

SUBMIT COMPLETED APPLICATIONS TO:
Town of Cicero Department of Housing - 1634 S. Laramie Ave. Cicero, IL 60804
or
amarquez@thetownofcicero.com

**TOWN OF CICERO
DEPARTMENT OF HOUSING
Larry Dominick – Town President**

CDBG-CV UTILITY ASSISTANCE PROGRAM APPLICATION

PROGRAM DESCRIPTION AND PURPOSE

The Town of Cicero will utilize a portion of their allocation of CDBG-CV funds to make Emergency Payments for Public Utilities for Cicero residents of home-owner occupied single family dwelling units that fell behind on payments. In order to qualify for Emergency Payments, the applicant must:

1. Apply for assistance through Town-provided application forms,
2. Document ownership of the property,
3. Document residency in the property,
4. Document low to moderate income of the household (see income limits below),
5. Document they (the household) were financially impacted by the Covid-19 Pandemic,
6. Be delinquent in their utility (water) bill,
7. Document need for the Emergency Payment, and
8. Provide other information you may feel is relevant.

Applications are taken and processed on a first come first serve basis. Once budgeted funds are depleted, the program will no longer be offered. This program is funded by the United States Department of Housing and Urban Development’s (HUD) Community Development Block Grant Coronavirus Program (CDBG-CV). Each application will go through extensive processing and verification. If approved, payment will be made directly to the Bureau of Water and Sewer.

Timeline for verification is dependent on applicant supplying all documentation with the completed application. Missing documents will delay the application. Please allow up to 60 days for full review and verification processing. You will be contacted if more information is needed, or if your application has been approved or denied.

Household Size	Income Limit
1 Person	\$52,200
2 Person	\$59,650
3 Person	\$67,100
4 Person	\$74,550
5 Person	\$80,550
6 Person	\$86,500
7 Person	\$92,450
8 Person	\$98,450

GENERAL INFORMATION

DATE: _____

Applicant: _____ Phone #: _____

Address: _____ Birthdate: _____ SS#: _____

Email: _____

Co-Applicant: _____ Relationship: _____

Email: _____ Birthdate: _____ SS#: _____

Total household members #: _____ **Property is Owner-Occupied?** Yes or No

of persons disabled living in household: _____ **Is the head of household female?:** Yes or No

Are homeowners 62 years of age or older? Yes or No

Type of structure: Single Family 2 unit

List monthly rent: \$ _____

Race/Ethnicity of head of household: (must choose one)

- White Asian Native Hawaiian Asian & White Native Hawaiian & White
 Black/African American Black/African American & White American Indian/Alaskan Native
 American Indian/Alaskan Native & White Other

Are you also Hispanic? Yes No

BUREAU OF WATER AND SEWER ACCOUNT INFORMATION

Account #: _____ Account Balance: \$ _____

Name on Account: _____ Next Due Date: _____

Last Meter Reading Date: _____ Water shut off Risk? Yes No

Amount of assistance requested: \$ _____

Have you received financial assistance from any other source to pay for utility payments? Yes No

If yes, Name of Source: _____

PANDEMIC INFORMATION

Applicant or other household member was directly affected by the Pandemic. Check all that apply*:

- Hours and/or commission/salary reduced, or
- Position furloughed/laid off or terminated by the employer as a direct result of the corona virus pandemic,
- Losses due to unavailable childcare requiring a parent or guardian to reduce work hours;
- Individual or family health conditions requiring isolation or a change in working conditions or frequency of work or requiring an individual to otherwise isolate at home;
- Circumstances that necessitate a reduction or termination of work due to family illness requiring an individual to serve as a caretaker.

*** For each category selected, attach supporting documentation to this application.**

FINANCIAL INFORMATION

APPLICANT

CO-APPLICANT

Employer: _____	Employer: _____
Address: _____	Address: _____
Phone #: _____ Length of employ _____	Phone #: _____ Length of employ: _____
Position: _____	Position: _____
Gross income: \$ _____ monthly \$ _____ yearly	Gross income: \$ _____ monthly \$ _____ yearly
Other income: \$ _____ monthly \$ _____ yearly	Other income: \$ _____ monthly \$ _____ yearly
Source: _____	Source: _____
Other income: \$ _____ monthly \$ _____ yearly	Other income: \$ _____ monthly \$ _____ yearly
Source: _____	Source: _____

HOUSEHOLD MEMBER INFORMATION

Name: _____	Name: _____
Relationship: _____ Birthdate: _____	Relationship: _____ Birthdate: _____
Social Security #: _____	Social Security #: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work phone #: _____ Position: _____	Work phone #: _____ Position: _____
Gross income: \$ _____ monthly \$ _____ yearly	Gross income: \$ _____ monthly \$ _____ yearly
Other income: \$ _____ monthly \$ _____ yearly	Other income: \$ _____ monthly \$ _____ yearly
Source: _____	Source: _____

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Name: _____	Name: _____
Relationship: _____ Birthdate: _____	Relationship: _____ Birthdate: _____
Social Security #: _____	Social Security #: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work phone #: _____ Position: _____	Work phone #: _____ Position: _____
Gross income: \$ _____ monthly \$ _____ yearly	Gross income: \$ _____ monthly \$ _____ yearly
Other income: \$ _____ monthly \$ _____ yearly	Other income: \$ _____ monthly \$ _____ yearly
Source: _____	Source: _____

*Use additional pages for any further household members.

