



**Safety First Guidelines and Application 2016/2017**

**ASSISTANCE AVAILABLE:**

Eligible City of Aurora homeowners may receive a 0% interest loan for up to up to \$4,999.00 for emergency home improvements to correct emergency or life and safety hazards in their home.

Although the Joseph Corporation administers this program, the program is funded by the City of Aurora. Homeowners who participate in the Program will be required to sign an agreement with the City of Aurora. In order to receive funds, all improvements need to be completed, verified by a follow-up inspection by the Joseph Corporation and validated with detailed receipts within six months following the date of program agreement execution.

This is a non-forgivable, 0% interest loan program. To participate in the program, the homeowner will agree to following:

1. A lien (second trust deed) for the cost of the repair to be attached to his/her property, and deed restrictions for homeownership and property until such time as the homeowner no longer owns or occupies the property or refinances and takes cash out.
2. If all Program conditions are met, the lien will be released and all covenants will re-convey upon property transfer.
3. If the property owner does not elect to live in the home as an owner occupant following project completion, or sells the home, the loan amount will be immediately due and payable to the City of Aurora.

***Provided that all Program conditions are met, a participating homeowner may also re-pay the loan early and without penalty.***

**ELIGIBLE SAFETY-RELATED REPAIRS ARE LIMITED TO:**

- Furnace repair or replacement
- Electrical upgrades
- Plumbing improvements
- Roof repairs or replacement
- Porch repairs

**APPLICANT ELIGIBILITY:**

- Applicants must complete a detailed application form providing information and allowing income and ownership verification.
- Applicants must allow an inspection of the entire property both before and after the work is done
- Property must be located within the City of Aurora city limits.
- Property must be a single-family residence **AND** owner-occupied.
- The structure must comply with the proper zoning standards for the parcel of land, and cannot be located within a flood plain zone.
- The structure must have a clear title. Clear title is defined for the program to be one, which states clearly who the property owner is. Examples of an unclear title which may be reason for denial include but are not limited to the following: excessive liens, ownership that is subject to change due to tax sale, contract purchaser, etc.
- Applicants must have a household income less than 80% of median family income (see HUD Guidelines below).

Family Size	1	2	3	4	5	6	7	8
Income Limit (\$)	44,250	50,600	56,900	63,200	68,300	73,350	78,400	83,450

Failure of the applicant to abide by these criteria and qualifications is grounds for termination of eligibility and Joseph Corporation may request that any financial assistance already provided be immediately repaid in full with interest

**If you have received assistance from Joseph Corporation or the City of Aurora Division of Neighborhood Redevelopment (either as down payment assistance or home repair assistance), or Rebuilding Together Aurora, for housing repairs within the last 3 years or 36 months you are not eligible for the Safety First program. The 36 month period is counted from the date of the payment of the repairs. Once you have exceeded the 3 years or 36 months you may re-apply for assistance.**

**APPLICANT CHECKLIST:**

**The following items MUST be submitted in order to apply; applications without the following items will automatically be denied, due to lack of information. If your application is approved, you will be required to sign a program agreement which includes a lien against your property for the value of assistance.**

**The property must remain owner- occupied. If the property will not be owner occupied, or the home sells, the loan amount will be immediately due and payable to the City of Aurora.**

