



RAHM EMANUEL, MAYOR



NOVEMBER 01, 2017

RE: EMERGENCY HEATING REPAIR PROGRAM

Dear Applicant;

Thank you for your interest in the Department of Planning and Development's (DPD), Emergency Heating Repair (EHR) Program. This is a **one-time service program** for a single-family, one to four (1-4) unit, and owner-occupied property located in the city of Chicago. The enclosed package includes the following documents:

- Application & Signature Form (4-pages)
- Documentation Checklist (2-pages)
- Program Summary Sheet
- Income Limit Chart

The completed application and all supporting documents (see attached checklist) that applies to your household must be submitted during the open enrollment period of **November 1, 2017 through March 30, 2018**.

NOTE: *Limited funds are available on a first-come-first-service basis.* Please return the completed and signed application with supporting documents (*see checklist*) that relates to your household at your earliest to be considered.

Completed application packages can be mailed or walked into our office at:

City of Chicago
Department of Planning and Development
Attn: Emergency Heating Repair Program
121 N. LaSalle, Room 1006
Chicago, IL 60602

Application packages can also be faxed to: (312) 742.0264

If you have any questions or need assistance with your application, please contact, the department's program staff members: Regina Gibson at (312) 744-0070 or Luis Alarcon (312) 744-5799 (Spanish interpreter also).

Sincerely,

City of Chicago/Dept. of Planning and Development



RAHM EMANUEL, MAYOR



CHICAGO DEPARTMENT OF PLANNING & DEVELOPMENT

EMERGENCY HEATING REPAIR (EHR) PROGRAM

(Enrollment Period: NOVEMBER 1, 2017 thru MARCH 30, 2018)

Application Form

Date: _____

I. Personal Information

1) Applicant's Name:				2) Home Address: _____ Zip code 606 _____ Apt. #_____			
3) Last four (4) # of Social Security: XXX-XX-_____	4) Marital Status: Single: _____ Married: _____ Divorce: _____ Widowed: _____ Separated _____	5) Male: _____ Female: _____	6a) Race _____ 6b) Ethnicity _____	7) Applicant Status Disable? _____ Sr. Citizen? _____ (62 yrs. or older)	8) Date of Birth ____/____/____ (MM/DD/YYYY)	9a) Home Phone # _____ 9b) Cell#: _____	
10) Employer Name:				11) Employer Address:			
12) Business Phone	13) Job Title	14) Yrs. Employed		15) Name & Address of Previous Employer (if less than 2 yrs. at current job)			
16) Co-Applicant's Name				17) Home Address (if different): _____ Zip code 606 _____ Apt.# _____			
18) Last four (4) # of Social Security: XXX-XX-_____	19) Marital Status	20) Male _____ Female _____	21a) Race _____ 21b) Ethnicity _____	22) Applicant Status Disable? _____ Sr. Citizen? _____ (62 yrs. or older)	23) Date of Birth: ____/____/____ Ex. (MM/DD/YYYY)	24a) Home Phone #: _____ 24b) Cell #: _____	
25) Employer Name:				26) Employer Address:			
27) Business Phone	28) Job Title	29) Yrs. Employed		30) Name & Address of Previous Employer (if less than 2 yrs. at current job)			

II. Property Information

31a): Number of Property Units : _____ 31b): Number of Apartments Occupied: _____ 31c): Number of Apartments Vacant: _____	32) Structure Type: Brick: _____ Frame: _____ Stucco: _____ Other: _____	33) Year Purchased _____	34) Refinance Yes/No _____ Year: _____	35) Is the building a Townhouse with an adjoining roof? __Y or __N If yes, a fire wall must separate units.	36) Furnace _____ OR Boiler: _____ (Only One)
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III. Household Information

37) Occupant <i>(If needed add additional names on separate page)</i>	38) Age	39) Relationship	40) Monthly Gross Income	41) Source of Income
		Owner		
		Co-Owner		

42) Total Number of People Living in Home: _____ Total Monthly Gross Income : _____

***Note:** Application must include all household members and if 18 yrs. or older must include a valid photo identification*

****Applicant(s) must provide a valid source of income to participate in program.****

IV. HOUSING EXPENSES			DPD USE ONLY (Do Not Write In This Column)
43) Expenses	44) Monthly Payment	45) Past Due (If applicable) Please indicate if you have a payment plan or you have a mortgage loan modification).	
a) First Mortgage			
b) Second Mortgage			
c) Homeowner's Insurance			
d) Real Estate Taxes			
e) Heat (Gas)			
f) Electric			
g) Water			
h) Maintenance Cost: (if more than one unit)			
Total Housing Expenses: _____			

