



## Owner-Occupied Housing Rehabilitation Program PRE-APPLICATION

**Pre-Application - Return to: City of Evanston - Housing Rehab Division**  
**909 Davis Street Evanston, IL 60201**  
**Or Email: [egraves@cityofevanston.org](mailto:egraves@cityofevanston.org)**

1. This form will be used to determine if you are eligible for this Program's waitlist.
2. Once preliminary eligibility is established, your project will be placed on the waitlist with other residents wishing to participate in the program.
3. Evanston's Housing Rehabilitation Specialist will contact you to assess your project needs.
4. If you require EMERGENCY assistance, i.e., lack of heat or water, roof leak or accessibility needs, please indicate in the space provided below.
5. **This application consists of questions on both the front and back pages, which need to be completed or span across 2 pages.**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

***Please complete the following questions on the following page.***

**Number of people in household:** \_\_\_\_\_ **Annual Gross Household Income:** \_\_\_\_\_

**Type of Property?** ☐ Single Family ☐ Condo ☐ Multifamily (1-4 units)? If multifamily, how many units? \_\_\_\_\_

**Do you occupy the property as your primary residence?** ☐ Yes or ☐ No

**Do you have a mortgage loan?** ☐ Yes or ☐ No **If yes, are payments current?** ☐ Yes or ☐ No

Balance of 1 st mortgage: \_\_\_\_\_ Balance of 2 nd mortgage (if applicable): \_\_\_\_\_

Do you have a Home Equity Loan? ☐ Yes or ☐ No Any liens against the property? ☐ Yes or ☐ No

Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Are property taxes current? ☐ Yes or ☐ No Is the property insurance current? ☐ Yes or ☐ No

Do you have any non-medical collections or judgements? ☐ Yes or ☐ No

Name(s) that appear on title: \_\_\_\_\_

Have you filed for bankruptcy in the last 2-3 years? ☐ Yes ☐ No If yes, was the home included? ☐ Yes ☐ No

Have you experienced a COVID-19 financial hardship after January 21, 2020? ☐ Yes ☐ No

Include the number of all persons living in the property. How many People live in the property? \_\_\_\_\_

Brief description of work being requested: \_\_\_\_\_

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- I understand that this is a PRE-APPLICATION. The above information is true and I understand that any mis-information given could result in the dismissal of this request.
  - I also understand that this pre-application for Housing Rehabilitation Assistance does not guarantee eligibility for assistance, but will be used in determining eligibility for the program.
  - Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, available funds and the priorities to be met by this program.
  - You will be placed on a waitlist and contacted when required to provide full income documentation. Projects are prioritized based on emergency, property citation, then order of receipt.

**\*If qualified for the program, you will have to provide the following documents\***

- Last 60 days of consecutive Pay stubs
- Most recent federal Tax returns including all W2's, 1099's , etc. (Two yrs if seasonal or self-employed)
- Proof of child support or maintenance if applicable
- Benefit Award Letter from any of the following: social security, pension, disability, unemployment, workman's compensation, or public assistance.
- Bank statements for all accounts (All pages even if blank): Checking accounts: Most Recent 6 Months Savings accounts: Most recent 3 months (Includes CD's, Money Markets, etc.).
- Most recent quarterly retirement account(s) Statement(s)
- Social security card
- Will have to sign a Verification of Employment form
- Copy of Recorded Warranty Deed to the property
- Copy of current homeowner's insurance declaration page
- Current mortgage statement(s) from ALL mortgages on property (including any home equity loans)
- Plat of Survey (if copy is available)

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_