



RAHM EMANUEL, MAYOR



CHICAGO DEPARTMENT OF
PLANNING & DEVELOPMENT

NOVEMBER 01, 2018

RE: EMERGENCY HEATING REPAIR PROGRAM

Dear Applicant;

Thank you for your interest in the Department of Planning and Development's (DPD), Emergency Heating Repair (EHR) Program. This is a **one-time service program** for a single-family, one to four (1-4) unit, and owner-occupied property located in the city of Chicago. The enclosed package includes the following documents:

- Application Form (4-pages)
- Required Documentation Checklist (2-pages)
- Program Summary Sheet
- Income Limit Chart
- Frequently Asked Questions and Answers Sheet

The completed application and all supporting documents (see attached checklist) that applies to your household must be submitted during the open enrollment period of **November 1, 2018 to April 01, 2019**.

NOTE: *Funding is limited and available on a first-come-first-service basis. Please return completed and signed application with supporting documents to our office as soon as possible for processing and funding reservation.*

Completed application packages can be mailed or walked into our office at:

City of Chicago
Department of Planning and Development
Attn: Emergency Heating Repair Program
121 N. LaSalle, 10th floor, Rm 1006
Chicago, IL 60602

Application packages can also be faxed to: (312) 742.0264

If you have any questions or need assistance with your application, please contact, the department's program staff members: Regina Gibson at (312) 744-0070 or Luis Alarcon (312) 744-5799 (Spanish interpreter also).

Sincerely,

City of Chicago/Dept. of Planning and Development



RAHM EMANUEL, MAYOR



CHICAGO DEPARTMENT OF
PLANNING & DEVELOPMENT

EMERGENCY HEATING REPAIR (EHR) PROGRAM

(Enrollment Period: NOVEMBER 1, 2018 thru APRIL 01, 2019)

Application Form

Date: _____

I. Personal Information-*(must complete all information)*

*1) Applicant's Name:				2) *Home Address:		
				*Zip code 606 _____ Apt. # _____		
*3) Last four (4) # of Social Security: XXX-XX-_____	*4) Marital Status: Single: _____ Married: _____ Divorce: _____ Widowed: _____ Separated _____	*5) Male: _____ Female: _____	6a) Race _____ 6b) Ethnicity _____	*7) Applicant Status Disable? _____ Sr. Citizen? _____ (62 yrs. or older)	*8) Date of Birth ____/____/____ (MM/DD/YYYY)	9a) Home Phone # _____ 9b) Cell#: _____ 9c) Email Address: _____
10) Employer Name:				11) Employer Address:		
12) Business Phone	13) Job Title	14) Yrs. Employed	15) Name & Address of Previous Employer (if less than 2 yrs. at current job)			
16) Co-Applicant's Name				17) Home Address (if different): _____ Zip code 606 _____ Apt.# _____		
18) Last four (4) # of Social Security: XXX-XX-_____	19) Marital Status: Single: _____ Married: _____ Divorce: _____ Widowed: _____ Separated _____	20) Male _____ Female _____	21a) Race _____ 21b) Ethnicity _____	22) Applicant Status Disable? _____ Sr. Citizen? _____ (62 yrs. or older)	23) Date of Birth: ____/____/____ Ex. (MM/DD/YYYY)	24a) Home Phone #: _____ 24b) Cell #: _____ 24c) Email Address: _____
25) Employer Name:				26) Employer Address:		
27) Business Phone	28) Job Title	29) Yrs. Employed	30) Name & Address of Previous Employer (if less than 2 yrs. at current job)			

II. Property Information

31a): Is Property a Multi-unit: Yes/No _____ 31b): Number of Units Occupied: _____ 31c): Number of Units Vacant: _____	32) Structure Type: Brick: _____ Frame: _____ Stucco: _____ Other: _____	33) Year Purchased _____ _____	34) Refinance Yes/No _____ Year: _____	35) Is the building a Townhouse with an adjoining roof?: Yes ___ or No ___ If yes, a fire wall must separate units.	36) Furnace _____ OR Boiler: _____ (Check One Only)
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III. Household Information-

