



LORI E. LIGHTFOOT, Mayor of Chicago



NOVEMBER 01, 2019

RE: EMERGENCY HEATING REPAIR PROGRAM

Dear Applicant;

Thank you for your interest in the Department of Housing (DOH), 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)
- 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, 2019 through , April 01, 2020.**

NOTE: *Funding is limited and available on a first-come-first-service basis. Please return the completed application with signature and all 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 Housing
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) or Jequetta Vaughn (312) 744-5409.

Sincerely,

City of Chicago/Department of Housing (DOH)



Lori E. Lightfoot, Mayor of Chicago



EMERGENCY HEATING REPAIR (EHR) PROGRAM

(Enrollment Period: NOVEMBER 1, 2019 thru APRIL 01, 2020)

Application Form

Date: _____

I. Personal Information-*(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: Veteran? _____ 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) Employed how long: # of Years: _____ # of Months: _____		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: Veteran? _____ 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) Employed how long: # of Years: _____ # of Months: _____		30) Name & Address of Previous Employer (if less than 2 yrs. at current job)		

II. Property Information

31) Is Property a Multi-unit: Yes/No _____	32) Structure Type: Brick: _____ Frame: _____ Stucco: _____ Other: _____	33) Year Purchased _____	34) Refinance Yes/No _____ Year: _____	35) a. Is the building a Townhouse? Yes ___ or No ___ b) Is the building a Condo? Yes ___ or No ___	36) Service Request Furnace _____ OR Boiler: _____ (Check One Only)
31a) Number of Units Occupied: _____					
31b) Number of Units Vacant: _____					

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 Housing (DOH)**. 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**. Please note: The completion of an application is not a guarantee of service. **The Department of Housing (DOH)** 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 SHOULD 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**



EMERGENCY HEATING REPAIR (EHR) PROGRAM Tenant Self Certification of Annual Income Form

Date: _____

Landlord Name(s): _____

Property Address: _____

Number of building units: _____

Chicago, Illinois 606_____

Tenant unit number/floor: _____

INSTRUCTIONS: The two (2) page certification form must be completed by tenant(s) only when the repair/replacement of the boiler or heating system services and heats the entire residential building. Please complete each section below:

1. Primary Tenant(s) Household Information-

**All household members information must be Provided below:*

Full Names of all household members required: <i>(if additional members please provide a separate page)</i>	Age*	Relationship to Head of household Tenant	Disable Person (Yes or No)	Annual Gross Income*	Source of Income* <i>(All sources, i.e., wages, social security, Pension, etc.)</i>
		Head of Household Tenant			
		Co-Head of Household Tenant			

2. Total number of Household Members: _____

3. Total Annual Gross Income: _____

4. Contact Information:

Phone number(s):	Address(es):	City/State:
1.		
2.		

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



Date: _____

Landlord Name(s): _____

Property Address: _____

Chicago, Illinois 606_____

5. Certification of Information:

I/we certify that this information is complete and accurate. I/we agree to provide if requested, any/all income documents to the Housing and Urban Development (HUD) Grantee/Program Administrator.

Signature (Head of Household):	Print Name:	Date:
Signature (Co-Head of Household):	Print Name:	Date:
Household Member (18 yrs. or older)	Print Name:	Date:
Household Member (18 yrs. or older)	Print Name:	Date:
Household Member (18 yrs. or older)	Print Name:	Date:
Household Member (18 yrs. or older)	Print Name:	Date:

Household Size	2019 50% Area Median Income limit	2019 60% Area Median Income limit	2019 65% Area Median Income limit	2019 80% Area Median Income Limit
1 person	\$31,200	\$37,440	\$40,560	\$49,950
2 persons	\$35,650	\$42,780	\$46,345	\$57,050
3 persons	\$40,100	\$48,120	\$52,130	\$64,200
4 persons	\$44,550	\$53,460	\$57,915	\$71,300
5 persons	\$48,150	\$57,780	\$62,595	\$77,050
6 persons	\$51,700	\$62,040	\$67,210	\$82,750
7 persons	\$55,250	\$66,300	\$71,825	\$88,450
8 persons	\$58,850	\$70,620	\$76,505	\$94,150
9 persons	\$62,400	\$74,880	\$81,120	\$99,850
10 persons	\$65,950	\$79,140	\$85,735	\$105,550

***Please attach another copy of this page if additional signature lines are required.**



EMERGENCY HEATING REPAIR (EHR) PROGRAM Checklist for Required Documents

Applicant Name: _____

Date: _____

**Below are the required documents to be included with completed application:
(Please check-off all documents below that relates to your household and include in the return 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 **2018 and 2017** Federal Tax Returns including all schedule exhibits, and addendums (**federal taxes must be signed and dated**).
- ___ 6. Copy of all **2018 and 2017** years- W2 (employers) and 1099 forms.
- ___ 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 Disability Statement or award letter _____
 - ___ d) Copy of Current Pension and Annuity Statements
 - ___ e) Copy of current Dividends and Capital Gains Statements
 - ___ f) Copy of current Unemployment Benefit Statement (**Online printouts not accepted**)
 - ___ g) Copy of DHS Public Cash Assistance Letter (**exclude SNAP/Link benefits**)
 - ___ h) Copy of Current lease or two (2) Current Rent Receipts from all renters
 - ___ i) Tenant Certification form- (**tenant to complete only if heating unit services and heat entire building**).
 - ___ j) Copy of Current Profit and Loss Statement on Self Employed Business
(must be notarized and signed)

