



## Planning & Redevelopment Division Housing Rehabilitation Program Application Packet

For questions or assistance, please contact:

Housing & Loan Program Officer  
Phone: (309) 732-2907

Planning & Redevelopment Division  
City of Rock Island  
1528 Third Avenue  
Rock Island, IL 61201

**For Office Use Only:**

Date application mailed to applicant: \_\_\_\_\_ By: \_\_\_\_\_

Application must be returned by: \_\_\_\_\_

**Please complete this portion for emergency applications only.**

Contractor inspection date: \_\_\_\_\_ Emergency verification: \_\_\_\_\_



## HOUSING REHABILITATION PROGRAM APPLICATION

The Housing Rehabilitation Program is designed to provide financial assistance to homeowners with housing rehabilitation needs. The assistance is provided in the form of a grant to qualified low-to-moderate income homeowners residing within the corporate limits of the City of Rock Island. Approved rehabilitation activities are at the sole discretion of the City of Rock Island but designed to bring owner-occupied homes into compliance with property standards as specified in the City's Building Codes and Ordinances.

### Eligibility Requirements:

- Applicant must live in and own the property they are applying for.
- Applicant must have owned the property for at least six months prior to the time of application.
- Total household adjusted gross income must fall within the established income limits.
- Property taxes must be current.
- Utility bills due to the City of Rock Island cannot be delinquent.
- Property must have homeowners insurance.
- Must be a legal resident with a social security number or U.S. Citizen.

### 2021 Annual Income Limits Established by the US Department of Housing & Urban Development

Total Household	1	2	3	4	5	6	7	8
Income must be under 80% AMI*	\$42,750	\$48,850	\$54,950	\$61,050	\$65,950	\$70,850	\$75,750	\$80,600

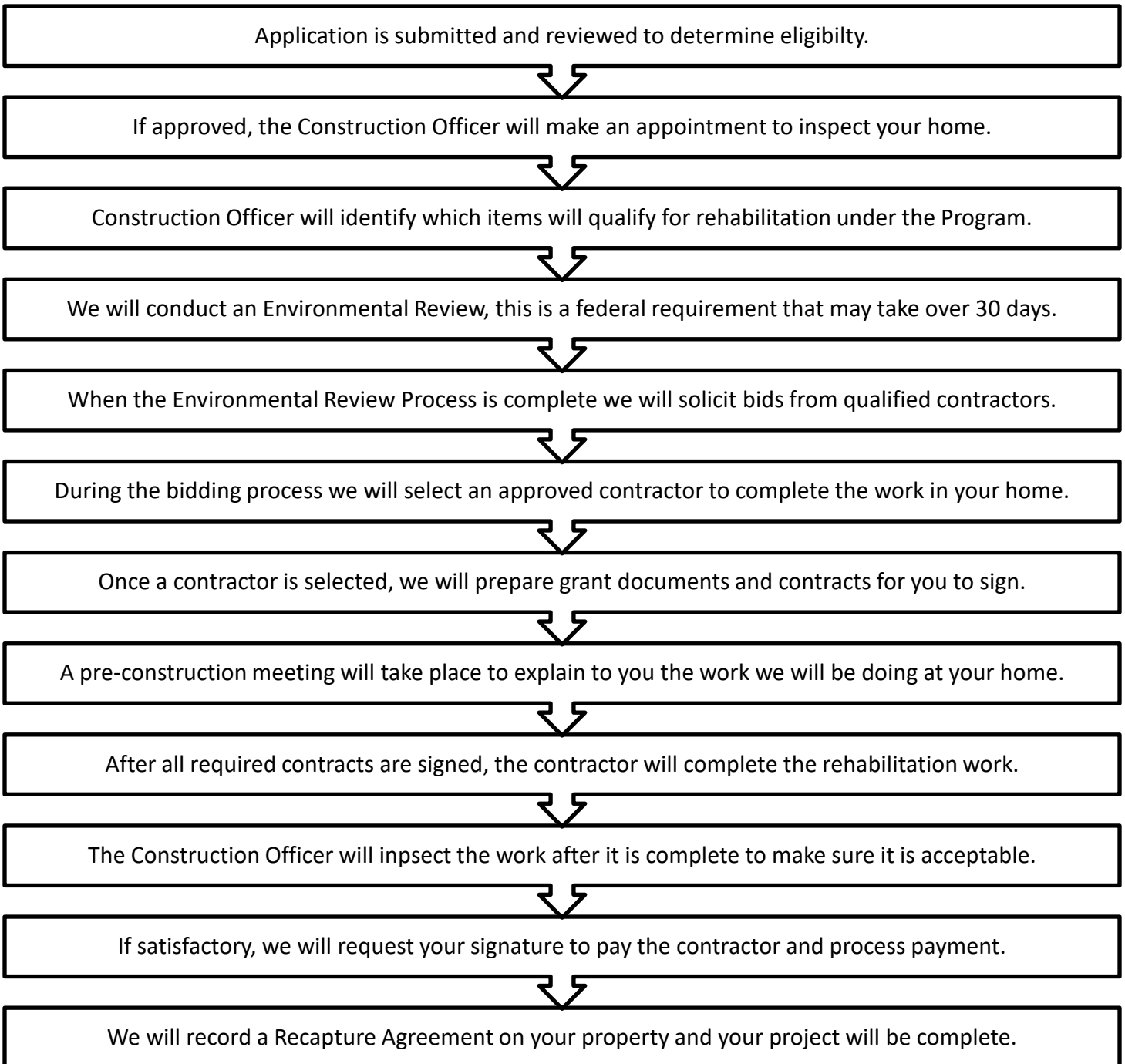
\*AMI means the area median income. These limits are established by the federal government, not the City of Rock Island.