V. Property Mortgage Information

46) Please indicate name on mortgage account if different than owner's	
47) Name of Mortgage Lender/Mortgagee	48) Monthly Payment
1 st Mortgage Lender (if applicable)	\$
2 nd Mortgage Lender (if applicable)	\$
49) Do you have a REVERSE MORTGAGE? Yes _____ No _____	
50) Are you currently collecting monthly payments from the Reverse Mortgage? Yes _____ No _____	
If "Yes", please indicate the monthly amount \$ _____	
51) Do you have any other liens against your property? Yes _____ No _____	
If Yes, list type of lien: _____	

VI. Type of Assistance Requested

52) Type of Repair	53) Previous HEATING Assistance	54) Description of the EMERGENCY HEATING REPAIR(s):
<p><u>SELECT ONLY ONE</u> (Please "X"):</p> <p><u>FURNACE SYSTEM:</u> Repair: _____ Replace: _____</p> <p><u>BOILER SYSTEM:</u> Repair: _____ Replace: _____</p>	<p>Have you ever applied for the Emergency Heating Repair program before? Yes: ___ or No: ___</p> <p>If so, When? _____</p> <p>What work was completed? _____ _____ _____ _____ _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Additional Comments:

REPRESENTATIONS AND WARRANTIES

The information contained within this statement is in support of an application for assistance from the City of Chicago's **Department of Planning and Development (DPD)**. Each of the undersigned acknowledge and understand that the City is relying on the information provided herein in deciding to award City assistance in the form of a loan or grant. Each of the undersigned represents warrants and certifies that the information provided herein on financial condition and household size is true, correct and complete. Each of the undersigned agrees to notify the City immediately and in writing of any change in name, address employment and of any material adverse change (1) in any of the information contained in the statement, (2) in the financial condition of any of the undersigned or, (3) in the ability of the undersigned to perform its (their) obligations to you. In the absence of such written notice, this should be considered as a continuing statement and

substantially correct. Each of the undersigned hereby authorizes the City to make all inquiries it deems necessary to verify the accuracy of the information contained within and to determine the credit-worthiness of each of the undersigned. Each of the undersigned authorizes any person or consumer crediting reporting agency to give the City information it may have regarding each of the undersigned. Each of the undersigned authorizes the City to answer questions about its credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to the City is outstanding, the undersigned may be asked to supply an updated financial statement. The personal financial statement and any other financial or other information that the undersigned gives the City shall be the City's property and may be released as the City deems fit. I have received a copy of the Program summary sheet and supporting documents outlining the **Emergency Heating Repair (EHR) Program**. I fully acknowledge and understand that if the cost to make repairs to my home exceeds the program limit, I will be responsible for contributing the difference before the work begins. Please note that completion of an application is not a guarantee of service. **The Department of Planning and Development** reserves the right to cancel this application when deemed necessary.

55) Applicant Signature

Date

56) Co-Applicant Signature

Date

57) Please answer the following two questions. This information is being compiled for statistical purposes only and will not be used to make funding or eligibility decisions. Please check the following which most describes you:

- 9 White
- 9 Black/African American
- 9 Asian
- 9 Native Hawaiian/Other Pacific Islander
- 9 American Indian/Alaskan Native
- 9 Black/African American and White
- 9 American Indian/Alaskan Native and White
- 9 American Indian/Alaskan Native and Black/African American
- 9 Asian and White
- 9 Other/Multiracial
- 9 I choose not to answer this question

- 9 I am of Hispanic Origin
- 9 I am not of Hispanic Origin
- 9 I choose not to answer this question

NOTE: LIMITED FUNDS ARE AVAILABLE A FIRST-COME, FIRST-SERVICE BASIS.

COMPLETED APPLICATION PACKAGE SHOULD BE RETURNED TO OUR OFFICE AS EARLIEST AS POSSIBLE TO BE CONSIDERED AND PROCESSED.

SERVICE IS NOT GUARANTEED

****COMPLETED APPLICATION PACKAGE CAN BE FAXED TO (312) 742-0264.
Attn: Emergency Heating Repair Program****



EMERGENCY HEATING REPAIR PROGRAM
Documentation Checklist

Applicant Name: _____ Date: _____

Required Documentation Needed with Completed Application:

NOTE: If application is missing any required documents, it will be placed on hold until they are received. A written notification will be mailed out for missing documents with a deadline date by DPD's staff.

**Please check-off documents that relates to your household only and include in returned package:

- 1. Copy of current Property Deed (must be recorded with Cook County Deeds office)
2. Copy of current Mortgage Statement or Reverse Mortgage Statement or Lender Mortgage Modification Agreement. (past due statements not accepted).
3. Copy of current Cook County Real Estate Tax Bill
4. Copy of current Homeowner's Insurance Declaration page or Policy (expired statements not accepted).
5. Copy of signed 2016 and 2015 Federal Tax Returns files. Must include ALL Scheduled exhibits, Addendums, W2s and 1099s FORMS). Must be Signed and dated.
6. Copy of proof of Income for each household member (check which applies to your household):
a) Copy of three (3) Current/Recent Pay Stubs
b) Copy of Current year Social Security Statement or award letter
c) Copy of Current year SSI Statement or award letter
d) Copy of Pension Statement
e) Copy of current Unemployment Statement (Online printouts not accepted)
f) Copy of DHS Public Cash Assistance Letter (exclude SNAP/Link benefits)
g) Copy of two (2) current Rent Receipts from Renters
h) Copy of Notarized Letter of Explanation Re:

