

FRANKFORT GRANT FOR GRADS APPLICATION

Please answer the questions below as accurately as possible.

This information will help us to better meet your needs.



APPLICANT PERSONAL INFORMATION

YOUR Full Name:		Date of Birth: / /	SSN: - -
Is anyone buying/renting the home with you (CO-APPLICANT)? (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, CO-APPLICANT'S Full Name:		Date of Birth: / /	SSN: - -
Total Household Size:	Adults (18 and older):	Children (under 18):	If Any, Ages:

APPLICANT CONTACT AND HOUSING INFORMATION

Phone Number:		Email Address:	
Home Address:			
City:	State:	Zip:	County:
Which housing situation best describes you now ? (Check One): <input type="checkbox"/> I rent <input type="checkbox"/> I own the home <input type="checkbox"/> Other:			
Has APPLICANT/CO-APPLICANT ever rented a home in the City of Frankfort? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, when and where:			
Has APPLICANT/CO-APPLICANT ever owned a home in the City of Frankfort? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, when and where:			

DEMOGRAPHIC INFORMATION

	YES	NO	ETHNICITY (Check One):	SEX (Check One):
Do you speak English?			<input type="checkbox"/> Hispanic	<input type="checkbox"/> Female
If NO, list the preferred language:			<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Male
Does anyone in your household have a disability, as defined by Social Security?			RACE (Check all that apply):	MARITAL STATUS (Check One):
Are you a single parent?			<input type="checkbox"/> American Indian	<input type="checkbox"/> Unmarried
Are you 62 years old or older?			<input type="checkbox"/> Asian	<input type="checkbox"/> Married
Are you a U.S. Citizen?			<input type="checkbox"/> Black/African American	<input type="checkbox"/> Separated
Are you a Veteran?			<input type="checkbox"/> Pacific Islander/ Hawaiian	<input type="checkbox"/> Divorced
			<input type="checkbox"/> White	<input type="checkbox"/> Widowed

FINANCIAL INFORMATION

Combined Yearly Household Income of Adults (18 and older) (Before Taxes): \$
What type of Grant for Grads Incentive do you plan to use at this time? (Check One): <input type="checkbox"/> Rental <input type="checkbox"/> Down Payment
If Rental, are you considering the Down Payment Incentive in the next two years? <input type="checkbox"/> YES <input type="checkbox"/> NO
If buying, have you been pre-approved for a mortgage? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of Lender:

APPLICANT EDUCATION AND EMPLOYMENT INFORMATION

Highest Level of Education Completed: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____		
College/University Name:	City:	State:
Major/Focus:	Graduation Date:	
Employer Name:	Position/Job Title:	
Start Date:	Type of Industry:	

CO-APPLICANT EDUCATION AND EMPLOYMENT INFORMATION

Highest Level of Education Completed: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____		
College/University Name:	City:	State:
Major/Focus:	Graduation Date:	
Employer Name:	Position/Job Title:	
Start Date:	Type of Industry:	

Additional Questions:

1. How did you hear about Frankfort Grant for Grads?
2. List places other than City of Frankfort that you have considered living at this time.
3. To what extent is the Frankfort Grant for Grads Incentive Program a factor in your decision to live in the City of Frankfort?

1	2	3	4	5
None	Very Little	Some	Definitely	Most Definitely
4. What factors other than the Incentive Program contributed to you choosing City of Frankfort?
5. How long do you plan to continue to live in the City of Frankfort?

_____ Less than 1 year	_____ 3-5 years
_____ 1-2 years	_____ 5 or more years
6. What “quality of life” or other factors are most important in deciding where you live?

To what extent does the City of Frankfort have the “quality of life” or other factors that you desire?

1	2	3	4	5
None	Very Little	Some	Greatly	Completely



COVER SHEET/ FAX TRANSMITTAL

AUTHORIZATION TO RELEASE INFORMATION

DATE:

NUMBER OF PAGES INCLUDING COVER
SHEET:

TO BE COMPLETED BY AGENCY:

To:	From: Affordable Housing & Community Development Corp.
Attn:	812 South Washington Street
Company:	Marion, IN 46953
Address:	
Phone:	Phone: 765-662-1574
Fax:	Fax: 765-662-1578
Email:	Email: lorri@ahcindiana.org

The undersigned individual has applied for housing assistance through the Frankfort Grant for Grads program.