- ___ 8. Copy of School Records and/or Transcripts (if any household member is currently enrolled).
 - ___ 9. Copy of Current GAS Bill (*payment plan letter must be included if applicable*).
 - ___ 10. Copy of Current ELECTRIC Bill (*payment plan letter must be included if applicable*).
 - ___ 11. Copy of Current WATER Bill. (*payment plan letter must 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 state I.D. or drivers' license of co-owner not residing in the property.
 - ___ 16. Copy of Social Security Cards on All Household members, minor children, and co-owner not living on the property.
 - ___ 17. Copy of current Building Code Violations (*If applicable*).
 - ___ 18. Notarized Letter of Explanation regarding: _____
-

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

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

**City of Chicago- Department of Housing
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 the application process please contact:
Mrs. Regina Gibson at (312) 744-0070 or Mr. Luis Alarcon at (312) 744-5799 (bilingual Spanish and English)
or Ms. Jequetta Vaughn at (312) 744-5409



EMERGENCY HEATING REPAIR (EHR) Program Summary

Services

The Emergency Heating Repair (EHR) Program provides a grant up to \$24,999 to low-moderate income, owner-occupied residential building of one to four (1-4) units. The program is limited to the repair/replacement service of a heating system. Remedies will commensurate to the level of damage determined by Department of Housing (DOH) Rehab Construction division upon inspection (*assistance limited to funding availability*).

Eligible residential buildings will be assisted one time for one-service (furnace or boiler) only and for the life of the property. In two to four (2-4) unit residential buildings with individual heating systems only the owner-occupied unit will qualify for assistance.

How to Apply:

Interested homeowner(s) can complete an application and provide all supporting documentation. Completed application packages can be returned and 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.chicago.gov/housing.

Applicant(s) Income Requirements

Household members gross income earning's (including rental income, earning for minors and any other source of income) that totals 80% or less of the Area Median Income (AMI) are eligible to participate in the program.

NOTE: The Tenant Income Certification form must be completed by tenant(s) only if the repair/replaced heating unit provides service for the entire multi-family building.

Property that is jointly owned, the total gross income of all owners shall be included with other household member(s) income and may not exceed 80% of AMI.

Current Gross (before deductions) Income Limits (2019)

Household size	80 % Area Median Income (AMI)
1 person	\$49,950
2 persons	\$57,050
3 persons	\$64,200
4 persons	\$71,300
5 persons	\$77,050
6 persons	\$82,750

Applicant(s)/Property Requirements

Applicant(s) must be on title to deed for at least one (1) year starting from the date of application. An eligible owner-occupied property must be located in the Chicago, in habitable condition, a one to four (1-4) property unit, work must not exceed program limit, and not in risk of foreclosure. **NOTE:** Commercial and Mixed-use units (apartment plus business or commercial units) do not qualify for program. A property that received assistance in the past under the program is ineligible to participate again.

All utilities must be current and in working order. If the owner sells, transfers title, or no longer occupies the property within one year of the grant service, the owner will be required to pay back a prorated amount of the funds.



EMERGENCY HEATING REPAIR (EHR) PROGRAM

2019 MAXIMUM GROSS (Before Deductions) INCOME LIMITS

Household size	Max. Income 80%	Household size	Max. Income 80%
1	\$49,950	5	\$77,050
2	\$57,050	6	\$82,750
3	\$64,200	7	\$88,450
4	\$71,300	8	\$94,150

Income limits are based on the Chicago-Naperville-Joliet, IL HUD Metro FMR Area (HMFA).
Effective until superseded

Versión en Español

PROGRAMA DE REPARACION DE TECHOS Y PORCHES (RPR)

2019 MAXIMO LÍMITE DE INGRESO FAMILIAR (BRUTO- ANTES DE DEDUCIBLES)

Número de miembros de la familia	Ingreso anual 80% del máximo por familia	Número de miembros de la familia	Ingreso anual 80% del máximo por familia
1	\$49,950	5	\$77,050
2	\$57,050	6	\$82,750
3	\$64,200	7	\$88,450
4	\$71,300	8	\$94,150

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 furnace/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 DOH customer service line at (312) 744-3653 for assistance. Walk-ins are welcome between 9am to 2pm at the Department of Housing, 121 N. LaSalle 10th floor- Rm 1006. If you need emergency heating service after 4pm M-F or weekends, please call the City's 311 service line with your request and DOH will reply back within two (2) business days. 311 can also direct you to a nearby warming center.



Lori E. Lightfoot, Mayor of Chicago



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 DOH 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 DOH's loan processor.
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. DOH 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 DOH's loan processing officers: Luis Alarcon (312) 744-5799 or Regina Gibson (312) 744-0070 or Jequetta Vaughn (312) 744-5409.
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.