

**Single Family Rehabilitation (SFR)/Single Family Rehabilitation –Roof  
(Only) Program Checklist/Application**



Project File #:  
2020-2021 MO \_\_\_\_\_  
2020-2021 EM \_\_\_\_\_  
2020-2021 SI \_\_\_\_\_



**Contact:**

K.J. Whitley, Community Development Program Manager 309-524-2044-office

**Please return the following items with your application:**

- Completed Program Application
  - Full list of **all** household members with birthdates
  
- Proof of Total Household Income (**for everyone 18 and over**)
  - 2019 or 2020 Tax Returns with **all** W-2s
  - Pay stubs (**last 60 days**)
  - Zero Income Form (**when no income is received**)
  - Pension Income (**if applicable**)
  - Social Security cards for entire household
  - Bank Statements (**last two statements or last sixty days**)
  - Other (i.e. babysitting, Avon, etc...)
  
- Property Verification
  - Current Homeowners Insurance Policy (**Declaration page**)
  
- Proof of Identification/Citizenship (**for everyone 18 and over**)
  - Social Security/TIN Cards
  - Government Photo I.D- 18 years and older only (driver's license, state id card or passport)



## 2020 Single-Family Rehabilitation (SFR2) Application

Case # - 202\_\_ - \_\_\_\_\_

Received Date \_\_\_/\_\_\_/202\_\_

Received by \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

### HOUSEHOLD INCOME INFORMATION

1. Household Members (please list the **names** and **ages** of all individuals living in the household.)

Name	D.O.B	Name	D.O.B

2. Present Employer of Owner/Occupant

Employer's Name	Employer's City/State	Salary
_____	_____	( ) weekly \$ _____ ( ) monthly _____ ( ) annually

3. Spouse's Employer

Employer's Name	Employer's Address	Salary
_____	_____	( ) weekly \$ _____ ( ) monthly _____ ( ) annually

4. Other Person or Second Job

Employer's Name	Employer's Address	Salary
_____	_____	( ) weekly \$ _____ ( ) monthly _____ ( ) annually

Employer's Name	Employer's Address	Salary
_____	_____	( ) weekly \$ _____ ( ) monthly _____ ( ) annually

5. Does anyone in the household receive any of the following? If **YES**, please fill in the amount.

Other Income	Yes	No	If yes, amount
Social Security			\$
Supplemental Income (SSI)			\$
AFDC			\$
Child Support			\$
Disability Pension			\$
Pension or Retirement			\$
Interest Income			\$
OTHER Specify:			\$
			\$

6. Does anyone in the family have any of the following adjustments to income? If **YES**, please fill in the amount.

Adjustments to Income	Yes	No	If yes, amount
IRA deductions			\$
Moving expenses			\$
½ of self-employment tax			\$
Self-employed health insurance deduction			\$
Keogh and self-employed SEP plans			\$
Penalty on early withdrawal of savings			\$
Alimony paid			\$

**PROPERTY INFORMATION**

1. Are you the sole owner of the property? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If no, list the other owner(s)?  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Is the property your principal residence? YES \_\_\_\_\_ NO \_\_\_\_\_

3. What type of property is your home?  
 Single family detached \_\_\_\_\_  
 Cooperative \_\_\_\_\_  
 Mobile home \_\_\_\_\_

4. How many bedrooms are in your home? \_\_\_\_\_ bedrooms

5. How many bathrooms are in your home? \_\_\_\_\_ bathrooms

6. Please list the major repairs which you feel need to be done to your home.

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**DEMOGRAPHIC INFORMATION**

1. The following questions are for **statistical purposes only** and have no bearing on the awarding of any financial assistance. Please place an "X" in the box which applies to your household.