The information collected from the application process will be used to determine eligibility for the City of Rock Island's Housing Rehabilitation Program. The City of Rock Island and its employees will maintain the confidentiality of all applicants and participants in the Housing Rehabilitation Program. Confidentiality shall apply to the applicant's identity and location of the subject property, as well as application documents and any other released data or materials received by the City of Rock Island to determine the applicant's eligibility. NOTE: All successful applicants must comply with federal, state and local fair housing laws.

## Understanding the Application and Program Process



The City of Rock Island utilizes non-City funds for this Program; therefore, Policies and Procedures are followed that involve State and Federal review. This review may require additional time; however, the City of Rock Island will keep you informed about project progress, including potential issues. Please see the chart below to help you understand the Program process:



**Programs and Items that are covered**

<u>Emergency</u>	<u>General</u>	<u>TARRP</u>
Water/Sewer Services	Roof	Soffits
Water Heater	Gutters	Siding
Furnace	Furnace/Boiler	Porch
Roof	Water Heater	Facia
	Foundation	Stairs
	Electrical Service	Hazardous Private Sidewalk Repairs
	Plumbing Service	Chimney Work
	ADA Ramps	Roof
	Siding	Hand Rails
	Soffits	Support Posts
	Exterior Doors	Outside Lighting
	Hand Rails	Fence Removal & Repair
	Support Posts	Missing House Numbers
	Hazardous Private Sidewalk Repairs	

**Please note** that the Housing Rehabilitation Program does not cover assistance for every component of a home. Luxury improvements to a home are not eligible under this Program. The City of Rock Island at its sole discretion will determine the eligible items upon inspection of the home. These items may include but does not guarantee any of the following:

- Repair or replacement of principal fixtures and components;
- Water and energy efficiency improvements;
- Repair or replacement of connection of residential water or local sewer lines; and
- Improvements to remedy barriers that restrict the mobility and accessibility of elderly or disabled persons.

Functional items that only exhibit normal wear and tear will not be replaced. The City will make its best effort to determine the item or items that require the most vital attention.



File No: \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_

**HOUSING REHABILITATION PROGRAM APPLICATION FORM**

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Co-Owner Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Household Members (including yourself):

FULL NAME	DATE OF BIRTH	RELATIONSHIP	MONTHLY INCOME

**HEAD OF HOUSEHOLD INFORMATION**

(Used for reporting purposes only)

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: White \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
Black/African American \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_

Are you Hispanic: \_\_\_\_\_ (yes) Non-Hispanic \_\_\_\_\_ (no)

Are you over the age of 62: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you disabled: Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATION**

I (we), the undersigned, owner(s) of the above describe property, certify that the above statements are true, complete and accurate to the best of my (our) knowledge and beliefs and authorize the City to obtain verification of any information contained in this application from any source named herein.

I (we) hereby apply for rehabilitation funds through the Community and Economic Development Department, City of Rock Island. If my (our) application is approved, I (we) hereby authorize the City of Rock Island to prepare specifications for the rehabilitation work, select bids for this work and direct, coordinate and inspect rehabilitation to be performed. Variations and/or exceptions to the depth of the support service are in accordance with the specific provisions of the applicant's program eligibility. I (we) understand that the City does not undertake the continued maintenance and repair of my (our) home. I also understand the importance of keeping the property clean and free of clutter. I will keep my property from becoming a blighting influence on the neighborhood. I will encourage my neighbors to do likewise.