ALL HOUSHOLD MEMBERS INFORMATION MUST BE PROVIDED BELOW

37) NAMES OF ALL HOUSEHOLD MEMBERS REQUIRED* (If add additional members provide on separate page)	38) Age*	39) Relationship To Applicant*	40) Monthly Gross Income*	41) Source of Income*
		Owner		
		Co-Owner		

42) Total Number of household members: _____ **43). Total Monthly Gross Income :** _____

***Note:** Application must include all household members and if 18 yrs. or older must include a valid photo identification*

****Applicant(s) must provide a valid source of income to participate in program.****

IV. HOUSING EXPENSES

44) Expenses	45) Monthly Payment	46) Past Due (If applicable) Please indicate if you have a payment plan or you have a mortgage loan modification).	DPD USE ONLY (Do Not Write In This Column)
a) First Mortgage			
b) Second Mortgage			
c) Homeowner's Insurance			
d) Real Estate Taxes			
e) Heat (Gas)			
f) Electric			
g) Water			
h) Maintenance Cost: (if more than one unit)			
Total Housing Expenses: _____			

V. Property Mortgage Information

47) Please indicate name on mortgage account if different than owner's

48) Name of Mortgage Lender/Mortgagee

49) Monthly Payment

1st Mortgage Lender (if applicable)

\$

2nd Mortgage Lender (if applicable)

\$

49) Do you have a REVERSE MORTGAGE? Yes _____ No _____

50) Are you currently collecting monthly payments from the Reverse Mortgage? Yes _____ No _____

If "Yes", please indicate the monthly amount \$ _____

51) Do you have any other liens against your property? Yes _____ No _____

If Yes, list type of lien: _____

VI. Type of Assistance Requested

52) Type of Repair

53) Previous HEATING Assistance

54) Description of the EMERGENCY HEATING REPAIR(s):

SELECT ONLY ONE (Please "X"):

FURNACE SYSTEM:

Repair: _____ Replace: _____

BOILER SYSTEM:

Repair: _____ Replace: _____

Have you ever applied for the Emergency Heating Repair program before?

Yes: ____ or No: ____

If so, When? _____

What work was completed?

Additional Comments:

REPRESENTATIONS AND WARRANTIES

The information contained within this statement is in support of an application for assistance from the City of Chicago's **Department of Planning and Development (DPD)**. Each of the undersigned acknowledge and understand that the City is relying on the information provided herein in deciding to award City assistance in the form of a loan or grant. Each of the undersigned represents warrants and certifies that the information provided herein on financial condition and household size is true, correct and complete. Each of the undersigned agrees to notify the City immediately and in writing of any change in name, address employment and of any material adverse change (1) in any of the information contained in the statement, (2) in the financial condition of any of the undersigned or, (3) in the ability of the undersigned to perform its (their) obligations to you. In the absence of such written notice, this should be considered as a continuing statement and

substantially correct. Each of the undersigned hereby authorizes the City to make all inquiries it deems necessary to verify the accuracy of the information contained within and to determine the credit-worthiness of each of the undersigned. Each of the undersigned authorizes any person or consumer crediting reporting agency to give the City information it may have regarding each of the undersigned. Each of the undersigned authorizes the City to answer questions about its credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to the City is outstanding, the undersigned may be asked to supply an updated financial statement. The personal financial statement and any other financial or other information that the undersigned gives the City shall be the City's property and may be released as the City deems fit. I have received a copy of the Program summary sheet and supporting documents outlining the **Emergency Heating Repair (EHR) Program**. I fully acknowledge and understand that if the cost to make repairs to my home exceeds the program limit, I will be responsible for contributing the difference before the work begins. Please note that completion of an application is not a guarantee of service. **The Department of Planning and Development** reserves the right to cancel this application when deemed necessary.

