

Town of Normal

Housing Rehabilitation Program

Eligibility Screening Tool

Please answer the questions below to determine your preliminary eligibility for the Town’s Housing Rehabilitation Program. The following questions apply to both the applicant and co-applicant(s).

Section One

1. Does your household adjusted gross income exceed the income limits below? You must consider the annual income for anyone age 18 or over residing in your home, including non-relatives.

Household Size	1	2	3	4	5	6	7	8
Household Income Limit	\$58,350	\$66,700	\$75,050	\$83,350	\$90,050	\$96,700	\$103,400	\$110,050

2. Are you a citizen or lawful permanent resident of the United States?
3. Is the property located within the corporate limits of Normal, IL?
4. Do you own and occupy the property for which you are seeking assistance?
5. Do you intend to live at the property for at least five years?
6. Is your mortgage, property tax, and homeowners’ insurance current?

If you exceed the income limits or answered “NO” to any of questions 2-6, you may not be eligible for assistance.

Section Two

1. Have you ever declared bankruptcy?
2. Do you have any outstanding government judgements against you?
3. Are you delinquent or in default on any government debt?
4. In the past (10) ten years, have you been obligated on a home loan/home improvement loan which resulted in foreclosure or deed in lieu of foreclosure of judgement?

If you answered “YES” to any questions in Section Two, you may not be eligible for assistance.

Contact the Community Development Specialist at cdbg@normalil.gov or 309-454-9766 if you are unsure if you will meet the program’s eligibility criteria. If you believe you are eligible for the program, continue with the application.

The Town of Normal is dedicated to providing aids and services leading to effective communication for persons with disabilities so they can participate equally in the Town’s initiatives. If you need assistance accessing or reading materials provided by the Town, please reach out to the Town of Normal ADA Coordinator Greg Troemel at 309-454-9580.

Town of Normal Housing Rehabilitation Program Application for Assistance

Applicant Information (Required)

Address: _____

Applicant Name: _____

Date of Birth: _____ Social Security #: _____

Phone #: _____ Email: _____

Co-Applicant Name: _____

Date of Birth: _____ Social Security #: _____

Phone #: _____ Email: _____

Household Information (Required)

Provide a list of everyone, including applicant(s), living in your home. Use additional paper as needed.

Name	Age	Relationship	Ann. Income	Disabled Y/N?	Social Security #

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Household Member Income (Required)

For all household members age 18 and over, please provide the following information for all sources of income. Include wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security and other benefits, etc. Use additional paper as needed.

Household Member	Full Time Student Y/N?	Source of Income (Include employer's name, as applicable)	Rate of Pay	Frequency (Per Wk., Mo., Yr.)

Has any household member's income changed since filing the most recent tax return? _____

Household Assets (Required)

List all household assets for the applicant and co-applicant.

Type	Name on Account	Bank Name	Account Number	Balance
Checking				
Checking				
Savings				
Savings				
Home Equity/Other Assets				

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Rehabilitation Request

Provide a list of the major repairs needed at your home:

Would you like to share any additional information about your application?

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Homeowner and Household Income Certification (Required)

I/We certify that I/we am/are the owner-occupant(s) of this property, located within the Town of Normal, and that all statements made on this application are true and correct to the best of my/our knowledge and belief.

I/We understand that any willful misstatement of fact or failure to provide material information will disqualify this application from consideration. I/We understand that the submission of this application does not guarantee assistance through this program. I/We hereby authorize the Town of Normal to inspect the property and to obtain verification from any income or asset source(s) named in this application.

I/We certify under penalty of perjury that the information I/we have provided in this application is true and correct.

Applicant Name

Co-Applicant Name

Applicant Signature

Co-Applicant Signature

Date

Date

Note: Electronic signatures will be not accepted.

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Household Demographics (Optional)

The Housing Rehabilitation program is funded through the US Department of Housing and Urban Development (HUD). HUD asks that we provide demographic data for all program participants. Please answer the questions below.

