



November, 2014

RE: EMERGENCY HEATING REPAIR PROGRAM

Dear City of Chicago Homeowner(s);

Thank you for your interest in the Department of Planning and Development's (DPD) Emergency Heating Program (formerly EHAP). **This is a one-time service program** for a single-family, one to four (1 to 4) unit, and owner-occupied property located in the city of Chicago. To apply for the program, please complete and return the attached application with supporting documents by the **deadline date of APRIL 01, 2015.**

The enclosed package includes the following documents:

- Program Summary
- Income limit chart
- Application and signature form
- Itemized Documentation Checklist

Please note: **ASSISTANCE IS LIMITED TO THE AVAILABILITY OF FUNDING UNDER THE PROGRAM.**

You can mail, fax, or drop-off the completed application package to:

**City of Chicago
Department of Planning and Development
Attn: EMERGENCY HEATING PROGRAM
121 N. LaSalle, Room 1006
Chicago, IL 60602
Fax number: (312) 744-6448**

If you have any questions or need assistance with your application, please contact our staff members at (312) 744-5799 or (312) 744.0070.

Sincerely,

Department of Planning and Development



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 between the hours of 9 a.m. and 1 p.m. Monday thru Friday at City Hall, 121 N. LaSalle St., 10th flr., Rm.1006, starting November 1. through April 1.

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 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 back the grant in its entirety.



DEPARTMENT OF
PLANNING AND DEVELOPMENT
CITY OF CHICAGO



EMERGENCY HEATING REPAIR PROGRAM (FORMERLY EHAP)

2014 MAXIMUM INCOME LIMITS

Household size	Max. Income 80%	Household size	Max. Income 80%
1	\$40,550	5	\$62,550
2	\$46,350	6	\$67,200
3	\$52,150	7	\$71,800
4	\$57,900	8	\$76,450

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



Version en Espanol

Asistencia para Programa De Reparacion De Techo Y Porche

2014 LÍMITE DE INGRESO FAMILIAR			
Numero de miembros de la familia	Ingreso anual máximo por familia (ingreso bruto/sucio)	Numero de miembros de la familia	Ingreso anual máximo por familia (ingreso bruto/sucio)
1	\$40,550	5	\$62,550
2	\$46,350	6	\$67,200
3	\$52,150	7	\$71,800
4	\$57,900	8	\$76,450

Los límites de ingresos son publicados por HUD cada año y están sujetos a cambios sin previo aviso (efectivo 1/01/2014)



CHICAGO DEPARTMENT OF
PLANNING & DEVELOPMENT

EMERGENCY HEATING REPAIR PROGRAM
(FORMERLY EHAP-HEATING PROGRAM)
(Enrollment Period: NOVEMBER 1, 2014 thru APRIL 01, 2015)

Application

Date: _____

I. Personal Information

1) Applicant's Name:				2) Home Address: Zip code 606 __ Apt. # __		
3) Social Security #	4) Marital Status	5) Male _____ Female _____	6) Race/Ethnicity *	7) Applicant Status Disable? ____ Sr. Citizen? ____ (62 yrs. or older)	8) Date of Birth ____ / ____ / ____ (MM/DD/YYYY)	9) Home Phone # Cell # _____
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 606 Apt. No. _____		
18) Social Security #	19) Marital Status	20) Male _____ Female _____	21) Race/Ethnicity*	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 _____
------------------------------	--------------------	--------------------	--	--	-----------------------------------

V. Property Mortgage Information

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

VI. Type of Assistance Requested

53) Type of Repair	54) Previous EHAP Assistance	55) Description of the EMERGENCY HEATING repair needed
Check ONLY one:	Have you ever applied for the EHAP program before? Y ___ or N ___ If so, When? _____ What work was completed? _____ _____ _____ _____ _____ _____	_____
Furnace System: Repair: _____ Replace: _____		_____
Boiler System: Repair: _____ Replace: _____		_____
Space Heater: Repair: _____ Replace: _____		_____
Comment: _____ _____ _____		_____

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 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.

57) Applicant Signature

Date

58) Co-Applicant Signature

Date

59) 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

COMPLETED APPLICATION WITH ALL REQUIRED DOCUMENTS MUST BE POSTMARK BY APRIL 01, 2015 OR, RECEIVED IN OUR OFFICE BY 5:00PM ON APRIL 01, 2015 TO AVOID CANCELLATION.



EMERGENCY HEATING REPAIR PROGRAM (FORMERLY EHAP) Checklist

Applicant Name: _____

SR # _____

Required Documentation Needed with Completed Application: **NOTE: If Application is missing any required documents it will not be processed.** (Please check-off documents that relates to your household and included in package):

- ___ 1. Current Property Deed *(must be recorded with Cook County Deeds office)*
- ___ 2. Current Mortgage Statement or Reverse Mortgage Statement or Mortgage Modification Agreement from Lender. *(past due statements not allowed).*
- ___ 3. Current Real Estate Tax Bill
- ___ 4. Current Homeowner’s Insurance Declaration page or Policy *(expired statements not accepted).*
- ___ 5. **2012 and 2013** Entire Federal Tax Returns filed **INCLUDING ALL Schedules, Addendums, W2s and 1099s FORMS**. Must be Signed and dated.
- ___ 6. Proof of Income for each household member *(check which applies to your household):*
 - ___ a) Three (3) Current/Recent Pay Stubs _____
 - ___ b) Current year Social Security Statement or award letter _____
 - ___ c) Current year SSI Statement or award letter _____
 - ___ d) Pension Statement _____
 - ___ e) Current Unemployment Statement (Online printouts not accepted) _____
 - ___ f) DHS Public Cash Assistance Letter (exclude SNAP/Link benefits) _____
 - ___ g) Two (2) current Rent Receipts from Renters _____
 - ___ h) Notarized Letter of Explanation Re: _____
 - ___ I) Current Profit and Loss Statement on Self Employed Business _____

J) Other(s) : _____

- ___ 7. Current Proof of Income on Household members that live in home
_____.
- ___ 8. Current GAS Bill (*past due notices not acceptable*) and Payment plan letter (if applicable)
- ___ 9. Current ELECTRIC Bill (*past due notices not acceptable*) and Payment plan letter
(if applicable)
- ___ 10. Current WATER Bill (*past due notices not acceptable*) and Payment plan letter
(if applicable).
- ___ 11. Death Certificate (*if applicable*).
- ___ 12. 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): _____

ALL Required Documents (listed above) must be INCLUDED WITH COMPLETED APPLICATION. The APPLICATION PACKAGE MUST BE MAILED OR FAXED NO LATER THAN APRIL 01, 2015 OR DROPPED OFF IN OUR OFFICE BY 5:00PM ON APRIL 01, 2015 TO AVOID CANCELLATION. OUR FAX # (312) 744-6448.

**SEND PACKAGE BY FAX OR MAIL TO:
Department 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)