White (non-Hispanic)	
Black (non-Hispanic)	
Hispanic	
Asian or Pacific Islander	
American Indian	
Other	

2. Please place an "X" in the box which applies to your household.

Single/Non-Elderly	
Related/Single Parent	
Related/Parent	
Other	

3. Sex of Head of Household: \_\_\_\_\_ (F or M)

4. Marital Status: \_\_\_\_\_ (Single, Married, Divorced or Widowed)

U.S.C. TITLE 18, SECTION 1001 PROVIDES: "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement of entry, shall be fined not more than "\$10,000, or imprisoned not more than five years, or both. In addition, any fraudulent, fictitious or false statement on this application will result in the calling in of any note, deferred grant or other financial help in full."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Items to Bring to the Interview

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- 1. Employment Income.** For every member of your family who works, bring the following information:
  - Name, address and telephone number of the employer.
  - Current rate of regular and overtime pay and the number of hours per week normally worked. (Bring the last sixty days of pay stubs or monthly benefit statement)
  - Information about any changes you expect in your pay or the number of hours to be worked during the next twelve months.
  - Other types of income you expect to receive from employment, such as tips, commissions, profit sharing programs, etc.
  - Most recent tax returns (2015-2016).
- 2. Benefit and Support Income.** If any member of your family receives any of the following types of income, bring name, address and telephone number of the source of the income and information about the amount received.
  - Unemployment Compensation
  - Social Security
  - Supplemental Social Security
  - Pension
  - Disability Income
  - Alimony
  - Child Support
  - Welfare or other public assistance
  - Regular support from family members or friends
- 3. Real Estate You Own.** Bring information about the current value of the property you own. If you own any rental property, bring the address of the property and the information about how much income you receive and what expenses you have for the property. (Bring last year's "Schedule E from your income tax forms.)
- 4. Stocks, Bonds, Trusts, Other Investments.** Bring account numbers and statements on value of investments and information about income from investments.
- 5. Other Income.** For any other type of income your family has, bring the name, address and telephone number of the source of the income and information about the amount of the income.
- 6. Gifts.** If you have sold or given any assets in the past two years (such as giving a property or any amount of money to another family member) please bring information about those assets.

## Homeowner Expectations

### What to Expect (and not expect) from the SFR Program

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#### Things Property Owners Do in the Program

This program will provide you with assistance during the housing rehabilitation process, but as property owner, you are responsible for making choices and for conducting the work listed below:

1. You should help the Program Administrator inspect the house and point out problems.
2. In most cases you, not the Program Administrator, choose which contractors will bid to work on your house.
3. You need to allow access to your property for viewing by the Program Administrator and by contractors for bidding purposes.
4. You must sign the Rehabilitation Contracts with the contractor.
5. You will be responsible for providing access to your property for the contractor to perform the requirements of the Rehabilitation Contract during normal business hours.
6. You will approve payments to the contractor(s).
7. You will inspect and approve the work performed by their contractors.
8. You will work with contractors to settle disagreements during the job.
9. You will contact the contractor to ask them to correct problems covered by the contractor warranty during the warranty period following completion of the work.
10. You will be required to sign legal documents related to the financial assistance you receive.

#### Things Property Owners Should Think About Before Taking on a Rehabilitation Project

1. Rehabilitation work has its limitations – it is not new construction.
2. Not all work that you may wish to be done can be accomplished by this Program.
3. Repairs will correct most problems, but probably not all of them.
4. Don't expect your property to be completely new when work is done.

5. Don't expect all floors, walls, ceilings, doors, windows, and so on in older houses to be completely smooth, plumb, level and square when work is done.
6. It can be stressful living in a house while a contractor is performing work. Furniture may be rearranged or stacked with a great deal of disorder. It can also be very messy, noisy, and dusty.
7. You are responsible for securing all belongings, for example, pictures on the walls, items in the cabinets, nick-knacks on shelves and clothes in the closets when the area is being affected by the work.
8. Very few times in life is anyone completely satisfied with things they buy or have repaired. Buying a house or having one repaired is not different.
9. Houses always need maintenance. It is a good idea for you to save a little each month for future repairs and maintenance.
10. The Program Administrator is not necessarily a contractor; the contractor does not work for the state, and the Program Administrator does not guarantee that the owner will be satisfied with the work done by their contractor.
11. Funds are provided as a forgivable loan. 3 year liens will be forgiven at a rate of 1/36<sup>th</sup> after each month of occupancy, once the file has been determined as closed. 5 year liens will be forgiven at a rate of 1/60<sup>th</sup> after each month of occupancy, once the file has been determined as closed.
12. A recapture agreement will be filed on your property for a period of 5 years. The recapture agreement will be in the amount of the total increased property value after rehab.

**I have read the above statements and understand the implications of participating in the SFR/SFR-R Program.**

\_\_\_\_\_  
Owner

Date: \_\_\_\_\_

\_\_\_\_\_  
Owner

Date: \_\_\_\_\_