



Cook County Bureau of Economic Development
 Department of Planning and Development
 69 West Washington Street, Suite 2900
 Chicago, Illinois 60602
 (312) 603-1000

**COMMUNITY DEVELOPMENT BLOCK GRANT–DISASTER RECOVERY (CDBG-DR)
RESIDENTIAL RESILIENCE PROGRAM APPLICATION**

The *Residential Resilience Program (RRP or Program)* has been established to provide monetary assistance in the form of a recapturable grant to *Homeowners* of owner-occupied, single-family homes (one- to four-units) whose residences were affected by severe storms and flooding that occurred throughout the Chicago area between April 2013 and May 2013, referred to as the Presidentially-declared *Disaster*.

The *Program* is open to residents of suburban Cook County, residing outside of the Chicago city limits, who are of low-to- moderate income, defined as a household earning up to 80% of the Area Median Income for Cook County, adjusted for size, as annually published by the U.S. Department of Housing and Urban Development. Priority will be given to those whose residences are within or adjacent to current or proposed efforts in flood mitigation and storm water management as undertaken by the Metropolitan Water Reclamation District of Greater Chicago. Current income limits are below:

As of February 2016 (new income limits will be available end of March 2017):

Chicago-Joliet-Naperville, Illinois HMFA								
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Extr. Low- Income (30%)	\$16,150	\$18,450	\$20,750	\$24,300	\$28,440	\$32,580	\$36,730	\$40,890
Very Low- Income (50%)	\$26,950	\$30,800	\$34,650	\$38,450	\$41,550	\$44,650	\$47,700	\$50,800
Low-Income (80%)	\$43,050	\$49,200	\$55,350	\$61,500	\$66,450	\$71,350	\$76,300	\$81,200

Funds will be available up to \$25,000.00 per *Subject Property*.

The purpose of this *Program* is to assist *Homeowners* from the effects of flooding and with flood mitigation elements to minimize the likelihood of future flooding. To that end, the majority of assistance may include the installation of the following:

- backwater valves
- overhead sewer
- installation and/or replacement of sump pump and French drains
- foundation wall repair
- rainwater capture and retention
- exterior flood mitigation improvements
- other components related to flooding and resilience will be reviewed on a case-by-case basis.

Homeowners who have already completed repairs are not eligible for assistance or reimbursement of incurred expenses.

Homeowners selected to participate in the Program will receive a grant award in the form of a five-year forgivable loan. In order for the Homeowner to receive a five-year forgivable loan, he or she must sign a recapture agreement to secure the full amount of the five-year forgivable loan. The five-year forgivable loan bears no interest. The term of the recapture agreement is five years, remaining at one-hundred percent (100%) of the loan amount for the first full year and decreasing twenty percent (20%) each year thereafter. The anniversary date of the recapture agreement is five years from the date of the contract signing. The recapture agreement will be entered as a property lien at the Cook County Recorder of Deeds following the completion of the improvements.

Please send signed, completed applications and all documentation to:

If you live south of 39th Street/Pershing Road

**Neighborhood Housing Services of Chicago
Attn: Elizabeth Coronel
1279 North Milwaukee Avenue, 4th Floor
Chicago, IL 60622**

If you live north and west of 39th Street/Pershing Road

**North West Housing Partnership
Attn: Brina Auguste
1701 East Woodfield Road, Suite 203
Schaumburg, IL 60173**

*****ALL APPLICATIONS MUST BE RECEIVED BY MONDAY, APRIL 24*****

<i>For Subrecipient Use Only</i>
Application Number: _____
CDBG-DR Application Received By: _____
Date/Time CDBG-DR Application Received: _____
County District Number: _____
Township Name: _____

INSTRUCTIONS: Please complete ALL items. If something is not applicable, please indicate N/A and initial.

How were you referred to this *Program*? _____

Are you or anyone in the household related to a *Cook County* employee?

No () Yes () Department Name: _____

Is anyone in the household a *Cook County* employee?

No () Yes () Department Name: _____

Were you the owner and occupant at the time of the Presidentially-declared *Disaster*?

