

## A. Eligibility

No data saved

Case Id: 10393

Name: TEST - 2021

Address: \*No Address Assigned

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### A. Eligibility

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Please provide the following information.

**A.1. Does your household adjusted gross income exceed the 2021 HUD income limits below? You must include the annual household income for anyone over the age of 18 residing in your home (including non-relatives).**

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



**IF YOU SELECTED YES TO THE ABOVE QUESTION, YOU WILL NOT BE ELIGIBLE FOR THE LEAD SAFE HOME INITIATIVE.**

**A.2. Is there a child that is age 6 or younger residing in your household at least half the time? OR is there an expectant/pregnant person residing in the dwelling?**

**A.3. Are you a citizen or lawful permanent resident of the United States of America?**

**A.4. Do you own and occupy the property for which you are seeking assistance?**

**A.5. Are your property taxes and homeowners' insurance current?**

**A.6. Is the property located within the City of Bloomington, Illinois limits?**



**IF YOU ANSWERED "NO" TO ANY OF THESE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR THIS PROGRAM. PLEASE CALL THE ECONOMIC AND COMMUNITY DEVELOPMENT OFFICE TO DISCUSS YOUR APPLICATION PRIOR TO SUBMITTING THE APPLICATION.**

**A.7. Do you have a bankruptcy in the past that has not been discharged by a judge?**

**A.8. Do you have any outstanding judgements against you?**

**A.9. Are you in delinquent or in default on any federal debt?**

**A.10. Is the property a mobile home?**



**IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR THIS PROGRAM. PLEASE CALL THE ECONOMIC AND COMMUNITY DEVELOPMENT OFFICE TO DISCUSS YOUR APPLICATION PRIOR TO SUBMITTING THE APPLICATION.**

**A.11. How did you hear about this program?**

- Social Media
- Newspaper
- The City's Website
- Local Organization
- Direct Referral
- Other

## B. Contact Information

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## B. Contact Information

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Please provide the following information.

### APPLICANT CONTACT INFORMATION

B.1. First Name

B.2. Last Name

B.3. Address

B.4. Home Phone

B.5. Mobile Phone

B.6. Email

B.7. Anticipated Adjusted Gross Annual Household

Income

\$0.00

B.8. Household Size

B.9. Have you ever participated in any housing assistance programs with the City?

### CO-APPLICANT CONTACT INFORMATION

B.11. Co-Applicant First Name

B.12. Co-Applicant Last Name

B.13. Co-Applicant Address

B.14. Co-Applicant Home Phone

B.15. Co-Applicant Mobile Phone

B.16. Co-Applicant Email

## C. Household Information

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Completed by wbessler@cityblm.org on 2/7/2022 8:09 AM

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### C. Household Information

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Please list all household members including relatives and non-relatives living in the home.

<b>Name:</b>	Test Test Test		
<b>SSN:</b>	000-00-0000	<b>Birthdate:</b>	01/01/2022
<b>Employer:</b>	TEST Start Date: 01/01/2022	<b>Demographics:</b>	Disabled: Disabled - No Education: Not Applicable Elderly: Elderly - No Ethnicity: Prefer Not to Say / Don't Know Gender Identity: Female Head of Household: Marital Status: Prefer Not to Say Race: Prefer Not to Say / Don't Know Do you have children who live in your home at least part-time?: Not Applicable

**Total Household Members: 1**

## D. Asset Verification

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### Household Asset Verification

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List all assets for borrower and co-borrower. Assets include checking and savings accounts, certificates of deposit, investments, pensions, etc.

Asset Type	Name of Bank or Financial Institution	Current Market Value	Interest Rate	Interest Income
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**Total Interest Income:** \$0.00  
**Total Assets Market Value:** \$0.00

## E. Income Verification

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### Household Income Verification

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List all permanent household members, including all **annual adjusted gross** income for household members 18 years of age or older

<b>1</b>	<b>Test Test</b>	<b>Total</b>	<b>\$0.00</b>
	Age: 0		

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### Household Income Summary

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Income Limits Used	2021 Income Limits	Total Household Income (Monthly)	\$0.00
# of Household Members	1	Total Household Income (Annual)	\$0.00
Approval Threshold	30.00 %	Asset Interest Income (Annual)	\$0.00
AMI @ Threshold	\$19,600.00	Total Combined Income (Annual)	\$0.00
		Percent of AMI	0.00 %

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### AMI Table

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AMI = Area Median Income

Household Size	1 people	2 people	3 people	4 people	5 people	6 people	7 people	8 people
AMI 100%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AMI 30%	\$19,600.00	\$22,400.00	\$25,200.00	\$27,950.00	\$31,040.00	\$35,580.00	\$40,120.00	\$44,660.00

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Staff Certification

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Applicant Signature

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Co-Applicant Signature

## F. Lead Based Paint Hazards

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### F. Lead Based Paint Hazards

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Please provide the following information.