55a) Applicant Signature (required)*

Date

55b) Co-Applicant Signature (required)*

Date

56) Please answer the following two questions. This information is being compiled for statistical purposes only and will not be used to make funding or eligibility decisions. Please check the following which most describes you:

- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Black/African American and White
- ☐ American Indian/Alaskan Native and White
- ☐ American Indian/Alaskan Native and Black/African American
- ☐ Asian and White
- ☐ Other/Multiracial
- ☐ I choose not to answer this question

- ☐ I am of Hispanic Origin
- ☐ I am not of Hispanic Origin
- ☐ I choose not to answer this question

NOTE: FUNDING IS AVAILABLE ON A FIRST-COME, FIRST-SERVICE BASIS.

COMPLETED APPLICATION PACKAGE IS TO BE RETURNED TO OUR OFFICE AS SOON AS POSSIBLE FOR PROCESSING AND FUNDING RESERVATION.

SERVICE IS NOT GUARANTEED

****COMPLETED APPLICATION PACKAGE CAN BE FAXED TO (312) 742-0264.**

Attn: Emergency Heating Repair Program**



RAHM EMANUEL, MAYOR



CHICAGO DEPARTMENT OF
PLANNING & DEVELOPMENT

EMERGENCY HEATING REPAIR PROGRAM

Required Documentation Checklist

Applicant Name: _____

Date: _____

Required Documentation Needed with Completed Application:

**** (Please check-off documents that relates to your household only and include in returned package)**

- ___ 1. Copy of current Property Deed (must be recorded with Cook County Deeds office)
- ___ 2. Copy of current Mortgage Statement or Reverse Mortgage Statement or Lender Mortgage Modification Agreement. (past due statements not accepted).
- ___ 3. Copy of current Cook County Real Estate Tax Bill
- ___ 4. Copy of current Homeowner's Insurance Declaration page or Policy (expired statements not accepted).
- ___ 5. Copy of signed **2017 and 2016** Federal Tax Returns files and **ALL employers W2 forms, 1099 forms, Schedule exhibits, and Addendums.**
* Both years Federal Taxes must be signed and dated.
- ___ 6. Copy of all Employer's W2 and 1099 forms from 2017 and 2016 years.
- ___ 7. Copies of all Income documentation from each household member (check which applies to your household):
 - ___ a) Copy of three (3) Current/Recent Pay Stubs _____
 - ___ b) Copy of Current year Social Security Statement or award letter _____
 - ___ c) Copy of Current year SSI Statement or award letter _____
 - ___ d) Copy of Pension Statement
 - ___ e) Copy of current Unemployment Statement (Online printouts not accepted) _____
 - ___ f) Copy of DHS Public Cash Assistance Letter (exclude SNAP/Link benefits)
 - ___ g) Copy of two (2) current Rent Receipts from Renters _____

___ h) Copy of Current Profit and Loss Statement on Self Employed Business
(must be notarized and signed)

___ i) Copy of Non-Income Notarized Letter of Explanation (must include last date of
employment).

___ 8. Copy of Unemployment office status letter for Non-income household
member(s)-(must provide if 18 years or older and not attending an educational institution)

___ 9. Copy of Current GAS Bill (*payment plan letter to be included if applicable*).

___ 10. Copy of Current ELECTRIC Bill (*payment plan letter to be included if applicable*).

___ 11. Copy of Current WATER Bill. (*payment plan letter to be included if applicable*).

___ 12. Copy of Death Certificate (*If applicable*).

___ 13. Copy of Divorce Decree or Legal Separation Agreement (*If applicable*).

___ 14. Copy of State Identification or Driver's License on all adults in
household 18 yrs. or older _____.

___ 15. Copy of Social Security Cards on All Household members including
minor children.

___ 16. Copy of current Building Code Violations (if applicable)

___ 17. Other(s): _____

***NOTE:** Funding is available on a first-come-first-service basis. Please return the completed and signed application *with all required documents (see above)* that relates to your household as soon as possible. *If application is missing any required documents, it will be placed on hold. A written notification letter will be mailed out for missing documents with a deadline date.**

