



EMERGENCY FURNACE REPLACEMENT PROGRAM **2012 PROGRAM GUIDELINES & APPLICATION** **PROGRAM OVERVIEW**

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. (See list of environmental code violations at the bottom of this sheet.)

Level of Assistance/ Repayment:

The Emergency Furnace Replacement Program will provide a grant for the replacement of any non-working furnace and any additional work required for the safe operation of the new furnace. See other requirements.

Other Requirements / Information:

- Assistance is only available to income eligible owner-occupied, single-family households where
- the applicant is current on their Ameren bill,
- the property taxes are paid,
- there are no City liens (with the exception of mortgages) exist on the property, and
- there is active homeowner's insurance coverage.
- The current furnace must be inoperable as determined by the City Inspector.
- The Emergency Furnace Replacement Program is available anywhere within the City of Peoria.
- Furnace repairs that would be made under a homeowner's insurance policy will not be covered.
- Incomplete or unsigned applications will be denied.
- **Properties being purchased CONTRACT FOR DEED are not eligible.**

All applications must include the following documents:

1. Proof of income for all persons age 18 and over in the home
 - IRS Tax Returns (1040) showing income for the past two years.
 - Social Security 1099 (annual income for previous year) and printout of current monthly income.
 - Payroll check stubs showing income for the last two months
2. Copy of recorded deed as proof of property ownership.
3. Insurance declaration page as proof of property insurance
4. Paid receipts or escrow statement as proof of paid property taxes
5. AMEREN Account Activity Statement or other Ameren document showing no past due or late balance.
Call AMEREN at (800) 755-5000. Have them FAX it to the City at (309) 494-8680.

Return application & all copies of 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, & 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.



CITY OF PEORIA
2012 EMERGENCY FURNACE REPLACEMENT PROGRAM APPLICATION AND AGREEMENT
(For Single-Family, Owner-Occupied Structures)

Name of Applicant: _____
 Address: _____ ZIP+4: _____
 Primary Phone Number: _____ AMEREN Account #: _____

YEAR 2011 INCOME ELIGIBILITY CHART (Total maximum yearly allowable income per household)

Family Size	1	2	3	4	5	6	7	8
Max. Income	\$16,331	\$22,067	\$27,791	\$33,527	\$39,251	\$44,981	\$50,711	\$56,447

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 # 18 & over

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: _____

How do you own your property? Mortgage _____ Own _____ Other _____
 Are there 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: _____

Approved: _____ Date: _____ Harrison School Neighborhood Impact Zone ☐

Office Use Only

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|---------------------------------------|-------|-------|
| 1. All documents checked and approved | _____ | _____ |
| 2. Lien search complete (online) | _____ | _____ |
| 3. Emergency Criteria YES NO | _____ | _____ |
| 4. Application Approved or Denied | _____ | _____ |
| 5. Environmental Conditions Approved | _____ | _____ |
| 6. Case Assigned | _____ | _____ |

Updated: 2/10/2012