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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.
- 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 PAYED. 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 THE APPLICATION PROCESS.



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.)
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 White
 American Indian or Alaskan Native Pacific Islander
 Asian Other, Multiracial

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

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. Annual Income: (yearly)
\$ _____ Earned Income \$ _____ Private Disability
\$ _____ Pension \$ _____ Unemployment
\$ _____ Worker Comp \$ _____ SSI
\$ _____ SSDI \$ _____ Other Source _____

17. Health Insurance:

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

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

19. What is your disability type?

- 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 explain how your disability relates to your need for home modifications.

22. 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

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

24. 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

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

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

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

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

28. 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

29. 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: ___ / ___ / _____

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) 743-1523



Appendix “A”

HOMEMOD Program

CITY OF CHICAGO
Mayor’s Office for People with Disabilities

City of Chicago
Mayor's Office for
People with Disabilities



HomeMod

PROGRAM APPENDIX "A"

APPLICATION DEADLINE: None

LANDLORD 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: (____) ____ - ____

TENANT 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: (____) ____ - ____

5 Property Identification Number (PIN): ____ - ____ - ____ - ____
(Of the property being modified)

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: ____ / ____ / ____