1) Ethnicity (Check One):

_____ Hispanic or Latino

_____ Non-Hispanic or Latino

2) Race (Select One or More):

_____ White

_____ Black or African American

_____ Asian

_____ American Indian or Alaska Native

_____ Native Hawaiian or other Pacific Islander

_____ Other Multi-Racial

3) Is anyone in the household considered (Check all that apply):

_____ Elderly

_____ Disabled

_____ Active Military or Veteran

4) Is your household considered (Check all that apply):

_____ Female Head of Household

_____ Single Parent Household

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**Town of Normal
Housing Rehabilitation Program
Authority to Verify Information**

Purpose: Your signature on this release form, and the signatures of each member of your household who is age 18 or older, authorizes the Town of Normal to obtain information from a third party to determine your eligibility and continued participation in the Housing Rehabilitation Program.

Privacy Act Statement: The Town of Normal, an Illinois unit of local government, would like to advise you of its privacy policies. The Town will collect non-public personal information from your application and consumer reporting agency. This non-public personal information includes your address and other contact information, demographic background, loan status, household income, social security number, employment information, collection and repayment history, and credit history. We disclose non-public information to third parties: only as necessary to process and service your loan; only as necessary to effect, administer, or enforce your loan; with your consent or as permitted or provided by applicable laws, including the Illinois Freedom of Information Act (FOIA) and the Privacy Act of 1974. Applicable laws permit disclosure to third parties for certain purposes. Examples of such disclosures include (i) disclosure in connection with enforcement purposes or litigation, audits or other investigations; (ii) to comply with proper request under FOIA or other federal, state, or local laws and regulations; and (iii) to federal and state agencies to the extent specifically permitted or required by law. We do not sell or otherwise make available any information about you to any third party for marketing purposes. We protect the security and confidentiality of non-public information by limiting and monitoring all physical access to sites where non-public information is kept. A complete copy of our written privacy policy is available upon request. If we decide to change our privacy policy, we will provide you with a revised policy containing such changes.

****This document must be submitted at the time of application.***

Accessibility
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Instructions: Each adult member of the household must initial and sign this release form prior to receipt of any assistance.

Information Covered: Inquiries may be made about items initialed by all household members age 18 and over.

	HM1	HM2	HM3	HM4
Income, Asset and Employment (All Sources)				
Assets (All Sources)				
Property Insurance				
Credit Report				
Authorization: I authorize the Town of Normal to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation program.				
I acknowledge that:				
<ul style="list-style-type: none"> (1) A photocopy of this form is as valid as the original. (2) I have the right to review the file and information received using this form. (3) I have the right to a copy of information from this file and to request correction of information I believe inaccurate. (4) All adult household members will sign this form and cooperate with the Town of Normal in this process. 				
HM1: Signature, Printed Name, and Date				
HM2: Signature, Printed Name, and Date				
HM3: Signature, Printed Name, and Date				
HM4: Signature, Printed Name, and Date				

Preparing for a Successful Application

The Town will not begin reviewing your application until you have submitted all required backup documentation. To ensure your application is processed as quickly as possible, use this checklist to verify you have included all documents.

- _____ Completed and Signed Application Including:
 - _____ Homeowner and Household Income Certification
 - _____ Household Demographics
 - _____ Authority to Verify Information
- _____ Copy of Government-Issued Photo ID(s) for Everyone Age 18 and Older
- _____ Copy of Social Security Card for all Household Members
- _____ Household Income for Everyone Age 18 and Older
 - _____ Most Recent Federal 1040 Tax Return (Certified Copy Preferred)
 - _____ Proof of All Sources of Income (Paycheck stubs, SSI benefit letter, etc.)
 - _____ Copies of 2 Most Recent Bank Statements for Checking and Savings
- _____ Copy of Most Recent Mortgage Statement
- _____ Copy of Homeowners Insurance (Declaration Page)
- _____ Bankruptcy Discharge Documentation
- _____ Divorce Decree/Alimony Agreement

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