

**CDBG Owner Occupied Rehabilitation National Objective Form**

**Instructions**

To be eligible to receive up to 100 national objective points, an Owner-Occupied Rehabilitation grant applicant must:

1. Complete this form so that it is unique to the cycle and applicant. Form must contain current dates, signatures, community information, income limits, etc. Previous submissions will not be accepted.
2. **Attach documents that support each category selected.**
3. Complete form and submit as a single uploaded file in GMS. The submission should be titled *"OOR National Objective Form"*.
4. Submit the completed national objective form along with your application through the Indiana Grants Management System (GMS) by the submission deadline.

Application Instructions contain the latest Grant Evaluation Criteria for National objective points. Refer to these instructions for further details on our [Owner Occupied Rehabilitation Program webpage](#). For further questions, please email the [CDBG Team](#).

**SECTION 1: Applicant Information**

|                             |                              |                            |
|-----------------------------|------------------------------|----------------------------|
| 1. Lead Applicant           | 2. Application Number        | 3. Date of Form Submission |
| 4. Grant Administrator Name | 5. Grant Administrator Email |                            |

**SECTION 2: National Objective Categories**

Select each category to be considered toward the applicant's national objective score. Accurate narrative and documentation must be provided in order to be considered for scoring.

- ☐ Form OOR-002 Homeowner Application Packet
- ☐ Selection Criteria for Eligible Homeowners
- ☐ Waitlist of homeowners interested in local program participation
- ☐ Populations Targeted for Funding Assistance. See full description in current cycle instructions.
  - ☐ Individuals with disabilities
  - ☐ Elderly individuals
  - ☐ Veterans
  - ☐ Single parent head of household

**SECTION 3: Homeowner Application Packet Points)**

**(Maximum 10**

\*\*Narrative not required for this section.

Applicant must ensure the homeowner application packet is up to date and contains accurate 1)applicant specific contact information and 2) income limits according to household size. Packet form found on [CDBG Resources](#) webpage.

☐--Check if homeowner application packet is uploaded.

**SECTION 4: Selection Criteria Defined Points)**

**(Maximum 25**

In 3-5 sentences, clearly outline 1) the program's selection criteria for homeowners to be eligible for funding 2) how homeowners are selected for participation in the local program and 3) describe process for addressing a tie in applicant scores.

☐--Check if selection criteria documentation is uploaded.

**SECTION 5: Interested Homeowner Waitlist Points)**

**(Maximum 25**

In 3-5 sentences, clearly outline 1) how the local OOR program was promoted to the community and 2) the method(s) in which homeowner interest was gathered and documented. Note, this waitlist may contain eligible and ineligible homeowners. Gathering interest does not equal establishing eligibility.

☐--Check if interested homeowner waitlist documentation is uploaded.

**SECTION 6: Prioritized Populations  
 Points)**

**(Maximum 40**

In 3-5 sentences, describe how the local program will prioritize funding assistance to households that belong to at least one of the following population groups: individuals with disabilities, aging in place, veterans or single parent head of household.

**Note:** Household must be the primary residence for qualifying individual(s). Individuals or households that meet the criteria for two or more categories (i.e., a veteran with a disability or a single parent household with a child with a disability) may only be counted for one of the categories in which they qualify.

☐--Check if prioritize populations documentation (scoring rubric, program is uploaded.