



The Neighbor Project

SAFETY-FIRST HOME REPAIR

2022

HUD Approved Housing Counseling Agency

THE NEIGHBOR PROJECT

32 South Broadway
Aurora, Illinois 60505
(630) 906-9400



EVERLASTING WORD CHURCH

22 North Highland Avenue
Aurora, Illinois 60505
(630) 906-1392
(Satellite Office)

www.neighborproject.us

SAFETY-FIRST GUIDELINES AND APPLICATION

ASSISTANCE AVAILABLE:

Eligible City of Aurora homeowners may receive funding in the amount of up to \$4,999.00 in the form of a THREE (3) year forgivable loan, and for certain activities, additional funding of up to \$5,000.00 in the form of a deferred loan, shall be made by the Corporation to the Owners pursuant to the requirements of the Program to fund improvements/repairs of emergency or life and safety hazards on the Property.

Although The Neighbor Project administers this program, the program is funded by the City of Aurora. Homeowners who participate in the Program are required to sign an agreement with the City of Aurora. In order to receive funds, all improvements must be completed, verified by a follow-up inspection by The Neighbor Project and validated with detailed receipts, within SIX (6) months of the program agreement execution date.

Funding is available in the amounts of up to \$4,999.00 in the form of a THREE (3) year forgivable loan, and for certain activities, additional funding up to \$5,000.00 in the form of a deferred loan, which shall be made by the Corporation to the Owners pursuant to the requirements of the Program to fund improvements of emergency or life and safety hazards on the Property. To participate in the program, the homeowner will agree to the following:

1. A forgivable lien (second trust deed) for the cost of the repair to be attached to his/her property up to \$4,999.00, and deed restrictions for homeownership and property shall be forgiven after THREE (3) years from the date of the project completion.
2. A lien (third trust deed) for the cost of the repair to be attached to his/her property in excess of \$4,999.00, and deed restrictions for homeownership and property deferred until such time as the homeowner no longer owns or occupies the property or refinances and takes cash out will be due and payable.
3. If all Program conditions are met for each lien, the liens will be released and all covenants will re-convey upon property transfer.
4. If the property owner does not elect to live in the home as an owner occupant or sells the home following project completion within the first THREE (3) years after project completion, 100% of the forgivable loan will be immediately due and payable to the City of Aurora.
5. If the property owner does not elect to live in the home as an owner occupant or sells the home following project completion, 100% of the deferred loan will be immediately be due and payable to the City of Aurora.
6. Must participate in a Safety-First Post Purchase Seminar before any work can begin.

Provided that all Program conditions are met, a participating homeowner may also re-pay the loan early and without penalty.

ELIGIBLE SAFETY-RELATED REPAIRS ARE LIMITED TO:

Category A - Eligible activities that may not exceed \$4,999.00

- Furnace Repair or Replacement
- Electrical Upgrades
- Plumbing Improvements
- Porch Repair or Replacement
- Gutters/Downspouts/Facia Repair or Replacement
- Septic Motor Repair or Replacement
- Well Motor Repair or Replacement
- Exterior Door Repair or Replacement
- Radon Remediation
- Other improvements to be considered on a case by case basis and must be approved by the Aurora Community Development Division

Category B - Eligible activities that may not exceed \$10,000.00

- Boiler Repair or Replacement
- Lead Paint Remediation
- Lead Pipe Replacement
- Replacement of Sewer Lines
- Roof Repair and Replacement
- Other improvements to be considered on a case by case basis and must be approved by the Aurora Community Development Division

APPLICANT ELIGIBILITY

- * Applicants must complete a detailed application to provide information and verify income and property ownership.
- * Applicants must allow an inspection of the entire property both before AND after work is done.
- * Property must be located within the City of Aurora city limits.
- * Property must be a single-family residence **AND** owner occupied.
- * The structure must comply with the property zoning standards for the parcel of land, and cannot be located within a floodplain zone.
- * The structure must have a clear title. Clear title is defined for the Program to clearly state the property owner. Examples of unclear title which may be a reason for denial, include but are not limited to the following: excessive liens, ownership that is subject to change due to a tax sale, contract purchases, etc.
- * Applicants household income must be at a less than 80% of median income (see HUD guidelines below).

Household 2022 Income Limits per HUD Guidelines (April 18, 2022)

FAMILY SIZE	1	2	3	4	5	6	7	8
INCOME LIMIT	\$58,350	\$66,700	\$75,050	\$83,350	\$90,050	\$96,700	\$103,400	\$110,050

FAILURE OF APPLICANT to abide by these criteria and qualifications is grounds for termination of eligibility and THE NEIGHBOR PROJECT may request that any financial assistance already provided be immediately repaid in full with interest.

If you have received assistance from The Neighbor Project or the City of Aurora Division of Community Development (either as down payment assistance or home repair assistance), or Rebuilding Together Aurora for housing repairs within the last THREE (3) years or THIRTY SIX (36) months you ARE NOT ELIGIBLE for the Safety-First program. The THIRTY SIX (36) month period is counted from the date of the payment for the repairs. Once you have exceeded the THREE (3) years or THIRTY SIX (36) months you may re-apply for assistance.

