



The
Neighbor
Project™

**SAFETY-FIRST
HOME REPAIR**

2023 - 2024

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 a total amount of up to \$15,000.00 in the form of a ZERO PERCENT (0%) interest, 50/50 forgivable FIVE (5) year deferred loan. This shall be made by The Neighbor Project to LMI City of Aurora homeowners pursuant to the requirements of the Program to fund improvements/repairs of emergency and/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/or City of Aurora Building and Permits and validated with detailed receipts, within SIX (6) months of the program agreement execution date.

1. Following project completion, the total project costs are split equally as a ZERO PERCENT (0%) interest FIFTY PERCENT (50%) forgivable loan and FIFTY PERCENT (50%) deferred loan.
2. A forgivable/deferred (50/50) lien will be attached to the homeowners property for the total cost of the project.
2. Provided the homeowner maintains the property as their primary residence and all of the Program conditions are met for the forgivable loan, the initial 50% of the loan is forgiven after a FIVE (5) period (date of signed agreement by City and homeowner). If the property owner no longer occupies or sells the home within the FIVE (5) year period, 100% of the forgivable/deferred (50/50) loan will be immediately due and payable to the City.
3. The deferred portion of the loan is due upon the sale of the property or when the homeowner no longer occupies the property as their primary residence.

THERE IS NO GUARANTEE OF FINANCIAL ASSISTANCE BY SUBMITTING AN APPLICATION TO THE NEIGHBOR PROJECT

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

SAFETY-FIRST ELIGIBLE ACTIVITIES

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
 Driveway improvements, when incidental to housing rehabilitation activities to be considered on a case by case basis

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 less than 80% of area median income (see HUD guidelines below).

Household 2023 Income Limits per HUD Guidelines (May 15, 2023)

FAMILY SIZE	1	2	3	4	5	6	7	8
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INCOME LIMIT	\$61,800	\$70,600	\$79,450	\$88,250	\$95,350	\$102,400	\$109,450	\$116,500
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FAILURE OF APPLICANT to abide by these criteria's 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 FIVE (5) years or SIXTY (60) months you ARE NOT ELIGIBLE for the Safety-First program. The SIXTY (60) month period is counted from the date of the homeowner agreement's full executive (date of signed agreement by the City and homeowner). Once you have exceeded the FIVE (5) years or SIXTY (60) 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 2:00 pm., or drop in the mail slot in the front door. 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 has 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

_____ TWO (2) months of employment documentation (current paycheck stubs) for ALL employed household members 18 years and older 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 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

ETHNICITY _____ Non-Hispanic _____ Non-Hispanic
 _____ 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

ETHNICITY _____ Non-Hispanic _____ Non-Hispanic
 _____ 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

THIS SECTION INTENTIONALLY LEFT BLANK

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 _____

THIS SECTION INTENTIONALLY LEFT BLANK

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

(retirement and pension income needs to be documented)

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

(retirement and pension income needs to be documented)

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

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

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.

Client Signature

Date

Co-Client 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 Client Name

Date

Client Signature

Printed Co-Client Name

Date

Co-Client Signature