The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Credit and Criminal Activity
- Identity and Marital Status
- Residences and Rental Activity
- Employment, Income, and Assets
- Medical Allowances
- Student Status

The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:

- Courts and Post Offices
- Past and Present Employers
- Utility Companies
- Law Enforcement Agencies
- State Unemployment Agencies
- Credit Providers and Bureaus
- Medical Providers
- Veterans Administration
- Welfare Agencies
- Social Security Administration
- Retirement Systems
- Internal Revenue Service
- Previous Landlords
- Banks/Financial Institutions

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with AHC and will stay in effect for five (5) years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can be proven is incorrect. The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the housing program.

TO BE COMPLETED BY APPLICANT:

Applicant Name (Printed):	_____
Social Security Number:	_____
Authorizing Signature:	_____
Date Signed:	_____
Co-Applicant Name (Printed):	_____
Social Security Number:	_____
Authorizing Signature:	_____
Date Signed:	_____



Equal Opportunity Housing | Equal Opportunity Employer
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.



MONTHLY BUDGET

This budget will not be used for the purposes of determining eligibility for the Grant for Grads program.

Money Being Made	
Wages from employment	\$
Child Support	\$
Monthly Benefits (SSA, SSDI, SSI)	\$
Other _____	\$
TOTAL:	\$
Money Being Saved	
Savings Account monthly deposit	\$
Retirement Fund	\$
TOTAL:	\$
Money Getting Spent	
Rent/Mortgage Payment	\$
Utility Costs	\$
Phone/Cable/Internet	\$
Car Payment(s)	\$
Car Insurance	\$
Car Expenses (Gas/Repairs/Etc.)	\$
Health/Life Insurance	\$
Rental/Homeowner Insurance	\$
Groceries	\$
Going out to eat	\$
Prescription/Medical	\$
Child Support being paid	\$
Child Care costs	\$
Student Loan payments	\$
Credit Card (monthly minimums)	\$
Personal Loan payments	\$
Other _____	\$
Other _____	\$
Other _____	\$
TOTAL:	\$

\$ _____ - \$ _____ - \$ _____ = \$ _____
 Income Savings Spending Monthly Surplus/Deficit





812 South Washington Street
Marion, IN 46953-1967

765.662.1574
Fax: 765.662.1578
www.ahcindiana.org

Agency Disclosure

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please *talk to your housing counselor about arranging alternative accommodations.*

Counseling Services Offered-

Affordable Housing Community Development Corporation (AHCDC) is a HUD-approved local housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, reverse mortgage, rental and homeless counseling.

I understand that it will not be the responsibility of the counselor to “fix” the problem, but rather to provide guidance and education which may enable me to resolve my personal financial challenges. I understand that it is my responsibility to work cooperatively with the housing counselor and actively participate in the process and that failure to do so will result in the discontinuation of my counseling.

Agency Conduct-

We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. Employees of AHCDC are not attorneys. Any information provided is to be used as a resource and is based solely on the experiences and training of the counselors. No information provided should be regarded as legal advice.

I understand that AHCDC will not provide me with legal advice, and that when making legal decisions, I should consult with an attorney or a legal advisor. I will not hold AHCDC, its employees, agents, and directors liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in AHCDC counseling. I understand that in the event I am dissatisfied, a copy of AHCDC's Complaint Process will be provided upon request.

Agency Relationships-

AHCDC has financial and professional affiliations with housing program partners including, but not limited to, the Department of Housing and Urban Development (HUD), Indiana Housing and Community Development Authority, City of Marion, Grant County Economic Growth Council, and City of Frankfort. We also work with lenders, real estate agents, and other housing professionals to provide accurate information to clients and increase access to down-payment assistance programs. AHC may give information about a variety of professional services available in the area.

I understand that I am not obligated to use the products and services of AHCDC or its affiliates or partners. I am free to choose among lenders, lending products, and homes regardless of recommendations made by counselors.

Other Services Offered-

AHCDC offers various services as funding allows, including: building, rehabilitating and selling properties; administering Individual Development Accounts; managing rental properties; packaging USDA Direct loans; and more.

I understand that I am not required to use any of AHCDC's other services in order to receive housing counseling.

Fees-

AHCDC charges fees for credit reports and some types of counseling. There is no charge for foreclosure or homeless prevention counseling. The fee schedule is posted in AHCDC's office. Clients will not be turned away because of a documented inability to pay.

I understand that AHC charges fees for service, and that I will be responsible for paying those fees.

