

**City of Chicago Department of Housing and Economic Development**  
**Small Accessible Repairs for Seniors (SARFS)**

Date of Application: \_\_\_\_\_ Ward (where property is located): \_\_\_\_\_ Census Tract: \_\_\_\_\_

**Delegate Agency:** Rogers Park Community Council **Contact Person:** Merita Mila  
Tel: 773/338-7722x29 Fax: 773/338-7774 E-Mail: merita@rogerspark.org

**Applicant's Name:** \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Chicago, Illinois 606 \_\_\_\_\_ (Apt./Flr.#) \_\_\_\_\_

Home Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

Renter \_\_\_\_\_ Owner \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity\*: \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI

Home Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Renter \_\_\_\_\_ Owner \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity\*: \_\_\_\_\_

**Landlord's Name** (required if applicant is a renter): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_

**Household Information:**

Annual Household Income: \_\_\_\_\_ Head of Household : Male \_\_\_\_\_ Female \_\_\_\_\_

Total No. Benefiting From Repairs: \_\_\_\_\_

Income Category: 0-15% \_\_\_\_\_ 16-30% \_\_\_\_\_ 31-50% \_\_\_\_\_ 51-60% \_\_\_\_\_ 61-80% \_\_\_\_\_

**Property Information:**

Real Estate PIN: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Type of Structure: \_\_\_\_\_ Building a Condo or Co-Op? Yes \_\_\_\_\_ No \_\_\_\_\_

Condition of Property: Good Condition \_\_\_\_\_ Needs Minor Repairs \_\_\_\_\_ Needs Major Repairs \_\_\_\_\_

**Service Type: Pictures included for**

**Minor Repair** \_\_\_\_\_ **Bath Mod** \_\_\_\_\_ **Kitchen Mod** \_\_\_\_\_ **Windows** \_\_\_\_\_ (Approved by inspector) **Ramp** \_\_\_\_\_

**Material:** \$ \_\_\_\_\_ **Labor:** \$ \_\_\_\_\_ **Total Dollars Spent:** \$ \_\_\_\_\_

\_\_\_\_\_ Ineligible Date: \_\_\_\_\_ (Reason) \_\_\_\_\_

\_\_\_\_\_ Eligible Date: \_\_\_\_\_ Eligibility Period Ends: \_\_\_\_\_

**Signature of Delegate Agency** \_\_\_\_\_ **Signature of HED Project Manager** \_\_\_\_\_

**Date Submitted** \_\_\_\_\_ **Date of Approval** \_\_\_\_\_

*\*Demographic data provided in this application is for statistical purposes only. Data is not compulsory and will not be considered by any local or federal official in determining eligibility.*

<b>Household Information</b>				
<b>Other House Members only</b>	<b>Age(s)</b>	<b>Relationship to Applicant</b>	<b>Social Security Number(s)</b>	<b>Income Source(s)</b>
<b>Total Number persons living in household:</b>		<b>Adults</b>	<b>Children*</b>	

\*Note – Proof of age must be submitted for all children under 18 years of age.

<b>Annual Household Income Statement</b>			
<b>Annual Income Sources:</b>	<b>Applicant's Gross Amount</b>	<b>Co-applicant's Gross Amount</b>	<b>Other Household Member's</b>
Salary _____ Unemployment _____			
Bonus & Commission			
Interest Income			
Dividend Income			
Pension/ Annuity/ Retirement			
Supplemental Security (SSI)			
Social Security Income			
Rental - # Units _____			
Alimony _____ Child Support _____			
Public Aid (AFDC)			
DCFS or Foster Care			
Other Income			
Totals		\$	\$

**Total Annual Household Income** \$ \_\_\_\_\_ (Include all sources and household members)

**APPLICANT'S CERTIFICATION**

The applicant(s) certifies that all information in this application and all information furnished in support of this Application for assistance from the City of Chicago Department of Housing and Economic Development is true and complete to the best of the applicant's knowledge. I/We present this as a true statement of my/our financial condition, as of the date of my/our signature. This information may be relied on to be true and correct unless I notify the City of Chicago Department of Housing and Economic Development in writing. Verification of the information contained in this application may be subject to verification by the City of Chicago or its designated agent. I/ We have read, understand and agree with the above representation.

**I/We certify that I/we have not received any SARFS services from this Agency or any other SARFS Agency within the last 12 months. I/We also certify that I/we will not request SARFS services from any other SARFS Agency in the 12 month period we are being serviced by this Agency. Indicate here the last time applicant received any SARFS/HRAIL services, as applicable: Prior SARFS/HRAIL service: \_\_\_\_\_ None**  
**\_\_\_\_\_ Yes If Yes, When: \_\_\_\_\_ What: \_\_\_\_\_.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant**

\_\_\_\_\_  
**Date**

**Penalty for false or fraudulent Statement**

**“Whomever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes false, fictitious or fraudulent statement or representations or makes and uses any false writing or documentation knowing the same to contain any false, fictitious or fraudulent statement or entry, may be subject to fine or imprisonment under state laws.”**

**DELEGATE AGENCY DOCUMENTATION**

**Delegate Agency Name:** \_\_\_\_\_

**Staff Person Completing Application:** \_\_\_\_\_

The following applicant(s) has applied for assistance under the Small Accessible Repairs for Seniors Program:

**Applicant Name:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

Chicago, Ill. 606 \_\_\_\_\_

**I, the undersigned, attest that I have reviewed the following documents supporting the information presented to me by the above named applicant (Please check all that applies):**

\_\_\_\_\_ Income from Employment (check stub)

Rental Income \_\_\_\_\_

\_\_\_\_\_ Signed Non-Income Affidavit

Other Income (Specify): \_\_\_\_\_

**NON-RESIDENT OWNER CERTIFICATION**

To the best of my knowledge, I certify that tenants occupying rental units to be served are within the program income guidelines. All required information and documents are completed and signed

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

1. I agree not to raise the cost of the rental units as a direct result of improvements performed by the Department of Housing and Economic Development under the SARFS Program.

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

2. I authorize the Department of Housing and Economic Development, or its designated agent, to perform program improvements to my property and agree to hold harmless the Department of Housing and Economic Development and/ or its agents.

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

3. **For wheelchair ramp construction:** I understand that the Department of Housing and Economic Development or its designated agent will (a) construct a ramp according to State of Illinois accessibility standards; (b) not be obligated to maintain or dismantle the ramp after completion.

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

**OWNER/ OCCUPANT CERTIFICATION**

As an owner/ occupant of a prospective dwelling unit to be serviced through the Small Accessible Repairs for Seniors Program, I certify that my household income falls within the program guidelines.

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner** (Required if applicable) \_\_\_\_\_  
**Date**

As a tenant of a prospective dwelling unit to be serviced through the Small Accessible Repairs for Seniors Program, I certify that my household income falls within the program guidelines.

\_\_\_\_\_  
**Signature of Tenant** (Required if applicable) \_\_\_\_\_  
**Date**