



TOWN OF CICERO

Department of
Housing

1634 S. Laramie Avenue
Cicero, Illinois 60804

Larry Dominick
TOWN PRESIDENT

RE: HOMEOWNER ASSISTANCE FUND HOME REPAIR PROGRAM (HAFHR)

Dear: Cicero Homeowner Occupant

Enclosed the application to the Town of Cicero Homeowner Assistance Fund Home Repair Program (HAFHR). This program is administered by the Department of Housing and offers financial assistance to eligible property owners to repair substandard living conditions, address health & safety hazards and alleviate deficiencies in the structure, heating equipment, plumbing and electrical systems.

Priority Projects include: Sewer Check Valve and Bypass Pump installation to prevent flooding, Lead service line replacements, in homes with children under 6, Roof, Gutter, and Soffit replacements, Handicap Accessibility Projects (chair lifts, walk in shower), Critical life and health safety violations, and Code Upgrades.

This round of Applications will be accepted from:

Monday, February 19, 2024 through Monday, March 25, 2024.

You must submit a completed application to be considered for program. An interview appointment will be scheduled after the receipt of your application after March 11, 2024.

Read the enclosed information, if you have any questions or need assistance in completing your application contact the Department of Housing at (708) 656-8223.

Income Limits

Chicago - Joliet - Naperville, IL HUD Metro FMR Area INCOME LIMITS										
	1 - Person	2 - Person	3 - Person	4 - Person	5 - Person	6 - Person	7 - Person	8 - Person	9 - Person	10 - Person
150% Area Median Family Income	\$115,850	\$132,400	\$148,950	\$165,450	\$178,700	\$191,950	\$205,200	\$218,400	\$231,750	\$244,950

TOWN OF CICERO

Case # _____

Homeowner Assistance Fund Home Repair Program (HAFHR) LOAN APPLICATION

DATE: _____

Please select all types of work being applied for:

- CRITICAL LIFE AND HEALTH SAFETY VIOLATIONS
- CODE UPGRADES
- SEWER CHECK VALVE AND BYPASS PUMP INSTALLATION
- ROOF, GUTTERS, SOFFIT REPLACEMENTS
- HANDICAP ACCESSIBILITY (CHAIR LIFTS, WALK IN SHOWERS, ETC)
- FLOOD CONTROL SYSTEM WITH BYPASS PUMP
- LEAD SERVICE LINE REPLACEMENTS, IN HOMES WITH CHILDREN UNDER 6
- OTHER _____

Is/Are Applicant(s) receiving assistance from other rehabilitation programs? Yes No

If so, List here: _____

Did the applicant receive ILHAF housing assistance in the past? Yes No

Please list the major repairs which you feel need to be done to your home:

Homeowner(s) General Information

Primary Applicant: _____ Primary Phone #: _____
First and Last Name

Email: _____ Secondary Phone #: _____

Address: _____ Birthdate: _____ SS#: _____

Marital Status: _____ Occupation: _____

Race/Ethnicity (select those that apply to you):

- American Indian or Alaska Native
- Pacific Islander-Guamanian or Chamorro
- Pacific Islander-Native Hawaiian
- Black or African American
- Asian-Chinese
- Asian-Japanese
- Asian-Other
- White
- Asian-Filipino
- Asian-Korean
- Decline to Answer
- Asian-Indian
- Asian-Vietnamese

Ethnicity:

- Hispanic or Latino/a
- Non-Hispanic or Latino/a
- Decline to Answer

Co- Applicant: _____ Primary Phone #: _____
First and Last Name

Email: _____ Secondary Phone #: _____

Address: _____ Birthdate: _____ SS#: _____

Marital Status: _____ Occupation: _____

Race/Ethnicity (select those that apply to you):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian-Chinese | <input type="checkbox"/> Asian-Filipino | <input type="checkbox"/> Asian-Indian |
| <input type="checkbox"/> Pacific Islander-Guamanian or Chamorro | <input type="checkbox"/> Asian-Japanese | <input type="checkbox"/> Asian-Korean | <input type="checkbox"/> Asian-Vietnamese |
| <input type="checkbox"/> Pacific Islander-Native Hawaiian | <input type="checkbox"/> Asian-Other | | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White | <input type="checkbox"/> Decline to Answer | |

Ethnicity:

- | | | |
|---|---|--|
| <input type="checkbox"/> Hispanic or Latino/a | <input type="checkbox"/> Non-Hispanic or Latino/a | <input type="checkbox"/> Decline to Answer |
|---|---|--|

Is the household have Limited English Proficiency? Yes No

Are you a Town of Cicero Employee? Yes No

Property Information

Are you the sole owner of the property? Yes No If no, list the other owner (s)?

