CITY OF SPRINGFIELD OFFICE OF PLANNING AND ECONOMIC DEVELOPMENT

City of Springfield Interior/Exterior Rehabilitation Programs

Applications will be considered incomplete and will not be reviewed until all of the requested information is received.

Completion of this application does not entitle the applicant to financial assistance. Funds awarded will be taxable to the grantee, and repairs completed prior to confirmation of grant approval will not be reimbursed.

Return application and required documentation to:

City of Springfield Office of Planning and Economic Development, 800 E. Monroe, Room 107, Springfield, IL 62701

OWNER AND PROPERTY INFORMATION

Applicant 1 Name

Applicant 2 Name

Applicant 1 Email

Applicant 2 Email

Applicant 1 Phone

Applicant 2 Phone

Address

City

State

ZIP

Year Built

REQUIRED DOCUMENTATION

- [ ] Copy of recorded deed and Photo ID
- [ ] Documentation of property insurance
- [ ] Real estate tax bill
- [ ] Current exterior photograph of the home
- [ ] Mortgage information (name, address, and type of loan)
- [ ] Utility verification (current CWLP & Ameren bill)
- [ ] At least two bids for the project
- [ ] Verification of income

PROJECT SCOPE

Describe the work to be included in the project and an estimated budget for each item. Also include at least two bids for each scope of work with your application.

EXTERIOR PAINTING OR SIDING
TUCK-POINTING, MASONRY
ROOF
PORCH & EXTERIOR STAIRS
HVAC/MECHANICAL

PROJECT SCOPE (CONTINUED)

Describe the work to be included in the project and an estimated budget for each item. Also include at least two bids for each scope of work with your application.

ELECTRICAL

REMODELING BATH/PLUMBING

FLOORING

OTHER ELIGIBLE REPAIRS

INCOME AND FAMILY SIZE CERTIFICATION

The number of persons living in your household: _____

Your household's total annual gross income (before deductions): $ _____

Provide the following information for all people living in your household. Attach additional page if necessary.

NAME	RELATIONSHIP	AGE	GENDER

I (we) the undersigned, certify that the above information is true and correct to the best of my knowledge.

Applicant Name Signature Date

_____

Applicant Name Signature Date

_____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT; U.S.C. Title 18, Section 1001, "Whoever, in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies… or makes false, fictitious or fraudulent statements or representations, or makes or uses any false representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned for not more than five years, or both."

FOR INTERNAL USE ONLY - THIS SECTION WILL BE COMPLETED BY OFFICE OF PLANNING & ECONOMIC DEVELOPMENT STAFF

TO BE COMPLETED BY OPED STAFF

Select the appropriate program below:

- ○ **Far East**
- ○ **SHA**
- ○ **Citywide**
- ○ **Cannabis**
- ○ **None or Outside of City Limits**

Circle the appropriate Ward below:

1 6
2 7
3 8
4 9
5 10

HAS THE APPLICANT RECEIVED FUNDING FROM THE CITY WITHIN THE PAST 5 YEARS? (circle) Yes or No
If so, list the program, award year, scope of repairs, and amount received below.

Program:

Award Year:

Scope:

Amount: