



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)** has been established to provide monetary assistance in the form of a 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 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 (MWRD). Current income limits are below:

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 funding is to assist residents with clean-up from the effects of flooding and to help install flood mitigation elements to minimize future flooding. To that end, it is likely the majority of assistance will include:

- backwater valves
- overhead sewer
- landscape grading

Other activities may include:

- removal or abatement of any health hazard in the home such as mold, asbestos or lead-based paint
- installation and/or replacement of sump pump and French drains
- foundation wall repair
- replacement of gutter, down spouts and, if needed, roofing
- rainwater capture and retention

Examples of fixtures eligible for reimbursement may include:

- Furnace
- Boiler
- Hot water heater

Examples of personal property **NOT** eligible for reimbursement include:

- Television set
- Computers
- Audio/Visual equipment
- Exercise equipment
- Hand and power tools

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

<b><i>For Subrecipient Use Only</i></b>
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 your family related to a *Cook County* employee?

No ( )      Yes ( )      Name of Department: \_\_\_\_\_

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

No ( )      Yes ( )      Name of Department: \_\_\_\_\_

**HOMEOWNER INFORMATION:**

Name: \_\_\_\_\_

Subject/Legal Property Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

**CO-OWNER or SPOUSE INFORMATION:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**HOUSEHOLD COMPOSTION and CHARACTERISTICS:**

Please complete the following pertaining to all occupant of the subject property (List yourself first):

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

Is anyone over 18 years of age presently a full-time student?

No ( ) Yes ( ) If YES - list name of household member and school:

Household Member:

School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**INCOME AND ASSET INFORMATION:**

**Homeowner Employment Information:**

Name of Employer: \_\_\_\_\_

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

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Co-Owner or Spouse Employment Information:**

Name of Employer: \_\_\_\_\_

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

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Homeowner:**

Annual Earnings: \$ \_\_\_\_\_

**Co-Owner or Spouse:**

Annual Earnings: \$ \_\_\_\_\_

**Total Household (including dependents):**

Annual Earnings: \$ \_\_\_\_\_

***Please attach copies of the last two years of federal income tax returns  
AND copies of the two most recent pay stubs.***

If **any member of the household** has additional employment information, please complete the following:

1. Household Member: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Hours per week: \_\_\_\_\_

2. Household Member: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Hours per week: \_\_\_\_\_

3. Household Member: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ Hours per week: \_\_\_\_\_

Does anyone in the household receive any of the following?

If YES, please fill in the amount:

Social Security: No( ) Yes( ) \$ \_\_\_\_\_

Temporary Assistance for Needy Families (formerly known as Aid to Families with Dependent Children):

No( ) Yes( ) \$ \_\_\_\_\_

Child Support: No( ) Yes( ) \$ \_\_\_\_\_

Disability: No( ) Yes( ) \$ \_\_\_\_\_

Pension/Retirement: No( ) Yes( ) \$ \_\_\_\_\_

If YES – List Insurance Company or Employer Info:

\_\_\_\_\_

Please list all bank accounts for all members of your household:

Savings Acct. No.: \_\_\_\_\_

Bank: \_\_\_\_\_

Savings Acct. No.: \_\_\_\_\_

Bank: \_\_\_\_\_

Checking Acct. No.: \_\_\_\_\_

Bank: \_\_\_\_\_

Checking Acct. No.: \_\_\_\_\_

Bank: \_\_\_\_\_

Approximately how much interest income did you receive last year?

\$ \_\_\_\_\_

Does anyone in the household have any of the following?

Stocks: No ( ) Yes ( ) Amount \$ \_\_\_\_\_

Investor: \_\_\_\_\_

Bonds: No ( ) Yes ( ) Amount \$ \_\_\_\_\_

Investor: \_\_\_\_\_

Individual Retirement Account (IRA): No ( ) Yes ( ) Amount \$ \_\_\_\_\_

Investor: \_\_\_\_\_

401(k) Retirement Plan: No ( ) Yes ( ) Amount \$ \_\_\_\_\_

Investor: \_\_\_\_\_

Annuities and/or Life Insurance? No ( ) Yes ( ) Amount \$ \_\_\_\_\_

Investor: \_\_\_\_\_

Have you withdrawn any money from any of the above? No ( ) Yes ( )

Amount \$ \_\_\_\_\_

Liabilities section:

Auto: \$ \_\_\_\_\_

Medical: \$ \_\_\_\_\_

Electric: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Telephone: \$ \_\_\_\_\_

Sewer & Water: \$ \_\_\_\_\_

Auto Loan: \$ \_\_\_\_\_

Credit Cards: \$ \_\_\_\_\_

Student Loans: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Have you or anyone in your household ever declared bankruptcy?

No ( ) Yes ( ) If YES, please explain:

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**REAL ESTATE INFORMATION:**

Building Type:  Single-Family  Multi-Family (four-unit maximum)

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

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

Account Number: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

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

Original loan amount: \$ \_\_\_\_\_

Remaining Balance: \$ \_\_\_\_\_

***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 ( )

If YES:

Amount \$ \_\_\_\_\_ Account No.: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

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

Please list your MONTHLY housing expenses for the subject property:

Mortgage Payment(s): \$ \_\_\_\_\_

Property Taxes: \$ \_\_\_\_\_ (Indicate N/A if paid in mortgage)

Insurance (Home): \$ \_\_\_\_\_ (Indicate N/A if paid in mortgage)

Total: \$ \_\_\_\_\_

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

If YES:

Property addresses:

\_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**PROOF OF DAMAGE AND ESTIMATION OF NEEDED REPAIRS:**

Damage to *Subject Property* must have occurred as a result of the *Presidentially-declared Disaster*. Homeowner shall be prepared to demonstrate stated damage can be tied-back to the *Presidentially-declared Disaster*. This may be accomplished through photographs, video or receipts and/or invoices generally issued during that time.

***Please attach evidence evidencing damage here.***

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



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**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:*

Owner's Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_

Co-Owner's or Spouse's Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_

Marital Status:  Single       Married       Domestic Partnership  
 Separated       Divorced       Widow/Widowed

Race (please check one):

- 1. American Indian or Alaska Native ( )
- Asian ( )
- Black ( )

- Native Hawaiian or Other Pacific Islander ( )
- White (Non-Hispanic) ( )
- White (Hispanic) ( )

- 2. Two-Parent Family ( )
- Single-Parent Family ( )

3. Household Size \_\_\_\_\_

4. Does either of these situations apply to your household?

Elderly Head of Household (Age 62 and older) ( )

Handicapped Head of Household ( )

**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

