



## City of DeKalb, Illinois

### OWNER OCCUPIED HOUSING REHABILITATION PROGRAM Application

Complete all information on this application and submit with Property Information form, Verification of Authorization, and a copy of your deed, homeowner's insurance, and income verification. Your application cannot be processed until all information has been submitted for review.

**Please list all applicants as they appear on the title to the property.**

Applicant Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Property Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### HOUSEHOLD INFORMATION:

List the names and ages of **ALL** individuals living in the household, including the applicant(s).

NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #

#### INCOME INFORMATION:

Applicant's Source of Income: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

Applicant's Source of Income: \_\_\_\_\_ Salary: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

**Provide other income (pensions, social security, workman's comp, child support, annuity) for all members of the household over age 18**

INDIVIDUAL	ANNUAL INCOME AMOUNT	SOURCE (such as social security)

#### **Applicant's Statement:**

I/We certify that all statements made on this application are true and correct to the best of my (our) knowledge and belief. I/We understand that any willful misstatement of material fact will be grounds for disqualification. All owners must sign and date below.

\_\_\_\_\_  
Signature                      Date                      Signature                      Date

## **VERIFICATION OF AUTHORIZATION**

By my signature, I hereby allow the City of DeKalb Community Development Department to verify all information on the application for the **Owner-Occupied Housing Rehabilitation Program**, which I have filed with the City. This means the City may contact my employers, banks, savings and loan, the Social Security Administration, the Veterans Administration, Union from which I receive benefits, or other agencies or persons necessary to verify the information I have provided.

I further state that all information on the attached application is true and accurate to the best of my knowledge.

I further agree to defend, indemnify, and hold harmless the City of DeKalb, its officers, commissioners, and employees from liability and claim for any damages.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

## PROPERTY INFORMATION:

Applicant's Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Is the property your principal residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

What type of property is your home?

\_\_\_\_\_ Single-family Detached \_\_\_\_\_ Condominium \_\_\_\_\_ Duplex

How many bedrooms are in your home? \_\_\_\_\_

How many bathrooms are in your home? \_\_\_\_\_

Was the home built before 1978? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If your home was built prior to 1978, there is a chance that lead-based paint could be present. You will be provided with a booklet from the EPA titled "The Lead-Safe Certified Guide to Renovate Right". Lead-Safe Work Practices will be used for all rehabilitation work done through the Owner-Occupied Housing Rehabilitation Program.*

**Please list up to three repairs that you feel need to be done to your home:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you have a mortgage on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: What is the mortgage balance? \_\_\_\_\_

Name of the mortgage company: \_\_\_\_\_

Mortgage company address: \_\_\_\_\_

Mortgage company phone number: \_\_\_\_\_

Is your home in foreclosure or danger of foreclosure? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your home for sale or being purchased under contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are the taxes on your home paid and current? \_\_\_\_\_ Yes \_\_\_\_\_ No

Although not required, HUD requests the following information on all program applicants.  
Please mark the most appropriate category to describe your race and ethnicity:

RACE AND ETHNICITY	RACE (Please indicate)		HISPANIC OR LATINO ETHNICITY	
	Applicant #1	Applicant #2	Applicant #1	Applicant #2
American Indian or Alaska Native				
Asian				
Black or African American				
Native Hawaiian or Other Pacific Islander				
White				
American Indian or Alaska Native <b>AND</b> White				
Asian <b>AND</b> White				
Black or African American <b>AND</b> White				
Native Hawaiian or Other Pacific Islander <b>AND</b> White				
American Indian or Alaska Native <b>AND</b> Black or African American				
Asian <b>AND</b> Black or African American				
Native Hawaiian or Other Pacific Islander <b>AND</b> Black or African American				
Prefer not to answer				

Please return to:

City of DeKalb  
Attn: Jennifer Yochem  
164 E Lincoln Hwy  
DeKalb, IL 60115

Questions?

[Jennifer.yochem@cityofdekalb.com](mailto:Jennifer.yochem@cityofdekalb.com)  
815-748-2366