

Metro In-Home Solutions

Accessibility Modifications Program (AMP) 2016

Thank you for your interest in the 2016 Accessibility Modification Program (AMP). AMP is a grant program that assists homeowners who are in need of minor home repairs. The grant program provides home repair grants **up to** \$15,000 to low or moderate-income owner-occupied homeowners in Metropolitan Detroit.

While our wish would be to approve each request we receive, grant funds are limited and are **only** available on a first-come, first-serve basis until funds are depleted. Upon receipt of a **complete** application (see checklist of items required to submit) homeowners will be contacted regarding status of their application within 30 business days.

The maximum grant amount per household is \$15,000.

2016 Income Limitations-Wayne, Oakland and Macomb

Family Size	1	2	3	4	5	6	7	8
Income Limit	\$37,950	\$43,350	\$48,750	\$54,150	\$58,500	\$62,850	\$67,150	\$71,500

Eligible Improvements – The following types of repairs are permitted:

- Ramps/zero step entries
 - Hand rails
 - Levered door handles
 - Self-closing hinges (internal/external doors)
 - Pocket doors or swing hinges
 - Bathroom accessibility modifications
 - Kitchen accessibility modifications
 - Internal chair and wheelchair lifts
 - Widened doorways **
- Exclusions may apply**

Up to 25% of AMP funds may be used for the following:

- Siding
- Windows
- Exterior Doors
- Roof Replacement
- Gutters/Downspouts/Soffit
- Water Heater, Furnace or HVAC Replacement

*All replacements must be of similar quality, kind, and style as the original.

***All repairs must meet eligibility requirements
Work by licensed contractors**



Equal Housing Lender.

*Offer valid for a limited time. Some restrictions apply. Product is subject to change without notice.

Federal Home Loan Bank of Indianapolis
Accessibility Modification Program 2016 AMP

AUTHORIZATION TO RELEASE INFORMATION

I/We have indicated to Fifth Third Bank a desire to apply for a grant under the Federal Home Loan Bank of Indianapolis Accessibility Modification Program (AMP) through First Independence Bank. I/We hereby authorize Fifth Third Bank and First Independence Bank to submit any and all documentation required in order for my grant application to be reviewed by the Federal Home Loan Bank of Indianapolis to enable them to make a determination regarding my application. I/We hereby understand and agree that Fifth Third Bank and First Independence Bank do not make the determination as to whether or not to approve the grant and that decision is made solely by the Federal Home Loan Bank of Indianapolis.

I/We have read and understand that Fifth Third Bank is making an application on my behalf under the Federal Home Loan Bank of Indianapolis Accessibility Modification Program (AMP). I/We understand that the purpose of this disclosure is to show that I/we are granting Fifth Third Bank and First Independence Bank the authority to apply on my behalf for a grant under this program and that Fifth Third Bank and First Independence Bank may share any information with the Federal Home Loan Bank of Indianapolis which is required to consider my application.

This authorization expires one year from today's date unless otherwise stipulated in writing.

Printed Name of Applicant: _____

Applicant's Signature: _____

Date: _____

Second signature, if applicable:

Printed Name of Co-Applicant: _____

Co-Applicant's Signature: _____

Date: _____

****ONLY COMPLETE APPLICATIONS WILL BE**

CONSIDERED Submit all Items below:**

- Completed Application for Rehabilitation**
- Authorization to Release Information Form**
- Two itemized estimates for each repair, from a Licensed Contractor**
- Pictures of work to be improved / repaired.** Including picture of front of home that includes the address.
- Copy of Proof of Homeownership** – Copy of Warranty Deed
 - Applicant (Owner Occupied) for a minimum of 18 months.
 - Grant Awardees: A five (5) year retention/lien will be placed on property
- Copy of Proof of Homeowners Insurance**
- Copy of Proof of Property Taxes paid/current**
- Copy of complete 2015 filed US Federal Income Tax Return** – including all W-2's, 1099's and all schedules
 - Copies can also be obtained from the IRS. **Go online to <http://www.irs.gov> Tools-Get transcript of your tax records**
 - **Federal Return Transcript**
 - **Call Toll Free Assistance to IRS 1-800-829-1040**
- Verification of Employment Form** (completed by current employer(s)*if employed)
- Copy of Entire Household Income Required** (ages 18 and up)
Submit all that apply:
 - **Weekly** – 4 consecutive pay stubs (last 30 days)
 - **Bi-Weekly** – 2 consecutive pay stubs (covering last 30 days)
 - **Monthly** – 2 consecutive pay stubs
 - **Copy of Pension Statements** (2 consecutive months)
 - **Copy of Child Support/Alimony Statements** (6 consecutive months)
 - **Copy of Unemployment Statements** (6 consecutive months)
www.michigan.gov/uia or call 1-866-500-0017
 - **Business Income/Self-Employment** (last 3 years of tax returns and Profit & Loss Statements)
 - **Current Month / SS, SSD, SSI Administration Award Letter** (last 30 days)
www.socialsecurity.gov or call 1-800-772-1213 or Visit local office

Additional information/documentation may be required to meet eligibility requirements

Submit Complete Checklist, Checklist Items and Application to:

Metro In-Home Solutions
Attn: Gary Gray
5716 Michigan Ave., Ste 3000
Detroit, MI 48210

Metro In-Home Solutions

ACCESSIBILITY MODIFICATION PROGRAM (AMP) 2016 APPLICATION

** (Program subject to change without notice or when funds are exhausted) **

*** Please fill out every box. Write N/A if the box does not apply.***

Application Information

Are any household members a veteran? Y / N

Homeowner (s) Name:			
Street Address		City	State ZIP
Employer Name & Address		Last 6 Digits of Social Security Number:	
Applicants Employment Hire Date:		Date of Property Ownership-Month & Year	
Primary Phone Number:		Alternate Phone Number:	
Is a household member permanently disabled? Y / N		Homeowner Date of Birth:	
Is a household member age 62 or older? Y / N		No. of person(s) in household:	
Type of Modification(s) Requested:		Type of Repair(s) Requested:	
Household Members:	First and Last Names	Relationship to Applicant	Birth Year Employed Y N

Disclosure/Privacy Statement

Services will be provided without discrimination. The agency indicated above is requesting information necessary to comply with the requirements of this program. The agency indicated above will also review credit history and perform title search on the proposed property. I understand that the information on this form will be kept confidential but may be shared with other agencies to which I may be referred for services. I understand that I may be requested to verify these statements, and give my consent to this agency to make necessary contacts to verify any statements. I hereby certify that the above information is correct and true to the best of my knowledge.

_____ Homeowner Signature / Printed Name

_____ Date