In consideration of the City's undertaking the above services on my (our) behalf, I (we) hereby waive any and all claim whatsoever, directly or indirectly resulting from any acts, errors or omissions, whether negligent or otherwise, on the part of the City, its offices, agents or employees, arising from or in connection with providing the above services or any way thereto.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**ZERO INCOME VERIFICATION FORM**

(Must be completed by any person over the age of 18 who does not receive any income)

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

Address: \_\_\_\_\_

I \_\_\_\_\_ (name of person who does not receive income), hereby certify that I do not receive income from any of the following sources:

1. Wages, salaries, tips, etc.
2. Taxable interest.
3. Dividends.
4. Taxable refunds, credits or offsets of State and local income taxes. There are some exceptions - refer to Form 1040 instructions.
5. Alimony (or separate maintenance payments) received.
6. Business income (or loss).
7. Capital gain (or loss).
8. Other gains (or losses) (i.e., assets used in a trade or business that were exchanged or sold).
9. Taxable amount of individual retirement account (IRA) distributions. (Includes simplified employee pension [SEP] and savings incentive match plan for employees [SIMPLE] IRA.)
10. Taxable amount of pension and annuity payments.
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc.
12. Farm income (or loss).
13. Unemployment compensation payments.
14. Taxable amount of Social Security benefits.
15. Other income. (Includes: prizes and awards; gambling, lottery or raffle winnings; jury duty fees; Alaska Permanent fund dividends; reimbursements for amounts deducted in previous years; income from the rental of property if not in the business of renting such property; and income from an activity not engaged in for profit).

Or any other sources and do not anticipate any source of income in the next twelve months.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Household Member

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S. Title 18, Sec. 1001 provides: "Whoever in any matter within the jurisdiction of any department or agency of the Unites States knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statements or representations, or makes or use of any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."**

**LEAD PAMPHLET ACKNOWLEDGEMENT FORM**

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

Applicant Address: \_\_\_\_\_

Was your home built before 1978: \_\_\_\_\_ (yes)                      \_\_\_\_\_ (no)



**Lead-Based Paint Disclosure:**

Since many houses built before 1978 may have paint that contain high levels of lead (called lead-based paint), federal law requires that individuals receive an informational pamphlet regarding lead. The pamphlet is titled "Protect Your Family from Lead in the Home."

You are receiving this information because certain renovations may take place in your home that may disturb painted surfaces.

**Acknowledgement:**

I, \_\_\_\_\_ acknowledge that I have received a copy of the pamphlet entitled, *Protect Your Family From Lead In The Home*, informing me of the potential risk of lead hazard exposure from renovation activity that may be performed in my home. This pamphlet was received before any work began in my home.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## VERIFICATION DOCUMENTS CHECKLIST

In order to determine your eligibility, we will need you to provide additional documents. Please use this checklist to help you gather the documents you will need to provide so that your application can be processed. Please bring in original documents; we will make copies for you. **Your application will not be processed without a completed application and until we have received all of the required verification documents for every household member.**

\_\_\_\_\_ Proof of Identification/Citizenship (*for everyone over the age of 18*)

- Government Issued Photo ID
- Social Security Cards

\_\_\_\_\_ 1040 Income Tax form & 60 consecutive days proof of income  
(*documents for all forms of income received are required for everyone over the age of 18*)

Examples include:

- Check Stubs
- Pensions
- Social Security benefit letter
- Disability benefit letter
- Bank Statements (self employed)
- 1040 Tax Form

\_\_\_\_\_ Current Homeowners Insurance (*please provide declarations page*)

\_\_\_\_\_ If applicable, please request a Verification of Disability Form



## Housing Rehabilitation Program Frequently Asked Questions

**Q. If my spouse and I are on the title to the home, but they no longer live in the property, will they also need to apply?**

A. They will not need to supply any supporting documents if they do not live in the home, however, they will be required to sign contracts agreeing to the terms of the Program and authorizing the work on the property because they are on the title.

**Q. My son/daughter currently live with me but they do not contribute to the bills or pay rent. Do I still need to provide their proof of income?**

A. Yes, anyone over the age of 18 that lives in the home will have to provide proof of income. Income eligibility is determined by the total combined household income, regardless if they pay rent or assist with the bills.

**Q. How do you determine what counts as income?**

A. We are required to follow the U.S. Department of Housing and Urban Development's definition of income as defined in 24 CFR 570.3, Income (iii).

**Q. How can I be assured that the contractor selected will do a good job?**

A. All contractors that wish to do work through the Housing Rehabilitation Program must follow guidelines. The City not only inspects the work, but we also ensure that the contractor has the appropriate licenses and training before they can begin any work on your home.

**Q. What is a Recapture Agreement and how does this affect me?**

A. A Recapture Agreement is similar to a lien. This is recorded with the Rock Island County Recorder's Office to ensure that you continue to reside in the property for at least five years. Although you are applying to receive a grant, the City must insure that the grant continues to benefit the applicant for a period of time. As long as you continue to live in your home the Recapture Agreement will be released after five years.

However, if you decide to sell your home in less than five years after receiving the grant, the Recapture Agreement will allow the City to recapture the grant funds from you. Additional information will be provided to you regarding the Recapture Agreement before any work is performed on your property to make sure you agree to these terms.

**Q. If I pass away in less than five years after I receive the grant, will the Recapture Agreement remain on my property?**

A. No. If the grant recipient dies, the Recapture Agreement will be released from the property.