***COMPLETED APPLICATION PACKAGE CAN BE FAXED TO (312) 742-0264 or
Mailed to***

**City of Chicago- Dept. of Planning and Development
Attn: EMERGENCY HEATING REPAIR PROGRAM
121 N. LaSalle St. – City Hall, Room 1006, Chicago, IL 60602**

If you have any questions or need assistance with application process please contact:

Mrs. Regina Gibson at (312) 744-0070 or Mr. Luis Alarcon at (312) 744-5799 (bilingual Spanish and English)



RAHM EMANUEL, MAYOR



CHICAGO DEPARTMENT OF
PLANNING & DEVELOPMENT

Emergency Heating Repair Program Summary

(ENROLLMENT PERIOD: NOVEMBER 1, 2018 TO APRIL 01, 2019)

SERVICES

The Emergency Heating Repair program is administered by the City of Chicago Department of Planning and Development (DPD) to provide grants for the repair or replacement of faulty or inoperable residential heating systems to owner-occupants of habitable one-to-four residential properties. Owner must be on deed for one (1) year prior to applying for program **This is a one-time one service program for the life of the property.**

Applications are accepted on a walk-in basis or can be picked-up between the hours of 9:00am to 4:00pm Monday thru Friday at City Hall, 121 N. LaSalle St., 10th floor, Rm.1006. The application package will also be available online starting November 1st at: www.cityofchicago.org/dpd

APPLICANT(S)

To be an eligible participant in the program the following is required: **1).** The gross income of all the household members (18 years of age and up) cannot exceed HUD's current income limit (see chart below); **2).** Service under the program has not been received in past years; and **3).** Applicant(s) name is on property deed as the owner(s) for at least one (1) year before applying for the program.

Current Gross (before deductions) Income Limits (2018)

Household size	80 % Area Median Income (AMI)
1 person	\$47,400
2 persons	\$54,200
3 persons	\$60,950
4 persons	\$67,700
5 persons	\$73,150
6 persons	\$78,550

PROPERTY

Eligible properties are one to four units located in the city of Chicago, habitable condition, and owner-occupied. Also, applicants cannot be at risk of foreclosure. **Commercial, mixed-use (apartment plus business or commercial units), and condominiums do not qualify for program.**

All utilities must be current at time of application. If the owner sells, transfers title, or no longer occupies the unit within one year of the grant, the owner will be required to pay back a prorated amount of the grant.



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CHICAGO DEPARTMENT OF
PLANNING & DEVELOPMENT

EMERGENCY HEATING REPAIR (EHR) PROGRAM

2018 MAXIMUM GROSS (Before Deductions) INCOME LIMITS

Household size	Max. Income 80%	Household size	Max. Income 80%
1	\$47,400	5	\$73,150
2	\$54,200	6	\$78,550
3	\$60,950	7	\$83,950
4	\$67,700	8	\$89,400

Income limits are based on the Chicago-Naperville-Joliet, IL HUD Metro FMR Area (HMFA) median family income of \$75,100 as adjusted by HUD. Effective until superseded

Versión en Español

PROGRAMA DE EMERGENCIA DE REPARACION DE CALEFACCION (EHR)

2018 MAXIMO LÍMITE DE INGRESO FAMILIAR (BRUTO- ANTES DE DECUCIONES)

Numero de miembros de la familia	Ingreso anual 80% del máximo por familia	Numero de miembros de la familia	Ingreso anual 80% del máximo por familia
1	\$47,400	5	\$73,150
2	\$54,200	6	\$78,500
3	\$60,950	7	\$83,950
4	\$67,700	8	\$89,400

Los límites de ingresos son publicados por HUD cada año y están sujetos a cambios sin previo aviso.



EMERGENCY HEATING REPAIR (EHR) PROGRAM

FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

1. **QUESTION:** What type of residential properties qualifies for the EHR program?