COPIES OF THE FOLLOWING MUST BE ATTACHED TO YOUR COMPLETED APPLICATION:

Property -Qualification

- Most current Recorded Deed or Title (death certificates of non-living property owners / divorce certificate and name change proof if name on Deed/Title differs than current name. If Deed is in trust a current Certified Trust Agreement is required.
- Documentation Property is Owner-Occupied (vehicle tag information, other bills, mail, etc)

Income - Qualification

- Bank Statements for last three (3) months of all accounts for all household members,
- Two current monthly recent rent receipts for all rental units if applicable,
- Copy of most current IRS 1040 form, State and Federal; with all attachments;W-2,1099's;Schedules (for ALL household members)
- Two recent paycheck stubs (for ALL household members)
- Current monthly stubs/receipts/statements from all other income received from income source (for ALL household members)
- Other pandemic-related assistance programs

Water Bill - Qualification

- Current Town of Cicero Water Bill in applicant's name.
- Proof of being delinquent in their utility (water) bill,
- Payment agreement with the Town of Cicero for past due utility bills, if applicable.
- Copy of Disconnect notice, if applicable.

Pandemic- Qualification

- Proof of documents the household were impacted by the Covid-19 Pandemic,
- Proof of any document demonstrating need for the Emergency Payment.

CERTIFICATION BY APPLICANTS

The applicant certifies that all information in this application and all information furnished in support of this application is true and complete to the best of the applicant's knowledge and belief and is given for the purpose of obtaining a CDBG-CV Utility Assistance Grant, where the household homeowner occupant were financially impacted by the Covid-19 Pandemic. The Town of Cicero shall have no liability due to the disruption or discontinuance of electrical, gas, water or any other liability necessitated. Verification of any of the information contained in this application may be obtained from any source named therein. I agree that this application shall remain the property of the Town of Cicero whether or not rehabilitation assistance is granted. The following is true and correct.

Check all that apply:

- Individual or family health conditions required isolation
- Change in working conditions/ frequency of work required to isolate at home
- Position furloughed/laid off or terminated by the employer
- Losses due to unavailable childcare required a parent or guardian to reduce work hours
- Hours and/or commission/salary reduced/loss of income directly related to COVID-19
- Circumstances that necessitate a reduction or termination of work due to family illness requiring an individual to serve as a caretaker.

I further certify that I have been current in mortgage, rent, and/or utilities as of March 31, 2020. I am a United States citizen or a non-citizen who has Eligible Immigration Status as a Permanent Resident under §249 of INA. I am the Head of Household an adult or an emancipated minor. The property is located within residentially zoned areas within the Town of Cicero and is a single-family dwelling unit or Owner-Occupied Two Flat. I further understand that no utility assistance will be paid out if the amount is under \$100.00 and the maximum utility assistance will be \$500.00. The funds may only be used for up to six (6) months public utility assistance (Three (3) billing cycles). The emergency payment will be made by the Town of Cicero Department of Housing directly to the Bureau of Water and Sewer.

Signature

Date

Signature

Date

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OFFICE USE ONLY _____

Date: _____

Case #: _____

Applicant: _____

Account #: _____

Address: _____

Income Bracket: Very Low Low Moderate Ineligible

BENEFIT CALCULATION

A. Billed Water and Sewer Charges since April 2020: \$ _____

B. Total Payments made since April 2020 \$ _____

C. Late fees charged since April 2020 \$ _____

D. Garbage Fees Charged since April 2020 \$ _____

E. $A - B - C - D =$ \$ _____

F. Other resources: \$ _____

G. $E - F =$ \$ _____

Amount of "G" is total need. Verify amount is not over 3 billing cycles (6months)

If "G" is less than \$100 – Application is Denied

If "G" is greater than \$100 but less than \$500 – Application is approved for exact amount.

If "G" is greater than \$500 – Application is approved for \$500 max payment.

Approved Amount: \$ _____
 Denied
Reason: _____

The attached application and calculations have been reviewed and approved. Please process payment to the Bureau and Water and Sewer for the above applicant and account number in the amount shown above.

Signature

Date: _____