



Owner Occupied Rehabilitation Program Pre-Application

Return completed application:
 City of Rockford-Community & Economic Development Dept. – 2nd Floor
 425 East State Street
 Rockford, IL 61104, 888-394-7293 (fax)



Please select program applying for:	<input type="checkbox"/> Focus Area Rehabilitation Program (<i>nonrefundable \$25 application fee – payable by cash or check made out to City of Rockford</i>) - Start with Section A. <input type="checkbox"/> Water Hook Up Program – Start with Section B.
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Section A.

Have you read the brochure and understand the requirements of the program?	[] Yes [] No
Do you live in the home that you want to rehabilitate?	[] Yes [] No
Is it a single family (not a duplex or multifamily) detached home?	[] Yes [] No
Do you own the home? Contract buyers are not considered home owners.	[] Yes [] No
If your application was denied in the past due to the estimated costs exceeding the program limits, were any of the repairs on your work item list completed since then?	[] Yes [] No [] N/A



If you answered “**yes**” to all the questions above, move on to Section B.
 If you answered “**no**” to any of the questions, this program cannot assist you.

Section B.

Applicant:
Co-applicant:
Property Address & Zip Code:
Mailing Address & Zip Code (if different):
Phone Number (including area code) – Work/Home/Cell:

Section C.

Is there anyone living in the home that is physically disabled?	[] Yes [] No
Is there anyone 62 years of age or older living in the home?	[] Yes [] No
Are children (age 6 and under) regularly occupying the home?	[] Yes [] No
Have you received assistance through a City of Rockford program in the past?	[] Yes [] No
If YES, which program?	When?
How many people are living in the property?	
List the income of all the people (age 18 & older) living in the property:	

Section D.

How did you hear about the rehab program? Mark all that apply.

Internet

___ Social Media (___ Facebook ___ Nixle ___ Next Door ___ Twitter)

___ HUD web site

___ City of Rockford web site

Referral from: _____

Example: Alderman, City Code Enforcement, Winnebago County Health Department, HomeStart, etc.

Event: _____

Example: Neighborhood Group Meeting, National Night Out, Housing Counseling Class, etc.

Media:

___ Newspaper: _____

___ TV Station/News Show: _____

Neighbor/Friend/Family Member

I/We, the undersigned, certify the information in this pre-application. It is true and correct as of the date set forth opposite my/our signature(s). Any intentional or negligent misrepresentation of information contained in this pre-application will result in disqualification from the program.

I/We provided the information on this application for the purpose of obtaining credit.

I/We authorize verification of any information contained in this pre-application.

I/we understand the information I/we have provided on this pre-application may be disseminated to other Departments within the City of Rockford, to the Winnebago County Health Department, to Northwestern Illinois Area Agency on Aging, to RAMP, and/or to Comprehensive Community Solutions, Inc. to determine possible eligibility for participation in other programs.

X _____ Sign & Date	X _____ Sign & Date
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*Todd Cagnoni, Director
Community and Economic
Development Department*

PRIVACY NOTICE

The City of Rockford ("Sponsor") would like to advise you of its privacy policies. Sponsor has collected non-public personal information from your application and consumer reporting agencies. 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 requests under FOIA or other federal, state, or other 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 parties 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 personal 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 privacy policy containing such changes.

If you have any questions, please contact Vicki Manson, phone number 779-348-7442.

SPONSOR:

CITY OF ROCKFORD COMMUNITY AND
ECONOMIC DEVELOPMENT DEPARTMENT

By: 

Printed Name: Todd Cagnoni

Title: Director of the Community and
Economic Development Department