



NOVEMBER 01, 2016

**RE: EMERGENCY HEATING REPAIR PROGRAM**

Dear Applicant;

Thank you for your interest in the Department of Planning and Development's (DPD) Emergency Housing Assistance Program (EHAP). 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:

- Program Summary Sheet
- Income Limit Chart
- Application & Signature Form
- Documentation Checklist

The completed application and all supporting documents (see attached checklist) that apply to your household must be submitted between November 1, 2016 through the program deadline date of April 1, 2017. **Please note:** Assistance is limited to availability of funds.

Completed application can be mailed or faxed to:

City of Chicago  
Department of Planning and Development  
Attn: Emergency Heating Repair Program  
121 N. LaSalle, Room 1006  
Chicago, IL 60602  
Fax #: 312.744.6448

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



**EMERGENCY HEATING REPAIR PROGRAM**  
**(FORMERLY EHAP-HEATING PROGRAM)**  
**(Enrollment Period: NOVEMBER 1, 2016 thru APRIL 01, 2017)**

**Application**

Date: \_\_\_\_\_

**I. Personal Information**

1) Applicant's Name:				2) Home Address:  _____		
Zip code <b>606</b> _____ Apt. #_____						
3) Last four (4) # of Social Security:  XXX-XX-_____	4) Marital Status:  _____	5) Male _____  Female _____	6a) Race: _____  6b) Hispanic? Yes or No (circle one)	7) Applicant Status:  Disable? _____  Sr. Citizen? _____ (62 yrs. or older)	8) Date of Birth:  ____/____/____  (MM/DD/YYYY)	9a) Home Phone #: _____  9b) Cell phone #: _____
10) Employer Name:			11) Employer Address:			
12) Business Phone	13) Job Title	14) Yrs. Employed		15) Name & Address of Previous Employer:		
16) Co-Applicant's Name				17) Home Address (if different):  _____		
Zip code <b>606</b> _____ Apt. No. _____						
18) Last four (4) # of Social Security:  XXX-XX-_____	19) Marital Status  _____	20) Male_____  Female____	21) Race: _____  Hispanic? Yes or No (circle one)	22) Applicant Status  Disable? _____  Sr. Citizen? _____ (65 yrs. or older)	23) Date of Birth:  ____/____/____  (MM/DD/YYYY)	24) Home Phone #: _____  Cell#: _____
25) Employer Name:			26) Employer Address:			
27) Business Phone	28) Job Title	29) Yrs. Employed		30) Name & Address of Previous Employer:		

**II. Property Information**

31) Number of Dwelling Units	32) Structure Type	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 _____  Boiler _____
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<b>III. Household Information</b>				
<b>37) Occupant</b> (If needed add additional names on separate page)	<b>38) Age</b>	<b>39) Relationship</b>	<b>40). Monthly Income</b>	<b>41) Source of Income</b>
		<b>Owner</b>		
		<b>Owner</b>		
		<b>Co-Owner</b>		
<b>(Note: Application must include all household members and a picture I.D.s from the State of Illinois on members 18 years and older)</b>				
<b>42) Total Persons Living in Household:</b> _____ <b>Total Monthly Income :</b> _____				
<b>**Applicant(s) must provide a valid source of income to participate in program.</b>				

<b>IV. Housing Expenses</b>				<b>DPD USE ONLY</b> <b>(Do Not Write In This Column)</b>
<b>43) Expenses</b>	<b>44) Joint or Sole Account</b> (Please indicate name on account if different that owner or co-owner)	<b>45) Monthly Payment</b>	<b>46) Past Due (If applicable)</b> Please indicate if you have a payment plan or you have a mortgage loan modification).	
<b>a) First Mortgage</b>				
<b>b) Second Mortgage</b>				
<b>c) Homeowner's Insurance</b>				
<b>d) Real Estate Taxes</b>				
<b>e) Heat (Gas)</b>				
<b>f) Electric</b>				
<b>g) Water</b>				
<b>h) Maintenance (if more than one unit).</b>				
<b>i) Other housing expense (Specify)</b>				
<b>Total Housing Expenses:</b>				

### V. Property Mortgage Information

<b>47)</b> Name of Mortgage Lender/Mortgagee	<b>48)</b> Monthly Payment
1 <sup>st</sup> <i>Mortgage</i> Lender (if applicable)	\$
2 <sup>nd</sup> Mortgage Lender (if applicable)	\$
<b>49)</b> Do you have a REVERSE MORTGAGE? Yes _____ No _____	
<b>50)</b> Are you currently collecting monthly payments from the Reverse Mortgage? Yes _____ No _____ If "Yes", please indicate the monthly amount \$ _____	
<b>51)</b> 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 EHAP Assistance	54) Description of the <b>EMERGENCY HEATING</b> repair needed
<b>Check ONLY one:</b>  <b>Furnace System:</b> Repair: _____ Replace: _____  <b>Boiler System:</b> Repair: _____ Replace: _____  <b>Space Heater:</b> Repair: _____ Replace: _____  Comment: _____ _____	Have you ever applied for the EHAP program before? Y ___ or N ___  If so, When? _____  What work was completed? _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____

**Additional Comments:**

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### 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 Customer Information form outlining the **Emergency Heating Repair Program**. I 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.