APPLICANT CHECKLIST

In addition to the packet, you must submit **UNSTAPLED SINGLE-SIDED COPIES** of additional documentation listed below. Deliver the packet and the documentation to the office address Monday – Friday from 10:00 am to 4:30 pm. Those copies will become part of your case file and **WILL NOT BE RETURNED.**

- _____ Completed Safety-First Application with signatures.
- _____ Proof of ownership by one of the following sources (MUST BE A COURT STAMPED COPY):
 - Title, Deed, Warranty Deed, Quit Claim Deed**
- _____ The homeowners insurance declaration page(s) (you can receive a copy from your insurance agent.)
- _____ The most current mortgage statement. **APPLICANT MUST BE CURRENT ON MORTGAGE PAYMENTS.**
- _____ Current Gas or Electric Bill with the name of the owner/applicant on it.
- _____ Proof of household income for **all household members 18 years and older.** **The following documentation is required (provide copies - do not provide original documents):**
 - _____ Copy of W-2 forms for the most recent year for **ALL** household members who file; the W-2 forms are a part of the income tax packet when you do your taxes.
 - _____ Copy of tax returns for the most recent year (if you do not have a copy or do not file, please request a transcript directly from the IRS from submittal with your application - **IRS Form 4506-T - official IRS documentation is required,** please be sure to send your IRS Form 4506-T to the proper address on the back of the page OR you can fax the document to the IRS). The Neighbor Project does have the 4506-T form.
- _____ Copy of income documentation from **all income sources.** This includes copies of current award letters from income sources, such as:
 - 1. Social Security Award Letter for Current Year for each person receiving benefits
 - 2. Public Aid Letter stating how much each person receives
 - 3. Retirement/Pension Award Letter stating how much each person receives
 - 4. Unemployment UI Finding Letter with a copy of the payment history
 - 5. File Stamped Child Support Order
 - 6. Rental Income - will need a copy of the rental agreement and THREE (3) months of rental receipts
- _____ **ALSO, TWO (2) months of employment documentation (current paycheck stubs) for ALL employed household members must be submitted.**
- _____ A clear copy of all household members **VALID** driver's license, state identification cards or passports.
- _____ TWO (2) months of bank statements for all household members 18 years old and older - ALL PAGES.

DESCRIBE NECESSARY REPAIRS: _____

DEMOGRAPHICS

CLIENT (please print clearly)

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

PHONE NUMBERS:

DAYTIME: () _____
MOBILE: () _____

SOCIAL SECURITY: _____

EMAIL: _____

DATE OF BIRTH: _____

RACE

_____ White
_____ Asian
_____ Asian/White
_____ American Indian/Alaskan Native
_____ Black or African American
_____ Native Hawaiian/Other Pacific Islander
_____ Black/African American & White
_____ American Indian/Alaskan Native & Black
_____ American Indian/Alaskan Native & White
_____ Other

_____ Non-Hispanic _____ Non-Hispanic

ETHNICITY _____ Hispanic _____ Hispanic

FOREIGN BORN _____ YES _____ NO

WHERE BORN _____ YES _____ NO

ENGLISH PROFICIENT _____ YES _____ NO

MARITAL STATUS _____ Single _____ Married

_____ Divorced _____ Separated

_____ Widow/Widower

GENDER _____ Male _____ Female

_____ Other / Non-Conforming

DISABLED _____ YES _____ NO

VETERAN _____ YES _____ NO

CO-CLIENT (please print clearly)

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

PHONE NUMBERS:

DAYTIME: () _____
MOBILE: () _____

SOCIAL SECURITY: _____

EMAIL: _____

DATE OF BIRTH: _____

RACE

_____ White
_____ Asian
_____ Asian/White
_____ American Indian/Alaskan Native
_____ Black or African American
_____ Native Hawaiian/Other Pacific Islander
_____ Black/African American & White
_____ American Indian/Alaskan Native & Black
_____ American Indian/Alaskan Native & White
_____ Other

_____ Non-Hispanic _____ Non-Hispanic

ETHNICITY _____ Hispanic _____ Hispanic

FOREIGN BORN _____ YES _____ NO

WHERE BORN _____ YES _____ NO

ENGLISH PROFICIENT _____ YES _____ NO

MARITAL STATUS _____ Single _____ Married

_____ Divorced _____ Separated

_____ Widow/Widower

GENDER _____ Male _____ Female

_____ Other / Non-Conforming

DISABLED _____ YES _____ NO

VETERAN _____ YES _____ NO

HOUSEHOLD ECONOMIC INFORMATION

_____ Female Headed Single Parent Household

_____ Male Headed Single Parent Household

_____ Single Adult

_____ Two Or More Unrelated Adults

_____ Married With Children

_____ Married Without Children

_____ Other

_____ Female Headed Single Parent Household

_____ Male Headed Single Parent Household

_____ Single Adult

_____ Two Or More Unrelated Adults

_____ Married With Children

_____ Married Without Children

_____ Other

Family Size: _____
 How Many Dependents _____
 (other than those listed by any co-client)? _____
 Sexes and Ages of Dependents _____