- ___ I) Copy of Current Profit and Loss Statement on Self Employed Business
- ___ J) Other(s) : _____
- ___ 7. Copy of current Income Statements on all Household members that live in home.
- ___ 8. Copy of Current GAS Bill (*payment plan letter to be included if applicable*).
- ___ 9. Copy of Current ELECTRIC Bill (*payment plan letter to be included if applicable*).
- ___ 10. Copy of Current WATER Bill. (*payment plan letter to be included if applicable*).
- ___ 11. Copy of Death Certificate (*If applicable*).
- ___ 12. Copy of Divorce Decree or Legal Separation Agreement (*If applicable*).
- ___ 13. Copy of State Identification or Driver's License on all adults in household 18 yrs. or older _____.
- ___ 14. Copy of Social Security Cards on All Household members including minor children.
- ___ 15. Copy of current Building Code Violations (if applicable)
- ___ 16. Other(s): _____

NOTE: Limited funds are available on a first-come-first-service basis. Please return the completed and signed application *with all required* documents (***listed above***) that relates to your household with as soon as possible.

***COMPLETED APPLICATION PACKAGE CAN BE FAXED TO:
(312) 742-0264 or Mailed to***

**City of Chicago- Dept. of Planning and Development
Attn: EMERGENCY HEATING REPAIR PROGRAM
121 N. LaSalle St. – City Hall, Room 1006, Chicago, IL 60602**

If you have any questions or need assistance with your application **documents** please contact:

Mrs. Regina Gibson at (312) 744-0070 or
Mr. Luis Alarcon at (312) 744-5799 (bilingual Spanish and English)



RAHM EMANUEL, MAYOR



CHICAGO DEPARTMENT OF PLANNING & DEVELOPMENT

Emergency Heating Repair Program Summary

(ENROLLMENT PERIOD: NOVEMBER 1, 2017 TO MARCH 30, 2018)

SERVICES

The Emergency Heating Repair program is administered by the City of Chicago Department of Planning and Development (DPD) to provide grants for the repair or replacement of faulty or inoperable residential heating systems to owner-occupants of habitable one-to-four residential properties. **This is a one-time service program.**

Applications are accepted on a walk-in basis or can be picked-up between the hours of 9:00am to 4:00pm Monday thru Friday at City Hall, 121 N. LaSalle St., 10th floor, Rm.1006. The application package will also be available online starting November 1st at: www.cityofchicago.org/dpd

APPLICANT(S)

To be an eligible participant in the program the following is required: **1).** The gross income of all the household members (18 years of age and up) cannot exceed HUD’s current income limit (see chart below); **2).** Service under the program has not been received in past years; and **3).** Applicant(s) name is on property deed as the owner(s) for at least one (1) year before applying for the program.

Current Gross (before deductions) Income Limits (2017)

Household size	80 % Area Median Income (AMI)
1 person	\$44,250
2 persons	\$50,600
3 persons	\$56,900
4 persons	\$63,200
5 persons	\$68,300
6 persons	\$73,350

PROPERTY

Eligible properties are one to four units located in the city of Chicago, habitable condition, and owner-occupied. Also, applicants cannot be at risk of foreclosure. **Commercial, mixed-use (apartment plus business or commercial units), and condominiums do not qualify for program.**

All utilities must be current at time of application. If the owner sells, transfers title, or no longer occupies the unit within one year of the grant, the owner will be required to pay back a prorated amount of the grant.



RAHM EMANUEL, MAYOR



EMERGENCY HEATING REPAIR (EHR) PROGRAM

2017 MAXIMUM GROSS (Before Deductions) INCOME LIMITS

Household size	Max. Income 80%	Household size	Max. Income 80%
1	\$44,250	5	\$68,300
2	\$50,600	6	\$73,350
3	\$56,900	7	\$78,400
4	\$63,200	8	\$83,450

Income limits are based on the Chicago-Naperville-Joliet, IL HUD Metro FMR Area (HMFA) median family income of \$75,100 as adjusted by HUD. Effective until superseded

Versión en Español

PROGRAMA DE EMERGENCIA DE REPARACION DE CALEFACCION (EHR)

2017 MAXIMO LÍMITE DE INGRESO BRUTO FAMILIAR

Numero de miembros de la familia	Ingreso anual 80% del máximo por familia	Numero de miembros de la familia	Ingreso anual 80% del máximo por familia
1	\$44,250	5	\$68,300
2	\$50,600	6	\$73,350
3	\$56,900	7	\$78,400
4	\$63,200	8	\$83,450

Los límites de ingresos son publicados por HUD cada año y están sujetos a cambios sin previo aviso.