

The Program

FAN Assist is a grant program conducted by the Midtown Alliance of Neighbors. The funding for this program will come primarily from the Kentucky Affordable Housing Trust Fund. Over the next year, we will be able to give home rehabilitation help up to six low-income homeowners in the Fountain Avenue Revitalization Area. Up to six more homeowners will be helped each year in the following year(s). Here are the program's main points:

- You must own and live in your home. And it must be located **in the Fountain Avenue Revitalization area**.
- Your household income must be less than 60% of the Area Median Income (shown below).
- The maximum amount of help for each property is \$60,000. Your home's project may not require that much. However, if there is a possibility that any rehabilitation project will cost more than \$60,000, we will work with the homeowner on a case-by-case basis to help determine alternatives.
- The Midtown Alliance of Neighbors will work with you to define the rehabilitation work to be done and will coordinate completion of the work.
- You will not have to pay back money for repairs funded with this program. However, you will be asked to sign a 10-year deed restriction. This deed restriction says that your home must be your primary residence for the next 10 years. If for some reason you HAVE to sell your house before the 10 year period is up, the property must be sold to another low-income person (including a relative or friend) at an affordable price as detailed in the deed restriction.

Eligibility

To be eligible for this program your household income must be at or below 60% of the Area Median Income, as determined by HUD. The current income limits are given here. Income limits for the upcoming year will be released in late spring, and final eligibility will be determined using those.

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$25,300	\$28,900	\$32,500	\$36,100	\$39,000	\$41,900	\$44,800	\$47,700

To determine your gross income, we will add all sources of income for everyone in your household, including SSI, disability, pensions, wages, child support, alimony, K-Tap, food stamps, and other benefits. If you have questions about whether to count a benefit you receive as income, please call Sharon Poat at 556-0826. We will also gather information about cash, stocks, IRAs, other pieces of property, and other assets you have. If you have more than \$5,000 in additional assets, we will add 2% of the value of assets over \$5,000 to your income to get a final income total. Please note that by signing and submitting an application, you are giving us permission to verify information with your bank, employer, etc.

We will verify your income and initial eligibility for the program after receiving an application. Following guidelines from the funding source, we may need to re-verify income before finalizing your rehab project and beginning work on your house. We will also verify your ownership of the house and do a basic credit check.



Application Information and Ranking Criteria

Applications can be mailed or brought to: Midtown Alliance of Neighbors
c/o Fountain Avenue United Methodist Church
300 Fountain Avenue
Paducah, KY 42001

The Midtown Alliance of Neighbors will accept applications on an ongoing basis. The following information details the treatment and ranking of applications:

Applicants should note that funds for this program are available to organizations across the state on a first-come-first-served basis, beginning July 1 each year. FAN Assist can only help two homeowners at the same time. If funds are limited by the middle of the funding year, the Midtown Alliance of Neighbors will help the highest-ranked project for which funds are available. We will eventually work our way through and help all eligible applicants, pending the availability of funds.

As new applications are received during the life of the program, the homes of new eligible applicants will be assessed and ranked according to the listed criteria. Date of receipt of application will NOT be considered in the ranking.

Once a year, the waiting list will be updated. Eligible homeowner applicants will be re-interviewed to assess their continued interest in the program and eligibility for it. The condition of their homes will also be reviewed and an updated Home Inspection Checklist will be completed. Projects will be re-ranked using the same criteria and updated information.

Homeowners with the highest point scores will have their homes addressed first. If several households have the same score, the tie-breaking criterion will be household income, with lower incomes receiving preference.

10 pts.--Owned and lived in home on April 17, 2007 (when the City passed the Fountain Avenue Revitalization Plan)

5 pts.--Purchased or moved into the home after April 17, 2007, but before March 31, 2011, when the FAN Assist program was announced.

0 pts.--Purchased or moved into the home after March 31, 2011

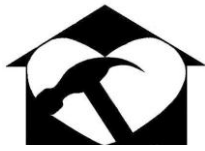
1 to 5 pts.--If the home has an active roof leak or electrical, plumbing, heating, or other life and health-safety issues which make the house dangerous or uninhabitable and which cannot be addressed by temporary repairs.

