



HOMEOWNER NEIGHBORHOOD ENHANCEMENT PROGRAM (NEP) GRANT APPLICATION

Applicant Information

Owner Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Verification

Please check all that apply:

- I am the legal owner of my home and will be able to provide proof of ownership.
- My home is in the designated target area on the attached map.
- This home is my primary residence and it has not been tagged for condemnation.
- I am current on my mortgage, property taxes, and homeowner's insurance policy.
- I am able to provide proof of income with a current pay stub or prior year tax return, along with a completed Household Income Self Certification Form.

Project Scope

The program's purpose is to improve and enhance the neighborhood and is designed for comprehensive **exterior** improvements that can be visible from the street. This grant will **not** pay for individual items such as mailboxes, fountains, decorative landscape lighting, etc. This grant can pay for structural enhancements tied directly to accessibility and/or safety (only that positively enhance the neighborhood), comprehensive improvements to doors, windows, railings, light fixtures, paint, concrete steps, etc.

Please provide a description of desired improvements:

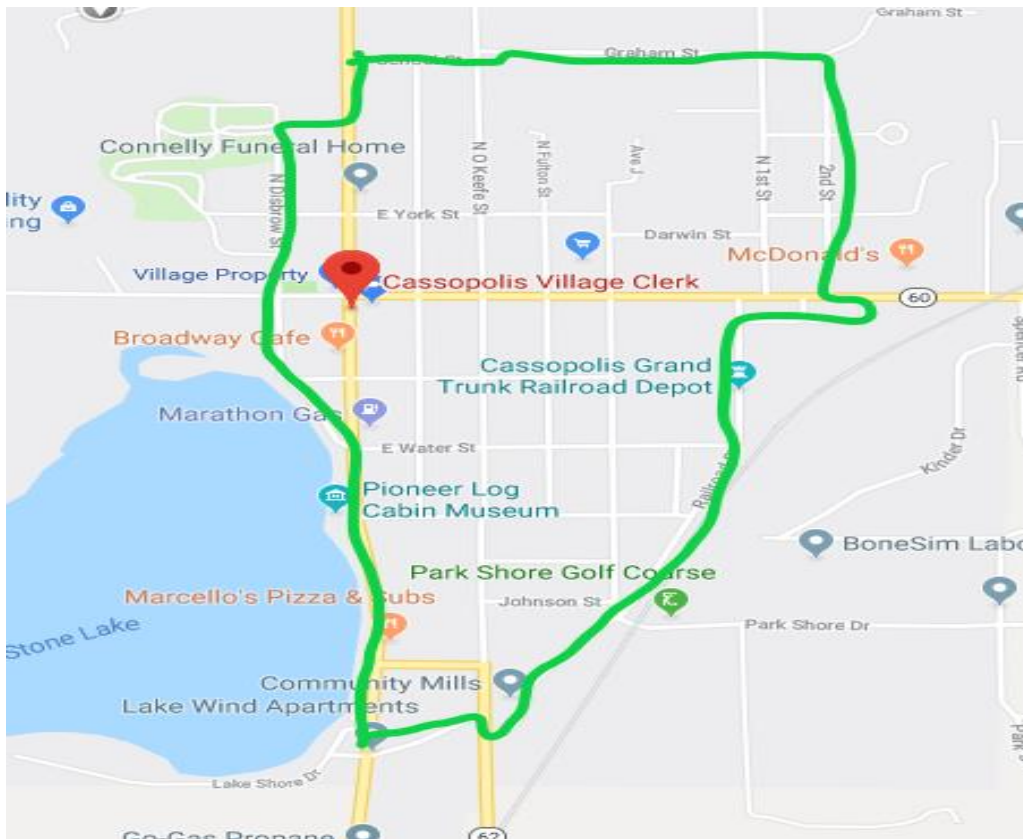


Selection Process/Award/Compliance

- Projects will be selected based on a lottery basis with no order of prioritization.
- The minimum award amount for this grant is One Thousand Dollars (\$1,000) and the maximum award amount for this grant is Seven Thousand Four Hundred and Fifty Dollars (\$7,450).
- All projects must be completed by December 1, 2019. No work must begin prior to notification of award.
- Acceptance of grant is acknowledgement and approval of inspection of work completed by the Village of Cassopolis Building Official and approval of a Home Energy Audit completed by Indiana Michigan Power at no charge.

Target Area

The eligible areas in the Village of Cassopolis are the gateway areas into the community and include the locations as outlined in green in the map below.



Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Owner Signature: _____ **Date:** _____

Co-Owner Signature: _____ **Date:** _____



**Neighborhood Enhancement Program (NEP)
Household Income Self Certification Form**

Grantee Name: Village of Cassopolis

Grant Number: HDF-2019-1280-NEP

Applicant Name _____

Home Address _____

Project Summary _____

NEP Applicant Qualifications Checklist	
<input type="checkbox"/>	The applicant is the owner and occupies the assisted property.
<input type="checkbox"/>	The applicant does not own any property that is tax delinquent .
<input type="checkbox"/>	The applicant does not own any property that is subject to any citation of violation of the state and/or local codes and ordinances.
<input type="checkbox"/>	The applicant has not been the prior owner of any property transferred to the Treasurer or to a local government as a result of tax foreclosure proceedings.
<input type="checkbox"/>	The applicant has a household income at or below 120% of the County's median income (located below).

Village of Cassopolis	Cass County (For Information Only – Do Not Mark)							
Household Size	1	2	3	4	5	6	7	8
Income Limits 120% AMI	\$49,800	\$56,880	\$63,960	\$71,040	\$76,800	\$82,440	\$88,2000	\$93,840

BY MY SIGNATURE BELOW, I CERTIFY THAT MY INDIVIDUAL INCOME OR HOUSEHOLD INCOME IS APPROXIMATELY \$ _____ ANNUALLY AND _____ NUMBER OF PERSONS RESIDE IN MY HOME. I FURTHER CERTIFY THAT I AM ABLE TO DOCUMENT MY ANNUAL INCOME WITH PAYSTUBS, OR OTHER EVIDENCE.

I CERTIFY ALL THE INFORMATION ON THIS APPLICATION AND ALL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY BELIEF AND KNOWLEDGE. I UNDERSTAND THAT THE VILLAGE OF CASSOPOLIS STAFF WILL REVIEW THIS REQUEST AND DETERMINE IF IT IS IN COMPLIANCE WITH AGENCY POLICIES, HID REGULATIONS AND PRIORITIES, AND THE NEIGHBORHOOD ENHANCEMENT PROGRAM. IF THIS APPLICATION IS APPROVED, I WILL CARE FOR AND MAINTAIN THE PROPERTY.

SIGNATURE OF APPLICANT: _____ **DATE:** _____