SEX	AGE	SEX	AGE
_____	_____	_____	_____
_____	_____	_____	_____

 Are there non-dependents who live in the home?
 _____ Yes _____ No
 Relationship _____ Age _____
 Relationship _____ Age _____
 Annual Family or Household Income _____
 Education _____

Family Size: _____
 How Many Dependents _____
 (other than those listed by any co-client)? _____
 Sexes and Ages of Dependents _____

SEX	AGE	SEX	AGE
_____	_____	_____	_____
_____	_____	_____	_____

 Are there non-dependents who live in the home?
 _____ Yes _____ No
 Relationship _____ Age _____
 Relationship _____ Age _____
 Annual Family or Household Income _____
 Education _____

Referred to by:
 _____ Print Advertisement _____ HUD
 _____ Staff/Board Member _____ Walk-In
 _____ Realtor _____ Newspaper
 _____ Friend _____ TV/Radio
 _____ Bank Name _____

Referred by:
 _____ Print Advertisement _____ HUD
 _____ Staff/Board Member _____ Walk-In
 _____ Realtor _____ Newspaper
 _____ Friend _____ TV/Radio
 _____ Bank Name _____

EMPLOYMENT FOR THE LAST TWO (2) YEARS

CLIENT

Primary Employer (if retired income still needed)

Employer Name _____
 Address _____
 City _____ State _____ Zip _____
 (_____)
 Phone Number _____
 Position or Job Title _____ Date Hired _____
 Gross Monthly Income (before taxes) _____ \$
 Net Monthly Income (after taxes) _____ \$
 How often are you paid?
 _____ Weekly
 _____ Every TWO (2) weeks
 _____ Twice a Month _____ Monthly

CO-CLIENT

Primary Employer (if retired income still needed)

Employer Name _____
 Address _____
 City _____ State _____ Zip _____
 (_____)
 Phone Number _____
 Position or Job Title _____ Date Hired _____
 Gross Monthly Income (before taxes) _____ \$
 Net Monthly Income (after taxes) _____ \$
 How often are you paid?
 _____ Weekly
 _____ Every TWO (2) weeks
 _____ Twice a Month _____ Monthly

Secondary OR Previous Employer

Employer Name		
Address		
City	State	Zip
()		
Phone Number		
Position or Job Title		Date Hired
Gross Monthly Income (before taxes)		\$
Net Monthly Income (after taxes)		\$
How often are you paid?		
Weekly		
Every TWO (2) weeks		
Twice a Month		Monthly

Secondary OR Previous Employer

Employer Name		
Address		
City	State	Zip
()		
Phone Number		
Position or Job Title		Date Hired
Gross Monthly Income (before taxes)		\$
Net Monthly Income (after taxes)		\$
How often are you paid?		
Weekly		
Every TWO (2) weeks		
Twice a Month		Monthly

Continue listing previous employers on a separate sheet of paper if under TWO (2) years of total employment.

SIGNATURES

By my/our signature(s) I/we hereby allow The Neighbor Project to verify all the information given on this Safety-First Program Application. This means that The Neighbor Project may contact my/our employers, banks, and other savings institutions, The Social Security Administration, Public Aid, and any other sources from which my/our household receives either earned or unearned income.

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.

I/We agree to defend, indemnify and hold harmless, The City of Aurora, its officials, commissioners and employees from liability and claim for any damages. I/We agree to defend, indemnify and hold harmless The Neighbor Project, its officials, commissioners and employees from liability and claim for any damages. I/We understand the conditions set forth in this application, and I/we agree to abide by them.

I/We declare under penalty of perjury that the statements I/we have made in this application are true and correct.

Applicant Signature Date

Co-Applicant Signature Date

REQUEST FOR USE OF SOCIAL SECURITY NUMBER

The Illinois Identity Protection Act, 5 ILCS 179/1 *et seq.*, required local governments to implement an Identity Protection Policy that includes a statement of the purpose for requesting and using an individual's Social Security Number (SSN).

WHAT IS THE PURPOSE OF THIS REQUEST FOR YOUR SOCIAL SECURITY NUMBER

You are being asked for your SSN for one or more of the following reasons:
(identify specific purpose(s) appropriate for THE NEIGHBOR PROJECT)

<u>N/A</u>	Court order or subpoena;
<u>N/A</u>	Law enforcement investigation;
<u>N/A</u>	Debt collection;
<u>N/A</u>	Internal verification;
<u>YES</u>	Administrative purposes; and/or
<u>YES</u>	OTHER: <u>Safety-First Program</u>

WHAT DO WE DO WITH YOUR SOCIAL SECURITY NUMBER?

We will only use your SSN for the purposes for which it was collected. We will NOT:

- * Sell, lease, trade, or rent your SSN to a third party for any purpose;
- * Publicly post or publicly display your SSN;
- * Print your SSN on any card required for you to access our services;
- * Require you to transmit your SSN over the internet, unless the connection is secure or your SSN is encrypted; or
- * Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

Printed Applicant Name

Date

Applicant Signature

Printed Co-Applicant Name

Date

Co-Applicant Signature