**F.1. Have you or your child received test results indicating Elevated Blood Lead Level (EBLL) within the last 12 months?**

**F.2. Was your home built before January 1, 1978?**

**F.3. Has the property ever been tested for lead paint?**

**F.4. Please list any other housing rehabilitation needs (non-lead hazard).**

## G. Required Documents

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### G. Required Documents

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Please provide the following information.

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#### Required Documentation

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Tax Returns

*Please provide the most recent two years of Federal tax returns with all schedules for all household members that have filed taxes in the most recent two years. **\*Required***

*\*\*No files uploaded*

Income Verification

*Please provide documentation that verifies your income. If you are employed, you must provide the last two months of paystubs. If you receive unearned income (i.e. Social Security income, Pensions, Unemployment, etc.) you must provide the most recent benefit statement. If you are self-employed, copies of Year-to-Date (YTD) Profit and Loss statements for the most recent two years are required. **\*Required***

*\*\*No files uploaded*

Bank and/or Financial Institution Statements

*Please provide the last three months of bank and/or financial institution statements prior to the date of the application. All accounts from all household members must be provided to process your application. This includes investments and pension accounts. **\*Required***

*\*\*No files uploaded*

Mortgage Statement

*Please provide documentation that verifies your income. If you are employed, you must provide the last two months of paystubs. If you receive unearned income (i.e. Social Security income, Pensions, Unemployment, etc.) you must provide the most recent benefit statement. If you are self-employed, copies of Year-to-Date (YTD) Profit and Loss statements for the most recent two years are required. **\*Required***

*\*\*No files uploaded*

Homeowner's Insurance Policy

*Please provide a valid copy of your homeowner's insurance policy. **\*Required***

*\*\*No files uploaded*

Birth Certificate Copies

*Please provide copies of the birth certificates for all children in the household. If applicable. **\*Required***

*\*\*No files uploaded*



**Divorce Decree and/or Agreement (If Applicable)**

*Please provide a copy of your divorce decree and/or agreement, if applicable.*

*\*\*No files uploaded*

**Child Support/Alimony Income Verification (If Applicable)**

*Please provide checks or other proof of receipt of child support and/or alimony for the last 12 months, if applicable.*

*\*\*No files uploaded*

**Bankruptcy Discharge of Debtor Notice and All Related Schedules (If Applicable)**

*Please provide a copy of your bankruptcy discharge of debtor notice and all related schedules, if applicable.*

*\*\*No files uploaded*

## Submit

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### Submit the Application

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

CITY OF BLOOMINGTON, an Illinois unit of local government ("Recipient") would like to advise you of its privacy policies. Recipient has collected 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, family income, social security number, employment information, collection and repayment history and credit history.

We disclose non-public personal 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 personal 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. If you have any questions, please contact:

Joni Gerard

Grant Specialist

Economic and Community Development Department

City of Bloomington

(309) 434-2232

[jgerard@cityblm.org](mailto:jgerard@cityblm.org)

#### PLEASE ATTEST TO THE FOLLOWING:

By submitting this application, you are indicating you understand that this application is a screening document to ensure all program beneficiaries meet the minimum requirements for assistance. The pre-qualification step does not guarantee that you have or will qualify for assistance. Please check the box to confirm you have read and understand this statement.

I/We certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief. I/We hereby authorize the City of Bloomington to verify the information contained in the above statements from any source and hereby authorize and direct the release of such information. I/We hereby authorize photocopies of this form to be valid as the original.

***PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: U.S.C Title 18, Sec. 1001, provides: (a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully-***  
***(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;***

***(2) makes any materially false, fictitious, or fraudulent statement or representation; or***

***(3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both.***

I understand that this program does not allow the applicant or household member to act as a subcontractor or as a general contractor on the lead hazard reduction project.

I/We attest that I have read the statements in [What To Expect \(and Not Expect\) From This Program](#) and understand the implications of participating in the housing rehabilitation program.

I/We have read and understand the information regarding [equal credit opportunity](#).

I/We have read and understand the information provided in the application submission section and will comply with program rules and regulations.

I/We submit this application for consideration.

Please upload the completed [Information Release Authorization](#) with a wet signature

Information Release Authorization **\*Required**

*\*\*No files uploaded*

**Signature**

*\*\*Not signed*

**Date:**