



**H
O
M
E
M
O
D**

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 (optional for repairs only)
- Verify that your property taxes have been paid.
- Verify that the application is signed and dated.
- Verify that you have made copies of your application for your records.
- You must live in Chicago with a Disability to take part in this program.



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. Phone Number: _____ Home Work Cell
4. Alternate Number: _____ Home Work Cell

5. E-Mail: _____

6. Date of Birth: _____ **7. Social Security Number (last 4#'s only):** _ _ _ _

8. Gender: Male Female **9. Age:** _____ (Proof of age must be provided)

10. Race: (Enter "X" in the appropriate box)
 African-American or Black White
 American Indian or Alaskan Native Pacific Islander
 Asian Other, Multiracial

11. Ethnicity: (Enter "X" in the appropriate box)
 Hispanic Non-Hispanic

12. Primary Language: (Enter "X" in the appropriate box)
 English Spanish Other: _____

13. Disabled: Yes No **14. Veteran:** Yes No

15. Education Completed:
 No Schooling 2 yrs College
 High School Diploma 4 yrs College
 GED 4+ yrs of College

16. HouseHold Annual Income: (Proof must be provided. For \$0.00 income, Submit form 4506T)
Name Relationship Income type Yearly Amount

17. What is your household size? _____

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

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

Mobility Disability Cognitive Disability Hearing Impaired Visually Impaired

20. Is your disability permanent? Yes No

21. 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

22. Please check the area of your home that you feel will require a modification and would be your first choice for assistance and how it relates to your disability.

Entrance Bathroom Kitchen Other Areas

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

If yes what type did you receive. Entrance Bathroom Kitchen Other Areas

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

25. Are you or the property owner employed by the City of Chicago: Yes No

26. 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

HOME OWNER/LANDLORD INFORMATION: (Leave blank if same as applicant)

27. Full Legal Name: _____

First Name

Middle Initial

Last Name

28. Current Mailing Address: _____

Number and Street

Apt. No.

City

State

ZIP code

Ward

29. Phone Number: _____ Home Work Cell

30. Alternate Number: _____ Home Work Cell

31. Property Identification Number (PIN): _____

CAREGIVER, LEGAL GUARDIAN OR OTHER APPROVED REPRESENTATIVE

32. Full Legal Name: _____

33. Phone Number: _____ Home Work Cell

34. Alternate Number: _____ Home Work Cell

APPLICANT AUTHORIZATION

35. Authorization:

I (We) hereby certify that I (We) have read the application and understand and agree to all terms and conditions of the HomeMod Program. This includes communication by E-mail, Phone and Paper mail between our vendor our staff and you of any information provided to us for the sole purpose of providing a HomeModification.

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**

Or

MOPDHomeMod@cityofchicago.org