2 pts.--The homeowner and/or spouse is elderly (62 or older) OR disabled (receiving disability benefits from the Social Security Administration) OR is a working homeowner with minor children.

Who to Call for Help or Information

If you need help filling out your application or if you have any questions, call Sharon Poat at 556-0826 or 442-8947.





Section I—Applicant Information

Applicant Name:

Co-applicant Name:

Mailing Address:

Mailing Address:

Property Address (if different than mailing):

Property Address (if different than mailing):

Telephone #: _____

Telephone #: _____

2nd Phone #: _____

2nd Phone #: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

Section II—Income, Assets and Debt

List all People in Household and Sources of Income:

Name	Age	Marital Status/ Relationship to Applicant(s) (Married, Single, Widowed, Child, Friend, etc.)	Monthly Income	Source (Wages, K-Tap, SS, SSI, Food Stamps, Child Support, alimony, etc.)



List all debts:

Creditor's Name	Address	Current Balance	Monthly Minimum Payment

Asset information:

Do you or any other household member have any of the following assets?

Type of Asset	Yes or No	Institution or Bank Name	Balance	Disposed of in last two years for less than the face value?
Checking Account				
Savings Account				
Christmas Club Account				
Certificate of Deposit				
Money Market				
Trusts				
Stocks				
IRA Account				
Bonds				
Life Insurance Policy				
Whole Life--cash surrender value				
Retirement/Pension Fund				
Collectible/Antiques				
Real Estate (other than residence)				
Other:				



Section III--Current Homeownership

Do you own the home where you live? Yes No

Whose name is the home's deed in: _____

What is your monthly mortgage \$ _____ What is the amount owed on your home? _____

Average Utilities: Water \$ _____ Gas \$ _____ Electric \$ _____

Do you currently carry Homeowner's Insurance on your home? _____

How old is your home? _____

Does your home have an active roof leak, non-functioning heating or plumbing, or any other life or health-safety issues that you are aware of? If Yes, explain _____

Do you owe delinquent property taxes? Yes No If "Yes", how much do you owe? _____

Do you own land? Yes No If "Yes", how many acres? _____

Do you own other homes/properties Yes No If "Yes", list addresses _____

Have you ever filed bankruptcy? Yes No If "Yes", when?: _____

I/We, the Applicant(s), understand that willful false statements or misrepresentation concerning income or asset information relating to financial condition is sole reason for exclusion from this program. I/we further understand that any willful misstatement of information will be grounds for either termination of the application process or, if awarded funding assistance, the total amount of the funding assistance received shall become immediately due and payable by the Applicant(s).

I/we certify that the application information provided in this application is true and complete as of the date set forth beside my/our signature on this application.

I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant Signature

Date

Co-applicant Signature

Date



PERSONAL INFORMATION RELEASE AUTHORIZATION

To Whom It May Concern,

I/We hereby authorize the release of any personal and financial information requested by the Midtown Alliance of Neighbors including: Employment and Income Records, Credit Report, Banking or Financial income and balances, Social Security, SSI, Pension, Retirement, utility averages, and other appropriate person(s) to verify information I have supplied concerning my income, assets, and/or liabilities.

A photographic copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

_____	_____	_____	_____
Applicant's Signature	Date	Co-Applicant's Signature	Date

All family members over the age of 18 living in the household should review the information and make the same authorization by signing below:

_____	_____	_____	_____
Signature of Other Adult	Date	Signature of Other Adult	Date

_____	_____	_____	_____
Signature of Other Adult	Date	Signature of Other Adult	Date

WARNING: Title 18, Section 1001 of the United States code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. Kentucky revised Statute 514.40. Theft by deception makes it a crime to knowingly give false information to get into housing, to get lower, rent, or to receive aid/or benefits under any state or federally funded assistance program.