No () Yes ()

If no, you are ineligible for the *Program*.

If yes, please provide:

All occupancy documentation must be from the time of the *Disaster*, in either the applicant's or co-applicant's name and state the *Subject Property's* address. Please provide one of the following documents:

- Subject homestead exemption in the property tax records.
- Copy of electric, gas or water bill. The bill must confirm that service was being provided at the time of the *Disaster*.
- A letter from one of the aforementioned utility service providers confirming service was being provided at the time of the *Disaster*.
- Copy of *Federal Emergency Management Agency (FEMA)* letter showing payment received for *Subject Property* repairs and/or contents or an insurance document showing content coverage.
- Other qualified documents may be presented for consideration of proof of occupancy.

Duplication of Benefits

The United States federal government does not allow assistance for any activity that has already received benefit from other sources. This is referred to as a "duplication of benefits," or DOB. Any funds *Homeowners* have received to repair the *Subject Property* (this includes private insurance, *FEMA* or *U.S. Small Business Administration (SBA)*), must be accounted for when determining the recapturable grant amount. Applicants that received funds from these other sources to repair their homes will be required to submit documentation demonstrating they used the funding to make repairs to the damaged property. Repair documentation may include receipts, cancelled checks, contractor bills, etc.

If *Homeowners* have spent funds intended for the repair of the *Subject Property* on activities other than repairs, that amount will be subtracted from the recapturable grant. The *Homeowner* will be responsible for providing those funds, and any remaining repair funds, towards the cost of the *Subject Property's* remediation and mitigation.

Did you apply for *FEMA* benefits as a result of the *Disaster*? No () Yes () If yes, provide *FEMA* number, documentation of benefits and repair documentation.

Did you apply for *SBA* benefits as a result of the *Disaster*? No () Yes () If yes, provide *SBA* number, documentation of benefits and repair documentation.

Did you have National Flood Insurance Program coverage? No () Yes () If yes, provide copy of documentation of benefits and repair documentation.

Did you file claim with your homeowner's insurance carrier? No () Yes () If no, provide a letter from your insurance verifying that no claim was filed and/or paid. This letter can be provided after your application is submitted. If yes, provide copies of documentation of claim and benefits received and repair documentation.

Did you receive funds from any other sources i.e. non-profit, other governmental agencies, religious groups, social groups etc.? No () Yes () If yes, provide copies of benefit and repair documentation.

Did you or anyone in the household receive funding from the State of Illinois or *FEMA* for damages to the *Subject Property* for any Presidentially-declared disaster prior to 2013? No () Yes () If yes, provide copies of documentation of benefits.

HOMEOWNER INFORMATION: (Please provide name(s) of all listed on deed. If someone is deceased a death certificate MUST be provided)

Name: _____

Name: _____

Name: _____

Subject/Legal Property Address: _____

City: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

Electronic Mail Address: _____

Work Phone: _____

HOUSEHOLD COMPOSITION and CHARACTERISTICS:

Please complete the following pertaining to all occupants of the *Subject Property* (List yourself first. If the *Subject Property* includes more than one unit, only list the names of those individuals occupying the owner's unit):

	Last Name	First Name	Middle Initial	Relation	Date of Birth (MM/DD/YYYY)	Dependent (Y/N)
1).	_____	_____	_____	SELF	_____	_____
2).	_____	_____	_____	_____	_____	_____
3).	_____	_____	_____	_____	_____	_____
4).	_____	_____	_____	_____	_____	_____
5).	_____	_____	_____	_____	_____	_____

Please attach copies of the previous year federal income tax returns (each household member 18 and over) OR

- Minimum of three current and consecutive months of check stubs (If the household member is paid monthly)
- Minimum four current and consecutive check stubs (If the household member is paid weekly, bi-weekly or semi-monthly)
- Pension statement showing current monthly or yearly gross amount
- Social Security statement or 1099
- Unemployment statement
- Certification of Zero Income Form

REAL ESTATE INFORMATION:

Building Type: Single-Family (1-4 units)

How long have you owned this *Subject Property*? _____ Years _____ Months

Do you have a mortgage? No () Yes ()

Account Number: _____

Mortgage Company: _____

Please attach a copy of most recent mortgage statement.

