



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 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
- 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.

For Subrecipient Use Only
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.

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.

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

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

Did you file claim with your homeowner's insurance carrier? No () Yes () If yes, provide copies of documentation of claim and benefits received.

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 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 COMPOSTION 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).	_____	_____	_____	_____	_____	_____
.	_____	_____	_____	_____	_____	_____

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: _____