What type of mortgage, if any? None FHA Mortgage USDA Mortgage
 Government Sponsored Other

Is the property your principal residence? Yes No

Number of Units in Property Single –Family Detached 2 Unit 3 Unit 4 Unit

How many bedrooms are in your home? _____

How many bathrooms are in your home? _____

Property has Reverse Mortgage Yes No

Owner(s) have Investment Properties Yes No

Property has a home equity line of credit Yes No

Property used primarily for business Yes No

Property has delinquent property taxes or has other liens and judgements Yes No

Mortgage Information

Mortgage Holder: _____ Address: _____
Account #: _____ Date of Mortgage: _____
Amount: \$ _____ Interest Rate: _____ Term: _____
Monthly Payment: \$ _____ Balance: \$ _____ Purchase Price: \$ _____
Current Value: \$ _____ Title Holder: _____

Second Mortgage: _____ Address: _____
Account#: _____ Date of Mortgage: _____
Monthly Payment: \$ _____ Balance: \$ _____
Property Insured By: _____ Amount: \$ _____
Address: _____ Policy: # _____

OTHER ASSET INFORMATION:

Other Real Estate: _____
Mortgage Holder: _____ Address: _____
Current Value: \$ _____

Checking/Savings Acct. # _____ Balance: \$ _____
Bank: _____ Address: _____

Checking/Savings Acct. # _____ Balance: \$ _____
Bank: _____ Address: _____

Checking/Savings Acct. # _____ Balance: \$ _____
Bank: _____ Address: _____

Checking/Savings Acct. # _____ Balance: \$ _____
Bank: _____ Address: _____

Household Information:

How long have you lived in this address? _____ Total household members #: _____
of persons disabled living in household: _____ Is the head of household female: Yes or No
Are homeowners 62 years of age or older? Yes or No
Are there any children under the age of 6 living in the property: Yes or No
Type of structure (*circle one*): Single Family (2 unit – 4 units) List monthly rent: \$ _____
Are you also Hispanic? Yes No
Property built prior to 1978: Yes No Unknown
Have your children been tested for lead-based paint? Yes No (if yes please attach results)
Have you ever had a lead hazard evaluation? Yes No (if yes please attach report)

Income Information

Please Note: If anyone in the household receives any of the following income: Social Security, Supplemental Income (SSI), AFDC, Child Support, Disability, Pensions/Retirement, Interest Income, Unemployment, Rental Income, Public Aid, Alimony, Union Benefits, Veterans Benefits, Monetary Contributions, Annuity & or Worker’s Comp. Please fill in the amounts under “Other income” under each specific household member’s information.

PRIMARY APPLICANT

CO-APPLICANT

Employer: _____
Address: _____
Phone #: _____ Length of employ _____
Position: _____
Gross income: \$ _____
 Weekly Bi-Weekly Monthly Annually Salary
Other income: \$ _____ Source: _____

Employer: _____
Address: _____
Phone #: _____ Length of employ: _____
Position: _____
Gross income: \$ _____
 Weekly Bi-Weekly Monthly Annually Salary
Other income: \$ _____ Source: _____

Weekly Bi-Weekly Monthly Annually Salary Weekly Bi-Weekly Monthly Annually Salary

OTHER HOUSEHOLD MEMBER INFORMATION

Name: _____

Name: _____

Relationship: _____ Birthdate: _____

Relationship: _____ Birthdate: _____

Social Security #: _____ Age: _____

Social Security #: _____ Age: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work phone #: _____ Position: _____

