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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 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 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. Provide proof of building insurance)  
Number and Street Apt. No.  
City State ZIP code

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. Ward: \_\_\_\_\_

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

14. Disabled:  Yes  No 15. Veteran:  Yes  No

16. Education Completed:  
 No Schooling  2 yrs College  
 High School Diploma  4 yrs College  
 GED  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.**

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

- 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:** \_\_\_\_\_

