

INFORMATION REQUEST LIST

This cover sheet contains a checklist for documentation to be returned to the CDBG office along with your rehab application. Without this information, we cannot process your application. All applications and documentation must be submitted to the CDBG office within (15) days of the date on the notice included. Failure to respond within the specified time will result in your name being moved to the back of our current waiting list.

Remember, our office will only accept complete application packets.

INCOME INFORMATION:

If Employed:

- 3 consecutive pay stubs received within the last (90) days for all household residents over 18 years of age.
- W-2 and copy of tax filing document (1040 form) from most recent income tax filed for all household residents over 18 years of age.

If Unemployed:

- 3 consecutive unemployment pay check stubs (received within the last 60 days).
- Copy of annual income statement from Social Security Administration.
- W-2 and copy of tax filing document (1040 form) from most recent income tax filed for all household residents over 18 years of age.

If disabled, please provide copy of documentation stipulating annual income amount.

Please list and document any other source of household income.

OWNERSHIP INFORMATION

- Current Monthly Mortgage Statement
- Warranty Deed, Quit-Claim Deed, or Other (any documentation containing owner's name and legal description of property).

If you have any questions, you may contact the Community Development Block Grant Office of the City of Waukegan at 847-599-2530.

AUTHORITY TO VERIFY CREDIT INFORMATION
For the City of Waukegan Community Development Block Grant Program

File # _____

(Please print)

Applicant Name: _____

Co-Applicant Name: _____

Address: _____

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for grant/loan assistance through the Community Development Block Grant Program. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Signature of Applicant Date

Signature of Co-Applicant Date

**CITY OF WAUKEGAN
COMMUNITY DEVELOPMENT BLOCK GRANT
APPLICATION FOR REHABILITATION**

APPLICANT INFORMATION:

Application Date: _____ File Number: _____

Applicant Name: _____
First M.I. Last

Co-Applicant Name: _____
First M.I. Last

Address: _____
Waukegan, IL 600_____

Social Security #: _____ Co-Applicant #: _____

Telephone Numbers:
Applicant: () () ()
Home Work Other

Co-Applicant: () () ()
Home Work Other

Number of persons living in Household	Total =
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of Adults 18 or Older: _____ Ages: _____

of Children 17 or Under: _____ Ages: _____

(Please check all that apply)

Race Category	Ethnicity	HUD Data Information
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Handicapped
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Elderly (Over 65)
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Family (less than 4)
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Large Family (5 or more)
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Hispanic	

Multi-Race Categories	Ethnicity
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Other Multi-Race _____	<input type="checkbox"/> Hispanic

PROPERTY INFORMATION:

- **Do you currently reside at the address for which assistance is requested?**

YES NO

- **My Residence is:**

Single-Family Home 2-4 Unit

- **I currently:**

Own Lease/Option Land Contract Other _____

- **When did you purchase the property?**

 (Example XX/XX/XXXX)

Property Characteristics

Age of Property: _____

Life Expectancy (after rehab) _____

As is Property Value _____

Type of Construction Brick Frame

Type of Garage Attached Detached None

Yard Condition Excellent Average Poor

Rehabilitation conducted through the Community Development Block Grant Office can only be granted for the MAIN STRUCTURE of your home. Funds are not available for any accessory structures (i.e. detached garages, sheds, fences, etc.). **For waste/sewer line repairs, owner is required to provide CDBG with proof of the problem (i.e. videotape inside pipe or assessment report from certified plumber).**

Repairs Requested (list any emergencies first):

1. _____

2. _____

3. _____

4. _____

5. _____

HOUSEHOLD GROSS INCOME

INCOME	Applicant	Co-Applicant	Other 18+	Total Monthly	Total Annual
Salary/Wages					
Overtime Pay					
Commission					
Fees					
Tips					
Bonuses					
Interest/Dividends					
Net Business Income					
Net Rental Income					
Periodic Payments: Social Security Annuities Insurance Policies Retirement Funds Pensions Disability Death Benefits, etc.					
Unemployment/Disability Benefits					
Workers Compensation Severance Pay, etc.					
Alimony/Child Support					
Welfare Payments					
Withdrawal of Cash/Assets from Business					
Net Income from Sale of Personal Property					
Withdrawal of Cash or Assets from Investments					
Regular Contributions or Gifts from Persons not residing in the dwelling					
Armed Forces Pay					
Other:					
GRAND TOTAL:					

***GROSS INCOME** = All income before any deductions.

* **ANY LINE ITEMS THAT DO NOT APPLY TO YOU** = \emptyset

HOUSEHOLD EXPENSES

Type	Total Monthly/Quarterly	Total Annual
Mortgage		
Home Equity		
Property Taxes		
Utilities:		
Gas		
Electric		
Water		
North Shore Sanitary District		
Telephone		
Sub-Total		
Property Insurance		
Property Insurance		
Mortgage Insurance		
Auto Loan		
Child Care		
Alimony/Child Support		
Other:		
GRAND TOTAL:		

Are you up to date with all of your utility, property tax and mortgage payments? Y N
 If not, please mark **D** (d=delinquent) next to those accounts above.

ASSETS

Type	Cash Value	Annual Income from Assets	Bank Name	Account Number	APR %
Checking Account					
Savings Account					
Credit Union Account					
Stocks					
Life Insurance					
Other: (i.e. rental property)					
PROPERTY:					
Estimate Value					
Mortgage Balance					
Total Value: (Value – Balance)					
GRAND TOTAL					

* ANY LINE ITEMS THAT DO NOT APPLY TO YOU = N/A

Certification by Applicant (s):

The applicant certifies that all information in this application and all information furnished in support of the rehabilitation are true and complete to the best of the applicant’s knowledge and belief.

Penalty for false or fraudulent statement: U.S.C. Title 18, Section 1001 provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully, falsifies or makes any false, fictitious statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years or both”.

Verification of any of the information contained in this application may be obtained from any source named, herein.

APPLICANT SIGNATURE DATE

CO-APPLICANT SIGNATURE DATE

FOR OFFICE USE ONLY

Application Submitted to: _____
EMPLOYEE NAME DATE

Approved for Rehabilitation: _____
DIRECTOR OF CDBG DATE

LAKE COUNTY INCOME LIMITS – 2008

Effective Date – February 13, 2008

FY 2008 Median Family Income: \$ 71,600.00

Family Size	Extremely Low Income 0-30% MFI	Very Low Income 31-50% MFI	Low Income 51-80% MFI
1	Up to 15,850	15,851-26,400	26,401-42,200
2	Up to 18,100	18,101-30,150	30,151-48,250
3	Up to 20,350	20,351-33,950	33,951-54,250
4	Up to 22,600	22,601-37,700	37,701-60,300
5	Up to 24,450	24,451-40,700	40,701-65,100
6	Up to 26,250	26,251-43,750	43,751-69,950
7	Up to 28,050	28,051-46,750	46,751-74,750
8	Up to 29,850	29,851-49,750	49,751-79,600

To determine your income range:

1. Locate your correct family size (left column).
 2. Move across the chart toward the right until you locate the range in which your family income level falls into.
 3. The heading at the top of that column identifies which income level your family is.
- ⊗ You will not qualify for this program if your gross family income exceeds the low income maximum amount (the last amount located on the right of the table).

Web site: <http://www.huduser.org/datasets/il.html>