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**55) Applicant Signature**

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**Date**

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**56) Co-Applicant Signature**

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**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:

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

**\*PLEASE NOTE: Assistance is limited to availability of funds.**

**COMPLETED APPLICATION PACKAGE CAN BE FAXED TO (312) 744-6448.**



**EMERGENCY HEATING REPAIR PROGRAM (FORMERLY EHAP) Checklist**

**Applicant Name:** \_\_\_\_\_

**Required Documentation Needed with Completed Application: \*NOTE: Please submit and check-off all documents that relates to your household only and include in 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 Mortgage Modification Agreement from Lender. (past due statements not allowed).
- \_\_\_ 3. Copy of current Real Estate Tax Bill
- \_\_\_ 4. Copy of current Homeowner’s Insurance Declaration page or Policy (expired statements not accepted).
- \_\_\_ 5. Copy of 2015 and 2014 Federal Tax Returns filed **INCLUDING ALL Schedules, 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 Proof of Income on Household members that live in home \_\_\_\_\_.
  - \_\_\_ 8. Copy of Current GAS Bill (*past due notices not acceptable*). Payment plan letter to be included (If applicable)
  - \_\_\_ 9. Copy of Current ELECTRIC Bill (*past due notices not acceptable*) Payment plan letter to be included (If applicable)
  - \_\_\_ 10. Copy of current WATER Bill (*past due notices not acceptable.*) 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 for All Household members including minor children.
  - \_\_\_ 15. Other(s): \_\_\_\_\_
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***ALL Required Documents (listed above) that relates to your household must be INCLUDED WITH COMPLETED APPLICATION. \*Please note: Assistance is limited to availability of funds.***

**SEND PACKAGE TO:**

**Department of Planning and Development**

**Attn: EMERGENCY HEATING REPAIR PROGRAM**

**121 N. LaSalle St. – City Hall, Room 1006, Chicago, IL 60602**

**\*COMPLETED APPLICATION PACKAGE CAN BE FAX TO : (312) 744-6448\***

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)



## Emergency Heating Repair Program Summary

### 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. The grants are available to eligible owner-occupants of habitable one-to-four residential buildings. A site inspection will be performed with a DPD rehab construction specialist to determine the heating system's condition.

Applications are accepted on a walk-in basis or can be picked-up between the hours of 9 a.m. to 5 p.m. Monday thru Friday at City Hall, 121 N. LaSalle St., 10<sup>th</sup> flr., Rm.1006, starting November 1, 2016 through April 1, 2017. The application package will also be available online starting November 1<sup>st</sup> at: [www.cityofchicago.org/dpd](http://www.cityofchicago.org/dpd)

### APPLICANT(S)

To be an eligible participant in the program the following is required: **1).** Gross household income of all household members (18 years of age and up) cannot exceed HUD's current year income limit (see income chart); **2).** Service under the program has not been received in past years; **3).** Applicant(s) name is on title of deed as owner(s) of the property for at least one (1) year before applying for the program; and **4).** Other restrictions may apply. **This is a one-time service program.**

### PROPERTY

Eligible properties are one to four unit properties located in the City of Chicago. Habitable, owner occupied. Applicants may not be at risk of foreclosure. **Commercial and Mixed-use units (apartment plus business or commercial units) do not qualify under the program.**

All utilities must be current at time of application and the homeowner must be on title (ownership) a minimum of one year 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 balance of loan from the time of transfer to loan ending period date.





## EMERGENCY HEATING REPAIR PROGRAM (FORMERLY EHAP)

### 2016 MAXIMUM INCOME LIMITS

Household size	Max. Income 80%	Household size	Max. Income 80%
1	\$43,050	5	\$66,450
2	\$49,200	6	\$71,350
3	\$55,350	7	\$76,300
4	\$61,500	8	\$81,200

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

## ASISTENCIA PARA PROGRAMA DE EMERGENCIA CALEFACCION (ANTERIORMENTE EHAP)

2016 LÍMITE DE INGRESO FAMILIAR			
Numero de miembros de la familia	Ingreso anual máximo por familia (ingreso bruto/sucio)	Número de miembros de la familia	Ingreso anual máximo por familia (ingreso bruto/sucio)
1	\$43,050	5	\$66,450
2	\$49,200	6	\$71,350
3	\$55,350	7	\$76,300
4	\$61,500	8	\$81,200

Los límites de ingresos son publicados por HUD cada año y están sujetos a cambios sin previo aviso (efectivo 3/28/2016)