must be dated within 60 days of submission to FHLBI
 - If Paid Monthly: 2 consecutive paystubs that are dated within the last 60 days
 - If Paid Semi-Monthly: 2 consecutive paystubs that are dated within the last 60 days
 - If Paid Bi-weekly: 2 consecutive paystubs that are dated within the last 60 days
 - If Paid Weekly: 4 consecutive paystubs that are dated within the last 60 days
 - If Paid on an Irregular Schedule: 2-4 of most recent
- 3. Social Security/Supplemental Social Security**
 - Current year’s award letter confirming the gross payments and frequency of payments OR a current benefits letter from the Social Security Administration
- 4. Pensions/Annuities/Insurance Policies**
 - Pension statement/award letter confirming gross payments & frequency of payments dated within 60 days
- 5. Unemployment collected in 2024**
 - Most recent benefit letter prepared by the authorizing agency along with schedules reflecting payments received YTD or similar third-party documentation.
- 6. Interest/Dividends**
 - Most recent Quarterly/Monthly Statement as generated
 - Verification letters received from the institution or the IRS 1099 form
- 7. Self-Employment**
 - Two (2) years of completed, signed, and filed U.S. Federal tax returns, including all applicable attachments and schedules for the business and personal, where applicable
- 8. Rental Property**
 - Executed lease agreement or Comparative Market Analysis (CMA) evidencing rental income
 - Projected income from vacant units must be included
- 9. Child Support/Alimony**
 - Court-ordered documentation evidencing a minimum of 6 months of the most recent payments
 - Documentation from the court system should reflect the current amount due and paid
- 10. Other:** This will be dependent on the type of income received.

Upon review of your file, additional documentation may be requested.

Please contact the organization/financial institution you are submitting this application to with any questions.

CONTRACTOR SELECTION TIPS

The tips below may be useful when deciding which contractor is the right choice for your home repairs/modifications

■ Acquire bids from multiple contractors

- Gather 2 or more estimates for the repairs/modification needed in your home.
- Compare estimates to understand the scope of work to be completed, materials provided, payment terms, and timelines.

■ Research the contractor's reputation

- Ask others you trust for referrals from contractors they have positive experiences with.
- Research reviews from other customers online.
- Ask the contractor for references directly. A reputable contractor will be able to provide evidence of their experience.

■ Verify the contractor is licensed and insured

- Ask the contractor for proof of license and insurance.
- Contact the local licensing bureau and insurance company to verify.

■ Obtain a contract in writing

- Review the contract and ensure you understand before signing it.
- A well written contract should have terms such as a detailed description of the work being completed, payment terms, estimated start date, and any guarantees such as on parts and labor.

■ Anticipate delays

- Delays happen due to circumstances like weather and supply chain issues.
- Be realistic and prepare to adjust your plans accordingly.

■ Plan for the unexpected

- If the original contractor is not responsive or cannot perform the work as agreed, have a back-up in place.



Contractor Selection Confirmation (CSC) for NIP
Home Repair and Accessibility Modification Program

Homeowners must identify and certify which contractor they have selected to complete the repair(s) on their home by completing the information below.

Household Information:

Name:
Street Address:
City, State, Zip:

List the selected contractor, repair(s), and quoted cost(s):

Contractor Name:
Contractor Full Address:
Repair(s) to be done: <i>Example: Replace siding</i> <i>Replace 10 windows</i>

Bid Amount for Eligible Repairs:

This amount should mirror the selected contractor's bid.

If different contractors are selected for different repairs, complete this CSC form for each contractor selected.

Homeowner Signature and Certification:

I/We have willfully and of my/our own accord selected the above-named contractor for the purpose of completing specified repairs at my/our property indicated above.

This completed and signed form must be submitted with the initial grant request in the .GIVES system, along with copies of the two independent, third party bids for each of the repairs requested. The FHLBI Member Institution is to retain the original form in their household file.