



Adapted Housing Grant Guidelines Leroy C. Shelton American Legion Post #36 – Rochester, Indiana

1:1 Grant Application and Essential Assistance Grant Application for Resident Veterans of Fulton County, Indiana

Adapted Housing Grants are available to any Veteran discharged under honorable conditions with a DD Form 214. Applicant must be a resident of Fulton County, Indiana, living in the home associated with the proposed project. This grant program exists to help Veterans live independently in a barrier-free environment.

The following Adapted Housing Grants available are as follows:

- 1:1 Grant
- Essential Assistance Grant.

Projects supported by the Adapted Housing Grants are as follows, but not limited to:

- Wheelchair Accessible Ramps
- Widening of Doorways
- Bathroom Renovation
- Kitchen Renovation

1:1 Grants will be awarded on a one-to-one matching basis.

- The applicant will be required to pay an equal sum comparable to the amount allocated by the Grant Fund.
- The Community Foundation will pay the contractor the agreed upon allocation amount from the Adapted Housing Grant Fund after completion of the project is verified. An official invoice and proof of payment of the matching funds by the applicant must be submitted prior to grant monies being disbursed.

Essential Assistance Grant will be awarded to low-income Veterans and is based on financial need.

- Grant awards are reviewed on a case-by-case basis after careful review of the submitted financial documents.
- Grants are awarded at 100% of the cost of the project.
- The Community Foundation will pay the contractor the agreed upon allocation amount from the Adapted Housing Grant Fund after an official invoice is submitted for payment and completion of the project is verified.

Applicant agrees, by accepting any monies allocated through the Adapted Housing Grant, the Leroy C. Shelton American Legion Post #36 and the Fulton County Community Foundation are held harmless against claims, damages, losses, and expenses, including but not limited to attorneys' fees, arising out of or resulting from the negligence or misconduct of any hired contractor in connection with the performance of the work for which monies are allocated.

The Adapted Housing Grant funds must be repaid in an amount and manner described below if any of the following events occurs:





- The benefited property is not found to be the residence of the applicant; or
- It becomes known that the applicant made false and/or misleading statements in the application which were material in making the grant.

Leroy C. Shelton American Legion Post #36 shall give written notice to the applicant upon determination that one of the forgoing events has occurred, in which case repayment shall be made to the Leroy C. Shelton American Legion Post #36 in 12 equal monthly installments of principal only beginning on the first of the month next following the date of the notice and continuing on the 1st day of each month thereafter until repaid in full.

I, as the undersigned applicant, understand and agree to adhere to the guidelines outlined above.

Applicant Signature & Date





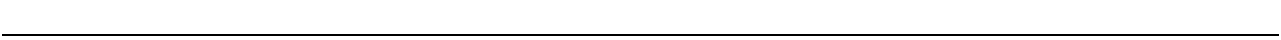
Adapted Housing Grant Guidelines
Leroy C. Shelton American Legion Post #36 – Rochester, Indiana

Owner Verification Form
To Be Used If Applicant Resides In Their Home Under A Rental Agreement

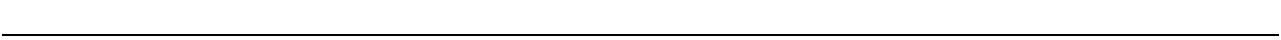
Applicant Name: _____



Owner Name & Address: _____



Project Site Address: _____



Project Description: _____



I, as the owner of the above stated project site understand and verify the following:

- The above stated applicant resides at the property listed as the project site address;
- The above stated project will occur on the home located on the project site address; and
- The above stated project will alter the home in the manner stated under project description.

I, as the undersigned owner of the above stated property, understand and agree to allow the alterations to occur to the above stated home.

Owner Signature & Date

Notary:

State of Indiana)

County of Fulton) SS:

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____, _____

Signed Name

Printed Name

Residing in _____ County

My Commission Expires: _____





Adapted Housing Grant Application

Leroy C. Shelton American Legion Post #36 – Rochester, Indiana

1:1 Grant Application and Essential Assistance Grant Application for Resident Veterans of Fulton County, Indiana

Applications should be completed in its entirety. Essential Assistance Grants are allocated on a case-by-case basis after financial information shows the need for 100% assistance. All information will be held in strict confidence.

Pages 1-2 Completed by the Veteran or their representative

- Attach:
- Signed Adapted Housing Grant Guidelines
 - DD Form 214 Showing Discharge Under Honorable Conditions
 - Proof of Residency at the Project Location in Fulton County (i.e. Utility Bill, Copy of Driver’s License, etc.)
 - Project Design (i.e. Drawing, Blue Prints, etc.)
 - Contractor Estimate
 - Ownership Verification for Rental/Tenant Situation
 - Current Bank Statements: Three (3) Months

Return: Completed Application, with Attachments, to the American Legion Post 36

Applications need to be submitted to the American Legion Adapted Housing Grants Committee. All applications submitted for consideration of the Adapted Housing Grant, may be submitted at any time a direct need occurs.

Applications may be dropped off or mailed to:

American Legion Post 36
c/o Adapted Housing Grants Committee
611 Main Street
Rochester, IN 46975

Personal Information

Name: _____
Last First Middle Date

Own Rent

Address: _____

Home Phone: _____ Cell Phone: _____ DOB: _____

E-Mail: _____





Are you confined to a nursing home or medical care facility? (If "Yes", give name and address of facility and timeline of release)

Military Branch: _____

Service Dates: _____

Project Information: *Please attach any documents/drawings that will help review the nature of the project and its need*

Project Description & Explanation: _____

Project Total Cost: \$ _____

Financial Information

Estimated Project Cost \$ _____

Annual Income \$ _____

Monthly Living Expenses \$ ()

Other Expenses (Medical Treatments, etc.) \$ ()

Total Income (Difference between total income & total expenses): \$ _____

Please include any other information you think would be helpful in making our grant allocation decision

Signature of Applicant

Date: _____

