

HOME WEATHERIZATION GRANT PROGRAM



APPLICATION CHECKLIST

All of the documentation listed below (if applicable) must be submitted with the application; otherwise the application will be considered "Incomplete". Please note that additional documentation may be required.

- Single Family Rehabilitation Loan Program Application (Including the Confidential Financial Statement, Statement of Applicant, and Applicant Demographic Profile)
- Lead Based Paint – “Protect Your Family From Lead In Your Home”. *Please read this notification carefully and sign the Acknowledgment of Receipt of Pamphlet Section included in this application.*
- Social Security Cards for anyone living in the home.
- Last year's Federal Income Tax returns for anyone 18 or older living in the home.
Anyone living in the home who is a full-time student may submit a copy of a current class schedule instead.

If you were not required to file a tax return, provide documentation showing last year's total household income (EXAMPLE: a statement from the Social Security Administration stating the total benefits received last year).
- Copies of recent paycheck stubs for anyone 18 or older living in the home.
If self-employed, please submit a tax return for your business/company.
- If you receive Social Security or Disability benefits, please submit last year's statements.
- Bank statements
- If you receive unemployment compensation, please submit a determination letter or latest check stub.
- Most recent mortgage statement.
- Most recent real estate tax bill.
- If you currently have a trust, please submit a letter of direction (if the record owner is a bank or trust company) or a copy of the trust (if the record owner is your trust).
- Proof of Homeowner's Liability Insurance showing amount of current coverage.
If your property is located in a flood plain, you need proof of flood insurance and proof must be submitted to the Village for the life of loan.
- A plat of survey (*required if you plan on doing exterior work*)
- A “wishlist” of improvements you would like to see made to your home.

If you have any questions while completing the application or have any additional questions regarding the Home Weatherization Program, please feel free to call Cheryl Scherbaum at (847) 818-5297.

**APPLICATION FOR MOUNT PROSPECT
HOME WEATHERIZATION PROGRAM**

This information will be held in strict confidence by the Community Development Department.

I. HOUSEHOLD INFORMATION

Applicant's Name: _____ Date: _____

Address: _____ Social Security No. _____

Home Phone: _____ Work Phone: _____

Year House was Built: _____ Total Floor Area: _____

House Style: Ranch Split Level: 2-Story Other: _____

Year Home was Purchased or Occupied: _____ Years Lived in Home: _____

Purchase Price: _____ Current Mortgage Balance: _____

List all members of household (everyone who resides in the house and all dependents):

| | <u>Name</u> | <u>Age</u> | <u>Relationship to Head of Household</u> |
|----|-------------|------------|--|
| 1. | _____ | | |
| 2. | _____ | | |
| 3. | _____ | | |
| 4. | _____ | | |
| 5. | _____ | | |
| 6. | _____ | | |

The applicant certifies that the following terms and conditions of the program are understood:

- a.) **The Village may establish documentation by taking before and after pictures.**
- b.) **The contractor shall be selected by competitive bidding. The Housing Administrator shall determine the lowest responsible bid.**
- c.) **The Village will be indemnified and held harmless for any damages or loss sustained by any person or property whatsoever connected with or arising out of the work to be performed.**
- d.) **Final payment to the contractor shall be processed after the owner signs and submits copies of the Estoppel Agreement and the Final Payment Authorization form.**

Signature(s) of Homeowner(s): _____

Date: ____ / ____ / ____ _____

II. PROPOSED IMPROVEMENTS

Please briefly explain what weatherization improvements you propose to make to your home, or what heat loss problems you hope to correct. Check the appropriate category(ies) and provide a general explanation, if necessary.

- Thermopane or storm windows or doors
- Insulation: Attic Walls Duct(s)
- Heating system: Improvements or Replacement
- General repairs, patching of holes, etc.
- Weatherstripping or caulking
- Other _____

Comments: _____

Have you had a professional energy audit of your home within the last year? Yes No

If yes, name of contractor or agency: _____

III. INCOME INFORMATION

List the amount of monthly income that you currently receive from each of the following sources:

| | Head of Household | Total All Other Household Members |
|-------------------------------|-------------------|-----------------------------------|
| Full-time Employment: | \$ _____ | \$ _____ |
| Part-time Employment: | \$ _____ | \$ _____ |
| Social Security: | \$ _____ | \$ _____ |
| S.S. Disability: | \$ _____ | \$ _____ |
| S.S.I. Disability: | \$ _____ | \$ _____ |
| VA Pension: | \$ _____ | \$ _____ |
| Other Pension: | \$ _____ | \$ _____ |
| Public Aid: | \$ _____ | \$ _____ |
| Net Property (Rental) Income: | \$ _____ | \$ _____ |
| Child Support: | \$ _____ | \$ _____ |
| Alimony: | \$ _____ | \$ _____ |
| Other: _____: | \$ _____ | \$ _____ |

Total Household Income From All Sources* for Last Year (Jan. 1-Dec.31): \$ _____

*(In determining last year’s total household income, include total earnings for each member of the household. “Earnings” include wages, pensions, alimony, interest, dividends, net rental income, public assistance, and Social Security.)

IV. STATEMENT OF APPLICANT

I do hereby swear and affirm my total household income from all sources totaled \$_____. This income was received in the manner described above. I understand that the Village of Mount Prospect relies upon the validity of this statement to determine my eligibility for participation in housing assistance programs operated by the Planning and Zoning Department with funds from the U. S. Department of Housing and Urban Development.

I agree to abide by all current and applicable policies as administered by the Community Development Department. I have read and understand the attached guidelines. I believe that I am eligible according to these guidelines and agree to follow the steps as outlined. I affirm that I am the owner and occupant of the property listed herein, and that all statements made by me on this application are true to the best of my knowledge and belief.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

U.S. CODE, Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed 5 years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious, or fraudulent statements knowing same to be false.

Signature: _____ Date _____

Lead-Based Paint

Written Acknowledgement of Receipt of Lead-Based Paint Pamphlet

To be signed by homeowner:

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my household. I received this pamphlet before the work began.

This is to certify that I do do not have children who have elevated blood lead levels.

Owner's Name

Signature

Date

Owner's Name

Signature

Date

APPLICANT DEMOGRAPHIC PROFILE

The following information is required by the federal government for certain types of loans related to a dwelling in order to monitor the lender’s compliance with equal credit opportunity and fair housing laws. You are not required to provide this information but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to provide this information, under federal regulations, the lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to provide this information, please check below.

PROGRAM NAME: **Home Weatherization Grant**

DATE: _____

I do not wish to furnish this information _____

Name of Head of Household: _____
Last First M.I

1. Head of Household (Check all that apply):

- Single
- Married
- Elderly
- Single Parent with Children
- Two Parents with Children
- Other _____

2. Ethnicity of Head of Household:

- Hispanic or Latino
- Not Hispanic or Latino

3. Race of Head of Household (Check all That Apply)

- American Indian or Alaska Native
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- Asian
- White

4. Number of Household Members: _____

5. Sex of Head of Household: _____ (F or M)

6. Physically Disabled Head of Household: Yes _____ No _____