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Application Packet

for the

HOMEMOD Program

CITY OF CHICAGO
Mayor's Office for People with Disabilities

PLEASE READ

READ DIRECTIONS PRIOR TO COMPLETING THIS APPLICATION. IT IS VERY IMPORTANT THAT **ALL** QUESTIONS ARE CORRECTLY FILLED OUT AND THAT ALL REQUIRED DOCUMENTS ARE INCLUDED WITH THIS APPLICATION. CHECK TO MAKE SURE THAT ALL ITEMS BELOW HAVE BEEN COMPLETED.

- All items of this application are filled out completely and neatly.
- All required supporting documents have been attached to the application. (Proof of Age, Proof of Income for entire household, Proof of disability, Proof of Home Insurance)
- Verify that you have no unpaid parking tickets. If you are unsure, call the Department of Revenue at 311.
- Verify that your water bill is paid. If you are unsure, call the Department of Water services at 311.
- Verify that your property taxes have been paid. If you are unsure, call the Cook County Treasurer at (312) 443-5100 (Voice)
- Verify that the application is signed and dated.
- Verify that you have made copies of your application for your records.
- You must be under the age of 60, living in Chicago with a Disability to take part in this program.

FAILURE TO COMPLY WITH ALL OF THE ABOVE LISTED ITEMS WILL DELAY, AND COULD DISQUALIFY YOU FROM



APPLICATION DEADLINE: None

APPLICANT INFORMATION:

1. Full Legal Name: _____

First Name

Middle Initial

Last Name

2. Current Mailing Address: _____

(This address must be the residence being considered for modifications. Provide proof of building insurance)

Number and Street

Apt. No.

City

State

ZIP code

Ward

3. Property Identification Number (PIN): _____ - _____ - _____ - _____ - _____

4. Phone Number: (_____) _____ - _____ Home Work Cell

5. Alternate Number: (_____) _____ - _____ Home Work Cell

6. E-Mail: _____

7. Date of Birth: ____ / ____ / ____

8. Social Security Number: ____ - ____ - ____ / ____ / ____

9. Gender: Male Female

10. Age: _____ (Proof of age must be provided)

11. Race: (Enter "X" in the appropriate box)

African-American or Black

American Indian or Alaskan Native

Asian

White

Pacific Islander

Other, Multiracial

12. Ethnicity: (Enter "X" in the appropriate box)

Hispanic

Non-Hispanic

13. Primary Language: (Enter "X" in the appropriate box)

English

Spanish

Other: _____

14. Disabled: Yes No

15. Veteran: Yes No

16. Education Completed:

No Schooling

High School Diploma

GED

2 yrs College

4 yrs College

4+ yrs of College

17. HouseHold Annual Income: (Proof must be provided. For \$0.00 income, Submit form 4506T)

Name

Relationship

Income type

Yearly Amount

17a. What is your household size? _____

18. Health Insurance:

- No Health Insurance MEDICAID Private Health Insurance
 Employer Provided MEDICARE Other

19. Do you live in a Government subsidized building (CHA)? Yes No

20. What is your disability type? (Provide proof of your disability)

- Mobility Disability Cognitive Disability Hearing Impaired Visually Impaired

21. Is your disability permanent? Yes No

22. Please check all that apply to your disability?

- I use a walker I use a wheelchair I use crutches I use a ventilator
 I use oxygen I use other assistive devices

23. Please explain how your disability relates to your need for home modifications.

24. Please check the area of your home that you feel will require a modification and would be your first choice of assistance with.

- Entrance Bathroom Kitchen Other Areas

25. Are you aware of any building code violations listed against the property for which you are applying? Yes No

26. Are you current on payments for your:

- Property Taxes Yes No N/A
Water Bill Yes No N/A
Mortgage/Rent Yes No N/A
Parking Tickets Yes No N/A
Child Support Yes No N/A

27. Have you submitted a HomeMod application in the past: Yes No

If yes did you receive a modification? Yes No N/A

28. Are you Employed: Yes No I am below the legal working age

29. Are you Employed by the City of Chicago: Yes No

30. If you receive a modification, do you plan to return to work or find a new job?

- Yes No I am below the legal working age

31. Authorization:

I (We) hereby certify that I (We) have read the application and application instruction booklet, and understand and agree to all terms and conditions of the HomeMod Program.

I (We) hereby certify that the information given on this application, and all information furnished in support of this application under the HomeMod Program is true and complete to the best of my (our) knowledge. Verification may be obtained from any source named herein.

I (We) hereby authorize and permit the City of Chicago, Mayor’s Office for People with Disabilities (MOPD) to take photographs and/or make video/or audio recordings of me for use by the City of Chicago, Mayor’s Office for People with Disabilities (MOPD) at its discretion either for general publicity or for educational purposes.

I (We) hereby acknowledge that I (We) are responsible for any maintenance or fees (including yearly inspections) associated with the services or equipment provided.

This authorization is valid with no limitations on time from the date of signature unless revoked in writing by myself or my guardian if I am a minor.

Deliberate falsification of any kind may subject me to immediate dismissal from the HomeMod Program, and imprisonment under State and Federal laws. Should any of the information I have given change at any point of the application process, I shall immediately notify the Mayor’s Office for People with Disabilities HomeMod Program Director.

Signature: _____

Date: ___ / ___ / _____

Remember to include:

Proof of age

Proof of Disability

Proof of Household Income

Proof of Home Insurance

Send completed applications with ALL required supporting documents to:

**The HomeMod Program
Mayor’s Office for People with Disabilities
MOPD field Office
2102 W Ogden Ave.
Chicago, IL 60612**

If you have any questions about this application please call (312) 743-5767



Appendix “A”

HOMEMOD Program

CITY OF CHICAGO
Mayor’s Office for People with Disabilities



APPLICATION DEADLINE: None

HOME OWNER/LANDLORD INFORMATION:

1. Full Legal Name: _____
First Name Middle Initial Last Name
2. Current Mailing Address: _____
Number and Street Apt. No.

City State ZIP code Ward
3. Phone Number: (____) _____ - _____
4. Property Identification Number (PIN): _____ - _____ - _____ - _____ - _____

CAREGIVER, LEGAL GUARDIAN OR OTHER APPROVED REPRESENTATIVE

1. Full Legal Name: _____
First Name Middle Initial Last Name
2. Phone Number: (____) _____ - _____

APPLICANT INFORMATION:

1. Full Legal Name: _____
First Name Middle Initial Last Name
2. Current Mailing Address: _____
(This address must be the residence being considered for modifications.)
Number and Street Apt. No.

City State ZIP code Ward
3. Home Phone Number: (____) _____ - _____
4. Alternate / Work Number: (____) _____ - _____

The tenant, listed above, is an applicant for the City of Chicago's **HomeMod Program**, administered by the Mayor's Office for People with Disabilities.

If the tenant's application for home modifications is approved, the landlord agrees to allow modifications for accessibility to be completed.

I understand these modifications will be paid for by funding provided by the City of Chicago for projects approved for the HomeMod Program. In addition, I will be notified of all work before it is performed, and be able to review plans for modifications as necessary.

Tenant Signature: _____

Date: ____ / ____ / _____