Please attach evidence demonstrating property ownership (deed or title).

Please attach evidence demonstrating property taxes are current.

Please attach evidence demonstrating homeowner's insurance policy is current.

Do you have a Second Mortgage? No () Yes ()

Account Number: _____

Mortgage Company: _____

Do you own any other property/properties? No () Yes ()

Property addresses:

Please list the Social Security Numbers of all persons on title to the *Subject Property*.

Name: _____ SSN: _____

Name: _____ SSN: _____

Is the *Subject Property* under orders for any housing violations?
 No () Yes () Unknown ()

PROOF OF DAMAGE AND ESTIMATION OF NEEDED REPAIRS:

If you did not receive financial assistance for flooding recovery from *FEMA*, *SBA*, or private insurance, please submit photos for the days in question that are time stamped in order to document your home was damaged by the declared disaster.

Please attach evidence evidencing damage here.

Please list the major home repairs which you believe need be completed:

DEMOGRAPHIC INFORMATION:

The following questions are for statistical purposes only and have no bearing on awarding of any financial assistance. Please place an "X" in the box which applies to your household:

Race (please check one):

- American Indian / Alaskan Native and White ()
- Asian ()
- Black/African American ()
- Native Hawaiian/ Other Pacific Islander ()
- American Indian/ Alaskan Native ()
- White ()
- Asian and White ()
- Black/African American and White ()
- Black/African American and Alaskan Native ()
- Other multi-racial ()
- Unknown ()

Ethnicity

- Hispanic/Latino ()
- Female Head of Household ()

CERTIFICATION:

I, _____, have truthfully completed this application and understand that providing false information is subject to immediate denial of my application for assistance through *Cook County Bureau of Economic Development, Department of Planning and Development's **Residential Resilience Program.***

I further understand that if I am approved for a recapturable grant through this Program and it is discovered that I provided false information in this application, I will be subject to the immediate repayment of any assistance provided.

Signature: _____ Date: _____

Signature: _____ Date: _____

Effective July 1, 1998, every applicant for a County Privilege shall be in full compliance with any Child Support Order before such applicant is entitled to receive a County Privilege. When Delinquent Child Support Exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

"Applicant" means any person or business entity, including all Substantial Owners, seeking issuance of a County Privilege or renewal of an existing County Privilege from the County. This term shall not include any political subdivision of the federal or state government, including units of local government, and not-for-profit organizations.

"County Privilege" means any business license, including but not limited to liquor dealers' licenses, packaged goods licenses, tavern licenses, restaurant licenses, and gun licenses; real property license or lease; permit, including but not limited to building permits, zoning permits or approvals; environmental certificate; County HOME Loan, County Community Development Block Grant (CDBG) assistance and contracts exceeding the value of \$10,000.00.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Applicants/Substantial Owners are required to complete this affidavit and comply with the Child Support Enforcement Ordinance before any privilege is granted. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information.

Privilege Information:

County Privilege: Residential Resilience Program (Cook County Flood) Grant

County Department: Cook County Bureau of Economic Development, Department of Planning and Development

Applicant Information:

Last name: _____ First Name: _____ MI: _____

SS# (Last Four Digits): ____ _ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Driver's License No: _____

Child Support Obligation Information:

The Applicant, being duly sworn on oath or affirmation hereby states that to the best of my knowledge (place an "X" next to "A", "B", "C", or "D").

- _____ A. The Applicant has no judicially or administratively ordered child support obligations.
- _____ B. The Applicant has an outstanding judicially or administratively ordered obligation, but is paying in accordance with the terms of the order.
- _____ C. The Applicant is delinquent in paying judicially or administratively ordered child support obligations
- _____ D. The Applicant is not a substantial owner as defined above.

The Applicant understands that failure to disclose any judicially or administratively ordered child support debt owed will be grounds for revoking the privilege.

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

X _____

Notary Public Signature

Notary Seal

Note: The above information is subject to verification prior to the award of the contract