ANSWER: A Chicago property that has one (1) to four (4) residential unit(s). Commercial and Mix-use (store-front and residential) are not eligible.

2. **QUESTION:** If I own a Chicago residential property and it is not my primary residency, can I participate in the program?

ANSWER: No. The program is for owner-occupied residential properties located in the city of Chicago area only.

3. **QUESTION:** What is the Income Qualification?

ANSWER: The total gross household income cannot exceed HUD's 80% AMI (Area Median Income) requirement (see chart EHR program flyer) to qualify.

4. **QUESTION:** Does all household members' income need to be included to qualify?

ANSWER: Yes. Every household member that receives income would need to provide their gross income to determine the total household gross income.

5. **QUESTION:** What does the gross income mean?

ANSWER: It means the income you receive **before any deductions** (taxes, medical, insurance, etc.,) have been taken out of the earnings.

6. **QUESTION:** If I received service in a previous year under the EHR program, could I apply again for another service?

ANSWER: No. The program is available for one service (furnace or boiler) only, one (1) time over the life of the property.

7. **QUESTION:** If I just bought my Chicago home six (6) months ago, could I apply?

ANSWER: No. You must own and reside on the property for one (1) or more years before completing an application.

8. **QUESTION:** If my heater/boiler is not working in the cold weather, how can I get emergency help under the program?

ANSWER: You can call the City's 311 or DPD customer service line at (312) 744-3653 for assistance. Walk-ins are welcome between 9am to 2pm at the Department of Planning and Development 121 N. LaSalle 10th floor- Rm 1006. If you need emergency heating repairs after 4pm M-F or weekends, call the City's 311 service line with your request and DPD will reply back within 24 hours. 311 can also direct you to a nearby warming center.

9. **QUESTION:** Do I need to be present when an inspector comes out to my home for a site inspection?



ANSWER: Yes. Our preference is that the owner is present between the business hours of 7:30am-3pm Monday thru Friday.

10. **QUESTION:** How long will it take for my application to get approved after I submit it?

ANSWER: If the application is submitted with all required documents, it may take two (2) to seven (7) business days for a status or income eligible approval.

11. **QUESTION:** If I own a multi-family property (2-4 units) that has a separate heating system for the rental unit(s), can the rental heating unit(s) or boiler(s) be repaired under the program?

ANSWER: No. Repairs are provided to owner-occupied unit only. However, if the central heating unit services the entire building, then the additional rental unit(s) will benefit from the repair/replacement to the heating system also.

12. **QUESTION:** What are the next steps after I have been determined income eligible?

ANSWER: Your income eligible application will be sent to DPD construction team. You will be contacted by phone or an email to set-up a site inspection appointment. Also, a reservation letter will be mailed out to your home by DPD's loan officer.

13. **QUESTION:** After the site inspection has been completed, how long will it take for my furnace or boiler to be repaired?

ANSWER: Repairs are performed on a first-come/first-served basis. Scheduling is controlled by the contractor. After DPD site inspection, homeowner can contact the contractor directly to check the status of their work/repair.

14. **QUESTION:** Can I get the repairs done by a contractor of my choice and have the City of Chicago reimburse me for the cost?

ANSWER: No. DPD has contracted with vendors (contractors) who have met the City of Chicago's vendor requirement through their procurement process. These contractors will be assigned to do the work only.

15. **QUESTION:** Who should I call if I have questions regarding my application status or documents?

ANSWER: You can call DPD program staff members at (312) 744-5799 (Luis Alarcon) or (312) 744-0070 (Regina Gibson).

16. **QUESTION:** Who should I call if I have problems with the repairs that have been completed?

ANSWER: For any service related issues the homeowner should contact the assigned contractor directly. The contract's information can be found on the contracted documents and the bright-colored sticker affixed to your heating unit.

17. **QUESTION:** Will I have to pay back the grant funds if work is completed under the program?

ANSWER: If the owner sells, transfer the title or no longer occupies the unit within one (1) year from the date of the grant, the owner will be required to pay back a prorated amount of the funds.