Work phone #: _____ Position: _____

Gross income: \$ _____

Gross income: \$ _____

Weekly Bi-Weekly Monthly Annually Salary

Weekly Bi-Weekly Monthly Annually Salary

Other income: \$ _____ Source: _____

Other income: \$ _____ Source: _____

Weekly Bi-Weekly Monthly Annually Salary

Weekly Bi-Weekly Monthly Annually Salary

Name: _____

Name: _____

Relationship: _____ Birthdate: _____

Relationship: _____ Birthdate: _____

Social Security #: _____ Age: _____

Social Security #: _____ Age: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work phone #: _____ Position: _____

Work phone #: _____ Position: _____

Gross income: \$ _____

Gross income: \$ _____

Weekly Bi-Weekly Monthly Annually Salary

Weekly Bi-Weekly Monthly Annually Salary

Other income: \$ _____ Source: _____

Other income: \$ _____ Source: _____

Weekly Bi-Weekly Monthly Annually Salary

Weekly Bi-Weekly Monthly Annually Salary

CERTIFICATION BY APPLICANTS

U.S.C. TITLE 18, SECTION 1001 PROVIDES: “Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this application will result in the calling in of any note, deferred grant or other financial help in full.”

Applicant certifies that they qualify as an eligible homeowner as outlined in Eligible Homeowners in the Homeowner Assistance Fund Guidance.

Homeowners are eligible to receive amounts allocated to a HAF participants under the HAF if they experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) and have become equal to or less than 150% to the area median income or 100% of the median income for the United States, whichever is greater. A HAF participant may provide HAF Funds only to a homeowner with respect to qualified expenses related to the building that is such homeowner’s primary residence.

HAF participants must require homeowner to attest that they experienced financial hardship after January 21, 2020. The attestation must describe the nature of the financial hardship (for example, job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member)

Income Determination. With respect to each household applying for assistance, HAF participants may use HUD’s definition of “annual income.” In 24 CFR 5.609 or use adjusted gross income as defined for purpose of reporting on Internal Revenue Service (IRS) Form 1040 series for individual federal annual income tax purposes.

Verification of any of the information contained in this application may be obtained from any source named therein. We reserve the right to verify any and all information given in this application, whatever the source. All information derived from such verification will be kept confidential and limited to the Department of Housing and IDHA.

I hereby authorize the Town of Cicero to perform the service and/or repair requested. I understand that the Town of Cicero shall not be responsible for the necessity or adequacy of such service and/or repair. The Town of Cicero shall have no liability due to the disruption or discontinuance of electrical, gas, water or any other liability necessitated by such service and/or repair or by a dangerous or hazardous condition discovered by it.

The Town of Cicero Department of Housing will make the determination if the application meets the requirements to qualify for this loan/grant and IDHA.

Grants/loans are awarded without regard to race, sex, age, ethnic or religious background.

Racial data is obtained for statistical information only. Data is not compulsory and will not be considered by any local or federal official in determining applicant(s) eligibility.

I further certify that I fully understand that this is a forgivable Loan up to \$60,000.00. Assistance for the home repair project is forgiven monthly over the three year term (1/36th a month) until completely forgiven after year three. I understand that my property cannot be refinanced during this period and that all owner’s must continue to reside in the property for the duration of the loan. Homeowner(s) must accept the placement of the Recapture Agreement on the property and agree to the terms of the Owner Agreement, Promissory Note, and Recapture Agreement. Homeowner will sign an Expectation Form and abide by all rules of the program. Homeowner understands household income must be less than or equal to 150 percent of the median income. This program requires certain Homeownership (Primary Residence), Income (Financial Status), Property Value Eligibility, Insurance, and other Illinois Housing Development Authority (IHDA) processes for approval in conjunction with Town of Cicero Department of Housing processes.

AFFIDAVIT

I hereby affirm that the answers given in this application are true and correct and made for the purpose of obtaining assistance under the Department of Housing Rehabilitation Programs administered by the Town of Cicero. I further understand that any fraudulent representations made in this application will result in the denial of assistance under this program and possible criminal prosecution. For purposes of verifying the information given in this application, I authorize the Town of Cicero, or its representatives, to communicate with any person, firm, or corporation it desires, and obtain such information as it may require concerning statements made in this application. I agree that this application shall remain the property of the Town of Cicero whether or not rehabilitation assistance is granted.

