



# Community Development & World Changers 2015 Application

**\*\*Attention\*\***

**Blaine, Gilbert, McKinley, East Central & Whitely  
Neighborhoods:**

- **Is your home in need of minor repair?**
- **Do you have low/moderate income?**

If you live in one of the listed neighborhoods and answered "YES" to both questions, then you might qualify for assistance. This Community Development Application is intended for persons who are low/moderate income, hold the title to their home, live in the house as their principal residence, and the house is a single family dwelling. The income and assets of all persons living in the household are considered. Failure to fully and truthfully report requested information regarding all members of the household may be reason for rejection from this and other Community Development Programs.

Please fill out this form and return it to Community Development no later than **May 22, 2015**.

**Property Address:** \_\_\_\_\_ **Neighborhood:** \_\_\_\_\_

*(Your home must be in one of the neighborhoods listed above to be eligible for 2015 funds)*

**Applicant Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Date of Birth.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: Married  Widowed  Single  Divorced

Sex: Male  Female

Race: \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Sex: Male  Female

Race: \_\_\_\_\_

**Number in Household:** \_\_\_\_\_ **Is Head of Household Female?** Yes  No

Dependent Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Year of Purchase:** \_\_\_\_\_ **Year Structure Built:** \_\_\_\_\_ Type: Wood  Brick  Block

**Mortgage Holder:** \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Have you ever received CD assistance before?** Yes  No  If yes, when? \_\_\_\_\_

Community Development Department / City Hall  
300 North High Street  
Muncie, Indiana 47305  
phone: 747-4825  
fax: 747-4898

**Income of ALL Persons Living in the Household:**

Sources may include: Wages/Salary, Social Security Disability, Welfare, Pension, Veteran, Child Support, Self Employment)

Source: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Source: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Source: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Source: \_\_\_\_\_

Annual Income: \_\_\_\_\_

**PLEASE CIRCLE THE TYPE OF WORK TO BE COMPLETED**

WINDOW REPLACEMENT

FOUNDATION REPAIR

VINYL SIDING

PORCH REPAIR

GARAGE REPAIR

HOUSE PAINTED

DOOR REPAIR

WHEELCHAIR RAMP/ACCESSIBILITY ITEMS

OTHER \_\_\_\_\_

It is the responsibility of the applicant to inform Community Development of any changes in information requested in this application.

**AGREEMENT:**

The undersigned represents that the property will not be used for any illegal or restricted purpose; and that all statements made in this application are true and are made for the purpose of obtaining assistance. Verification may be obtained from any source named on this application. This original application will be retained by Community Development. The undersigned(s) intend to occupy the property as their primary residence.

**CERTIFICATION:**

Under the penalties of perjury, I/We certify and fully understand that it is a federal crime punishable by fines or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

\_\_\_\_\_  
Applicant's Signature & Date

\_\_\_\_\_  
Co-Applicant's Signature & Date

**Application due no later than May 22, 2015**

**Notes:**