(Form continues on next page)



Privacy Policy

Affordable Housing and Community Development Corporation (AHCDC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does AHCDC collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to government and other housing program affiliates or partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization.

The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to AHCDC employees who need to know that information in order to perform their housing program duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

I acknowledge that I received, reviewed, and agree to AHCDC's Program Disclosures and Privacy Policy.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date



FRANKFORT GRANT FOR GRADS: RENTER INCENTIVE PROGRAM ONLY

ACTION PLAN

What are your next steps?

1. Complete this packet in full and return to Affordable Housing Community Development Corporation (AHCDC) in person or by mail to 812 S. Washington St., Marion, IN 46953, or electronically to Tequila@ahcindiana.org.
2. A certified housing counselor will review your application to determine your eligibility for the program based on **unverified** information. If deemed conditionally eligible, the counselor will contact you to request a **\$250 processing fee to verify the information**.
3. Upon receipt of payment, the counselor will begin verifying your information and contact you regarding the status of your application. The counselor will contact you about any issues with verifications that need to be resolved. When the verification process has been completed, the counselor will contact you to complete an agreement with your landlord.
4. Contact landlord(s) directly to determine availability and evaluate if it will meet your housing needs. If you decide to complete an application for the housing, tell the landlord about your intent to use the program when you submit your application. The landlord should contact us with questions.

Please sign below to confirm you have read the above information.

Applicant Signature

Date

**Frankfort Grant for Grads
Renter Incentive Program Guidelines**

Revised 2-11-2019

Description	<p>Financial incentive to rent, and later purchase, a home (principal residence) in City of Frankfort.</p> <ul style="list-style-type: none"> Based on usual and customary monthly rent charged by landlord or HUD Fair Market Rent, whichever is lower, twenty percent (20%) of monthly rent will be paid directly to the landlord on behalf of tenant. Minimum twelve (12) month lease agreement. Maximum program benefit of \$2,500 in rent payments to landlord(s) up to 2 years. Maximum program benefit of \$2,500 in down payment and/or closing costs. Home purchase must close within twelve (12) months of the last rental assistance payment.
Eligible Applicants	<p>Eligibility requirements:</p> <ul style="list-style-type: none"> Associate's degree or higher from accredited post-secondary institutions/programs approved by City of Frankfort. Recent employment in Clinton County classified as permanent full-time position <ul style="list-style-type: none"> Applications received within 2 years of start date are eligible for up to \$2,500 in rental assistance. And \$2,500 toward down payment and/or closing cost for the purchase of a home; home purchase must close within twelve months of the last rental assistance payment. Has not previously rented a home in the City of Frankfort except for temporary rental housing in the City of Frankfort with permanent residence outside the City of Frankfort.
Eligible Uses	Reduce cost of renting a home in City of Frankfort while employed full-time in Clinton County.
Eligible Property	Rental housing identified by the program participant in City of Frankfort subject to review and approval of the rental premises by City of Frankfort.
Rental Education	Receive budget counseling as needed and complete an Action Plan with a rental counselor employed by AHC, a HUD-approved housing counseling agency.
Application Process	<p>Applications will be processed first-come-first-serve based on the date a completed application packet is received by Affordable Housing & Community Development Corporation (AHC). Within ten days of receipt of a completed packet, AHC will contact the applicant to clarify information. Based on unverified information, one of two possible outcomes will occur: (1) the applicant is informed that s/he is not eligible for the program; OR (2) the applicant is deemed conditionally eligible. AHC will provide the following information to City of Frankfort: name of applicant and education, employment, and property information.</p>
Program Fees	<p>Fees payable to AHC:</p> <ul style="list-style-type: none"> \$250 application fee payable by conditionally eligible applicant to proceed with information verifications and recommendation for approval. \$500 payable to AHC by City of Frankfort at initial lease signing. This fee covers the cost of rental education, applicant/landlord follow-up, and landlord payments.

Permission to use photograph
Frankfort Grant for Grads
Frankfort, Indiana

City of Frankfort
301 E. Clinton St.
Frankfort, IN 46041



Affordable Housing & Community Development Corporation
812 S. Washington St.
Marion, IN 46953

I grant to the City of Frankfort (CF) and Affordable Housing & Community Development Corporation (AHC), the right to take photographs of me with the above-identified program. I authorize the CF/AHC, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the CF/AHC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Applicant Signature: _____

Printed Name: _____

Address: _____

Date: _____