

Application for City of Peoria Home Rehabilitation Programs (Wheelchair Ramp OR Emergency Repair)

Wheelchair Ramp Program

- The Ramp Program provides an ADA accessible ramp to eligible homeowners.
- An elderly person and/or a person with a disability with a documented need for a ramp must reside in the household.
- Household income must be at or below 80% of Area Median Income (AMI).
- Household must go through an inspection and meet all property codes.
- Applicant must meet all program eligibility requirements.
- The following properties are ineligible:
 - Rental properties
 - Properties being purchased contract for deed

Emergency Repair Program

- The Emergency Repair Program provides replacements for items not functioning that make a home uninhabitable, such as water heater, furnace, or water service.
- Household income must be at or below 50% of Area Median Income (AMI).
- Household must go through an inspection and meet all property codes.
- Applicant must meet all program eligibility requirements.
- The following properties are ineligible:
 - Households that have received Emergency Repair or Roof Repair assistance from the City of Peoria within the last five years
 - Rental properties
 - Properties being purchased contract for deed

A. Eligibility

A.1. I live in the City of Peoria.

- Yes
 No

A.2. My total household income is at or below the following for Wheelchair Ramp Program OR Emergency Repair Program:

WHEELCHAIR RAMP PROGRAM:

Household Size	1	2	3	4	5	6	7	8
Income	\$44,600.00	\$51,000.00	\$57,350.00	\$63,700.00	\$68,800.00	\$73,900.00	\$79,000.00	\$84,100.00

EMERGENCY REPAIR PROGRAM:

Household Size	1	2	3	4	5	6	7	8
Income	\$27,900.00	\$31,850.00	\$35,850.00	\$39,800.00	\$43,000.00	\$46,200.00	\$49,400.00	\$52,550.00

- Yes
 No

A.3. I have owned my home for at least one year.

- Yes
 No

A.4. I am current on my mortgage payments OR I do not have a mortgage on the property.

- Yes
 No

A.5. I am current on my property taxes.

- Yes
 No

A.6. I have an active homeowner's insurance policy.

- Yes
 No

A.7. I do not owe any debt to the City of Peoria (i.e. unpaid fines, fees, tickets, etc.).

- Yes
 No



IF YOU ANSWERED "NO" TO ANY OF THESE QUESTIONS, YOU ARE NOT ELIGIBLE FOR THE CITY OF PEORIA'S HOME REHABILITATION PROGRAMS.

B. Applicant Information

First Name (Primary Applicant)	
Last Name (Primary Applicant)	
<i>First Name (Co-Applicant)</i> <i>*if applicable</i>	
<i>Last Name (Co-Applicant)</i> <i>*if applicable</i>	
Address	
Phone Number	
Alternate Phone Number	
Have you received assistance through a City of Peoria Home Rehabilitation Program in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please explain):
I am applying for:	<input type="checkbox"/> Wheelchair Ramp Program <input type="checkbox"/> Emergency Repair Program
Please provide a brief explanation about your need for assistance.	

C. Household Members

Complete the following for each household member.

Name:			
SSN:		Birthdate:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Prefer not to say
Female Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Elderly (62+)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level:	<input type="checkbox"/> N/A <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree	Race:	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to say	Relationship to Applicant:	<input type="checkbox"/> Self <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Extended Family <input type="checkbox"/> Friend (not related) <input type="checkbox"/> Caretaker

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D. 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 (see attachment at end of application).

Household Member	Source of Income	Additional Information	Annual Income

Total Household Income:

Required documentation for each source of income:

- **Alimony:** Court-ordered alimony statements
- **Child Support:** Court-ordered child support statements
- **Gross Pay:** Two months of most recent paystubs
- **Investment Income:** Documentation supporting investment income
- **No Income:** "Verification of No Income" form (see attachment at end of application)
- **Other:** Any documentation which supports additional/other income
- **Pension:** Pension award letter
- **Retirement:** Documentation supporting retirement income
- **SSDI:** Summary of Benefits
- **SSI:** 1099 and current year's declaration page
- **Unemployment Comp:** Documentation supporting unemployment compensation

E. Required Documents

Please provide the following documentation.

- Photo ID or Driver's License for all adult household members (ages 18+)
- Address verification for all children under 18 (i.e. report card or medical ID that includes the child's name and address)
- Copy of 2019 taxes OR Verification of Non-Filing for all adults
- Homeowner's insurance declaration page
- Current mortgage statement (if applicable)

Submit

Homeowner Certification:

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 PREVENT THIS APPLICATION FROM BEING CONSIDERED. I(WE) UNDERSTAND THAT THE SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE THAT I(WE) WILL BE GIVEN REHABILITATION ASSISTANCE. I(WE) HEREBY AUTHORIZE THE CITY OF PEORIA TO INSPECT THE PROPERTY AND TO OBTAIN VERIFICATION FROM ANY SOURCE NAMED IN THIS APPLICATION.

Primary Applicant Signature: _____

Co-Applicant Signature (if applicable): _____

Date: _____

Verification of No Income

Complete this form if you are 18 or older and do not have any sources of income.

Note: If you are a full-time student and are NOT the head of the household, you do not have to complete this form.

Name:	
SSN:	
Age:	
Date of Birth:	
Address:	
Phone:	

I certify that I am a member of the above household and that I do not currently have any sources of income. I also certify that the above information is true to the best of my knowledge and that I am aware that I may be penalized or denied benefits if I knowingly provide false information.

Name:	
Signature:	
Date:	