



**APPLICATION FUNDING CONTINGENT UPON RELEASE OF FEDERAL FUNDS
HOUSING REHABILITATION ASSISTANCE**

**Adopt-A-Ramp Program
2012 PROGRAM GUIDELINES & APPLICATION and AGREEMENT
PROGRAM OVERVIEW**

To be considered for the Adopt-a-Ramp Program, applicant(s) must have owned and resided at the property address for at least one year.

All persons and addresses that have received housing rehabilitation assistance or Down Payment Assistance with the use of federal funds through a City or subgrantee program will not be eligible for further assistance for a period of ten (10) years. All persons/ addresses that have received assistance using federal funds thru a City Emergency Repair Program will not be eligible for further assistance for a period of five (5) years. Policy is retroactive to February 2000.

EXCEPTION: Persons or addresses that have received only assistance with the construction of a handicapped ramp will be eligible immediately for further assistance.

Effective immediately, no housing services will be provided to any address that has a clear environmental code violation on the property. The violation may include any item cited in Chapter 13 of the City Code and/or the most recently adopted version of the International Property Maintenance Code.

• Level of Assistance/ Repayment:

- The **Adopt-A-Ramp Program** will provide up to \$8,000 in assistance as a grant to eligible home owners in need of a handicapped accessible ramp for their home.
- There is no repayment requirement for this program.

• Other Requirements / Information:

- Assistance is only available to income eligible owner-occupied, single-family households where the property taxes are paid, no City liens (with the exception of mortgages) exist on the property, and there is active homeowners insurance coverage. **Properties being purchased CONTRACT FOR DEED are not eligible.**
- The program is available anywhere within the corporate boundaries of Peoria.
- Incomplete or unsigned applications will not be processed.



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All applications must include the following documents:

1. Proof of income for all persons in the home
 - IRS Tax Returns showing income for the past two years.
 - Social Security 1099 (annual income for previous year) and printout of current income.
 - Check stubs showing income for the last two months
2. Complete the attached IRS Form 4506-T Request for Transcript of Tax Return for everyone in the household 18 years or older (make additional copies if needed). (This will be faxed by the City to the IRS requesting a transcript of your Income Tax Returns or verification of non-filing for the previous 2 years.)
3. Copy of recorded deed as proof of property ownership
4. Insurance declaration page from homeowner's insurance as proof of property insurance
5. Paid receipts or escrow statement as proof of paid property taxes

Return application & all documents to:

City of Peoria, Community Development Division, 456 Fulton, Suite 402, Peoria, IL 61602

Any questions – call (309) 494-8656

REQUIRED ENVIRONMENTAL ISSUES PRIOR TO HOUSING ASSISTANCE

The following items must be resolved prior to housing assistance being made available.

- All garbage, debris, old appliances, and dilapidated furniture must be removed from the exterior.
- Garbage and debris within the structure must be removed.
- Motor vehicle parts (including batteries and tires) must be removed.
- All grass and weeds must be less than 10 inches high.
- All bushes, shrubs, or trees blocking the public way must be cut back.
- All unlicensed vehicles must be removed from the property or properly licensed.



APPLICATION FUNDING CONTINGENT UPON RELEASE OF FEDERAL FUNDS

CITY OF PEORIA

2012 Housing Assistance Repair Program and Agreement

Adopt-a-Ramp Program

(For Single-Family, Owner-Occupied Structures)

To be considered for the Adopt-a-Ramp Program, applicant(s) must have owned and resided at the property address for at least one year.

Name of Applicant: _____
 Address: _____ ZIP+4 _____
 Primary Phone Number: _____ Social Security # _____ Age: _____
 Gender: Male _____ Race: White _____ AfrAm _____ Asian _____ Amer Ind _____ Native Hawaiian _____
 Female _____ Amer Ind & White _____ Asian & White _____ AfrAm & White _____
 Hispanic Ethnicity: Yes No Amer Ind & AfrAm _____ Other Multi Racial _____
 Disabled: Yes No
 # Bedrooms in Home _____ Are you a City employee, or related to a City employee: Yes No

YEAR 2012 INCOME ELIGIBILITY CHART (Total maximum yearly allowable income per household)

Family Size	1	2	3	4	5	6	7	8
Ramp	\$38,750	\$44,250	\$49,800	\$55,300	\$59,750	\$64,150	\$68,600	\$73,000

Projected income will also be considered in determining income eligibility.

List all other persons living in home: (use additional paper if necessary)

Name	Age	Race	Relationship	Is this person disabled?	Social Security # (if over 18)

Single Parent Household Yes No

Female Head of Household Yes No

What is the Total Annual Gross Income for all persons living in the home from all sources? (Sources include, but are not limited to, wages, Social Security, Unemployment, Public Aid, pensions, interest and dividends).

\$ _____ Source: _____

Have you received assistance through a City Housing Rehabilitation program in the past? Yes No

How do you own your property? Mortgage _____ Own _____ Other _____

Any back taxes or City liens owed on property? Yes No Is your property insured? Yes No

Company _____ Agent: _____

Briefly describe the repairs needed: _____

I(WE) CERTIFY THAT I(WE) ARE THE OWNER-OCCUPANTS OF THIS PROPERTY 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 THE FAILURE TO PROVIDE MATERIAL INFORMATION WILL KEEP THIS APPLICATION FROM BEING CONSIDERED. I(WE) UNDERSTAND THAT THE SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE THAT I(WE) WILL BE GIVEN A REHABILITATION LOAN. I(WE) HEREBY AUTHORIZE THE CITY OF PEORIA TO INSPECT THE PROPERTY AND TO OBTAIN VERIFICATION FROM ANY SOURCE NAMED IN THIS APPLICATION.

Signatures: (All owners must sign):

_____ Date: _____ Date: _____

Harrison School Neighborhood Impact Zone ☐

Approved: _____ Date: _____



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	<u>Office Use Only</u>	<u>Date</u>	<u>Initials</u>
1. All documents checked and approved	_____	_____	
2. Past assistance checked	_____	_____	
3. Lien search complete (online)	_____	_____	
4. Emergency Criteria YES NO			
5. Application Approved or Denied	_____	_____	
6. Environmental Review Completed	_____	_____	
7. Case Assigned _____			
8. Grant or Loan			

Updated 2/9/2012