Please check off all that apply:

- Homeowner suffered a financial hardship after January 21, 2020, related to Covid-19 pandemic.**
- Household income is less than 150% of AMI.**
- I own the property and all owners reside in the property (Primary Residence).**
- Mortgage payments are current OR not have a mortgage payment**
- The Property is currently insured**

Signature (Homeowner)

Date

Signature (Homeowner)

Date

HAFHR Covid-19 Certification

Grantee: Town of Cicero

Homeowner(s) Name(s): _____

Property Address: _____

- 1. I/we are the owner(s) on tle and currently occupy the above property as my/our primary residence.
- 2. I/we have experienced a COVID-19 qualified financial hardship, as indicated on my/our application for assistance. A qualified financial hardship is a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic.
- 3. Has anyone in your household experienced any financial hardship, directly or indirectly with the COVID-19 pandemic that began, continued, or worsened at any time after January 21, 2020?

Please check all that apply.

- Reduction in hours of employment or wages
- Loss of employment (includes self-employment income reduction)
- Unemployed for more than 90 days
- Responsibilities to care for an elderly, disabled, or sick family member Increased medical costs
- Increased child care costs
- Increase in expenses
- Childcare/educational responsibilities
- Death of a loved one
- Divorce/separation

- 4. All information I/we have provided in connection with my/our application is correct and complete, and if requested, I/we shall provide additional documentation needed to certify my/our eligibility and process my/our application, including information needed to prove my/our household’s reduction of income or increase in living expenses.
- 5. I/we acknowledge that access to all information collected, assembled, or maintained by the program administrator pertaining to this agreement/certification, except records made confidential by law or court order, may be provided to the U.S. Department of Treasury, Office of Inspector General, or other for audit and/or reporting purposes.

Signature (Homeowner)

Date

Signature (Homeowner)

Date

COPIES OF THE FOLLOWING MUST BE ATTACHED TO YOUR COMPLETED APPLICATION TO BE CONSIDERED SUBMITTED:

- Most current Recorded Deed or Title
 - Death certificates of non-living property owners.
 - Divorce certificate and name change proof if name on Deed/Title differs than current name.
 - If Deed is in trust a current Certified Trust Agreement is required.
- Mortgage payment statement
- Current Homeowner's Insurance Policy Agreement
- Bank Statements for last three (3) months of all accounts for all household members
- Most current Second Installment Property Tax Bill
- Two current monthly recent rent receipts for all rental units if applicable
- Copy of most current IRS 1040 form, State and Federal; with all attachments;
- W-2,1099's;Schedules (for ALL household members)
- Two recent paycheck stubs (for ALL household members)
- Copy of all most current utility bills (gas, electric, phone and water)
- Current monthly stubs/receipts/statements from all other income received from income source (for ALL household members) such as: Pensions, Social Security, Public Aid, Public Aid, Unemployment, Alimony, Child Support, Union Benefits, Veterans Benefits, Monetary contributions, Annuity & Worker's Comp.

OTHER DOCUMENTS THAT WILL NEED TO BE COMPLETED AFTER PRE-QUALIFICATION TO THE PROGRAM INCLUDE:

- Homeowner's Expectation Form
- Disclosure Certification signed by all title holders
- Indemnification Agreement signed by all title holders
- General Release signed by all title holders
- Written Acknowledgment of receipt of pamphlet "Renovate Right" signed by all title holders
- Written Acknowledgment of receipt of pamphlet "Protect Your Family From Lead in Your Home" signed by Tenant(s) (IF APPLICABLE)
- Certificate of attempted Delivery of Pamphlet (IF APPLICABLE)
- Tenant Survey (IF APPLICABLE)
- Financial Privacy Notice (all over 15 must sign)
- IRS 4506-T form (all over 15 must sign)
- Zero Income Affidavit (all over 15 must sign) (IF APPLICABLE)
- Elderly Homeowners Informed Consent Notice signed by all title holders (IF APPLICABLE)