

A. Eligibility

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Case Id:

Name:

Address: *No Address Assigned

A. Eligibility

Program Description

The City of Peoria is accepting applications for the 2022 Housing Rehabilitation Program that provides up to \$15,000 in assistance to property owners of single-family residential properties for certain permanent building and site improvements. The purpose of the program is to increase the owner-occupancy rate within the census tract, improve the outward appearance of homes, and increase the assessed valuation of properties within the City.

Applicants will be served on a first come, first serve basis.

Eligibility

In order to be eligible for the City of Peoria's 2022 Rehabilitation Program, applicants must meet all of the following criteria:

I am a resident of the City of Peoria.

My household income is at or below the 120% area median income level:

Household Size	1	2	3	4	5	6	7	8
Income	\$64,200.0 0	\$73,320.0 0	\$82,440.0 0	\$91,560.0 0	\$99,000.0 0	\$106,320.0 0	\$113,640.0 0	\$120,960.0 0

I have homeowner's insurance.

I understand that the following households are NOT eligible for the program:

- Households who are considered a nuisance property.
- Households who are not current on their property taxes.
- Households who owe fines or fees to the City.
- Households who have open code cases or code violations.



YOUR HOUSEHOLD MUST MEET ALL OF THE ABOVE CRITERIA IN ORDER TO QUALIFY FOR THE PROGRAM.

I certify that the applicant meets eligibility requirements for Peoria's Housing Rehabilitation Program.

- The property is located within the Qualified Census Tract in Peoria.
- The property owner does not owe any fine, fee, liens, or tax to the City on any property that they own or have an ownership interest in, within the corporate boundaries of the City.
- There are no open environmental or code cases.
- The property is not designated as a nuisance property.

Employee Signature

B. Applicant Information

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Case Id:

Name:

Address:

B. Applicant Information

Please provide the following information.

B.1. Applicant First Name:

B.2. Applicant Last Name

B.3. Applicant Address

B.4. Telephone Number

B.5. Alt. Telephone Number

B.6. E-Mail

B.7. Number of People in Household

C. Rehabilitation Information

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Name:

Address:

C. Rehabilitation Information

C.1 Please provide in brief detail the scope of work you want to complete.

C.2 Please provide a brief narrative of your efforts to obtain a bid (or bids) from a Minority Business Enterprise or Women's Business Enterprise (MBE/WBE):

C.3 Have you applied for and/or received any assistance with home rehabilitation in the past 5 years?

If yes, please provide the following information by selecting "Add Row":

Organization	Amount Requested	Date Requested	Status	Amount Received	Date Received	Type of Assistance
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D. Household Members

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Case Id:

Name:

Address:

D. Household Members

Complete the following for each household member.

Total Household Members: 0

E. Income Verification

No data saved

Case Id:

Name:

Address: *No Address Assigned

Household Income Verification

List annual income for all household members ages 18+.

- Include gross pay, SSDI, SSI, unemployment, child support, retirement, pension, investment income, alimony, etc.
- Attach the required documentation for all sources of income (see list below).
- All household members ages 18+ who do not earn any income must sign a "Verification of No Income" form.
- 2019 and 2020 Tax Returns

Household Income Summary

Income Limits Used	2020 IDHA	Total Household Income (Monthly)	\$0.00
# of Household Members	0	Total Household Income (Annual)	\$0.00
Approval Threshold	120 %	Asset Interest Income (Annual)	\$0.00
AMI @ Threshold	0.00	Total Combined Income (Annual)	\$0.00
		Percent of AMI	

AMI Table

AMI = Area Median Income

Household Size	1 people	2 people	3 people	4 people	5 people	6 people	7 people	8 people
AMI 120%	\$64,200.00	\$73,320.00	\$82,440.00	\$91,560.00	\$99,000	\$106,320.00	\$113,640.00	\$120,960.00

Staff Certification

Applicant Signature

Co-Applicant Signature

F. Contractor Information

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Case Id:

Name:

Address:

F. Contractor Information

Complete the following for each contract bid proposal.

If the contractor is not on the list of approved contractors, an RFQ and insurance must be completed for each contractor if approved for the work proposed.

F.1 Contractor Name

F.2 Contractor Address

F.3 Total bid proposal

F.4 Attach bid proposal

F.1 Contractor Name

F.2 Contractor Address

F.3 Total bid proposal

F.4 Attach bid proposal

G. Required Documents

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Case Id:

Name:

Address:

G. Required Documents

Please provide the following information.

Documentation

Valid Photo ID or valid Driver's License for all adult household members (18 years of age or older) ***Required**

***No files uploaded*

Address verification for all children under the age of 18 such as report card or medical ID that includes the child's name and address

***No files uploaded*

Submit

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Address:

Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator.

- I certify that the application information provided is true and complete to the best of my/our knowledge.
- I agree to provide any documentation needed to assist in determining eligibility and am aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.
- I authorize the City of Peoria to share my contact information with other assistance programs that may be able to help me.

Authorized Signature

***Not signed*