



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).

Table with 4 columns: NAME, DATE OF BIRTH, RELATIONSHIP, SOCIAL SECURITY #

INCOME INFORMATION:

Present employer of Applicant: Salary:
Employer's Address:

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Employer's Address:

Provide other income (pensions, social security) for all members of the household over age 18

Table with 3 columns: 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 AND White				
Asian AND White				
Black or African American AND White				
Native Hawaiian or Other Pacific Islander AND White				
American Indian or Alaska Native AND Black or African American				
Asian AND Black or African American				
Native Hawaiian or Other Pacific Islander AND Black or African American				
Prefer not to answer				