- Completed Safety First Application** with signatures;
- Proof of ownership** by one of the following sources: **Title, Deed, Warranty Deed, Quit Claim Deed** (*Insurance Paperwork or Mortgage does NOT qualify as sufficient documentation*); if you do not have a copy of your Deed, you may contact the Kane County Recorder of Deeds Office for a copy. They are located at 719 South Batavia Avenue; Building C; in Geneva, IL 60134; phone #: 630-232-5935.
- CURRENT** Mortgage Statement. Applicants must be up-to-date on payments.
- CURRENT** Electric or Gas Receipt, with the name of the owner/applicant on it.
- Proof of household income **for all household members 18 years and older**. **The following documentation is required (provide copies – do not provide original documents):**
  - Copy of W2 forms for the most recent year (2015) for **ALL** household members who file; the W2 forms are a part of the income tax packet when you do your taxes.
  - Copy of tax returns for the most recent year (2015) (if you do not have a copy or do not file, please request a transcript directly from the IRS for submittal with your application - **IRS Form 4506-T** – official IRS documentation is **required**, please be sure you send your IRS Form 4506-T to the proper address on the back of the page);
  - Copy of income documentation from **all income sources**. This includes copies of award letters from income sources, such as :
    - 1) Social Security – Letter that states how much each person receives
    - 2) Public Aid – Letter that states how much each person receives
    - 3) Retirement and / or Pension Benefits – Letter that states how much each person receives
    - 4) Unemployment Compensation, Child Support, Rental Income, etc.) – Letter that states how much each person receives, or copy of rental contract or letter from tenant stating rent amount
  - ALSO, two months of employment documentation (paycheck stubs) for all employed household members must be submitted.** Most RECENT Paycheck stubs for the last two months for all employed.
- Picture Identification/Driver’s License **for all household members over age 18**.

**PLEASE DOUBLE-CHECK TO BE SURE YOU HAVE INCLUDED EVERYTHING LISTED ABOVE.**

**JOSEPH CORPORATION SAFETY FIRST APPLICATION**

**Applicant Information**

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

How much paid at purchase:

Monthly payment:

How long at property?

**Employment Information**

Current employer (If more than one employer use extra sheets if necessary):

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary:

Annual income:

**Reason for Application**

Describe necessary repairs:


**Spouse Information**

Name:

Date of birth:

SSN:

Phone:

**Spouse Employment Information**

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary:

Annual income:

**List All Members of the Household (Use Extra sheets as necessary)**

Name

Relationship

Age


**JOSEPH CORPORATION SAFETY FIRST APPLICATION**

**Signatures**

By my signature, I hereby allow the Joseph Corporation of IL to verify all the information given on this Safety First Program Application. This means that the Joseph Corporation of IL may contact my employers, banks and other savings institutions, the Social Security Administration, Public Aid, and any other sources from which my household receives either earned or unearned income.

I certify that all statements made on this application are true and correct to the best of my knowledge and belief. I understand that any willful misstatement of material fact will be grounds for disqualification.

I have read, or have had explained to me, the following guidelines under which assistance is provided, and accept the provisions therein.

I agree to defend, indemnity and hold harmless, the City of Aurora, its official, commissioners and employees from liability and claim for any damages. I agree to defend, indemnity and hold harmless, the Joseph Corporation of IL, its official, commissioners and employees from liability and claim for any damages. I understand the conditions set forth in this application, and I agree to abide by them.

Signature of applicant:

Date:

Signature of spouse:

Date:

**FOR OFFICE USE ONLY**

**ETHNICITY:** Hispanic or Latino:\_\_\_\_\_ Non-Hispanic or Latino:\_\_\_\_\_

**MINORITY CODE:** White:\_\_\_\_\_ Black/African-American:\_\_\_\_\_ Asian:\_\_\_\_\_ American Indian/Alaskan Native:\_\_\_\_\_ Native Hawaiian/Other Pacific Islander:\_\_\_\_\_ American Ind/Alaskan Native & White:\_\_\_ Asian & White:\_\_\_ Black/African-American & White:\_\_\_ American Indian/Alaskan Native & Black/African American:\_\_\_\_\_ Other Multi-racial:\_\_\_\_\_

**FAMILY STATUS:**

HEAD/SPOUSE IS 62 OR OVER: \_\_\_\_\_

HEAD/SPOUSE IS DISABLED\_\_\_\_\_

FHH:\_\_\_\_\_ AMI:\_\_\_\_\_ LBP Pamphlet given:\_\_\_\_\_

**CITY OF AURORA  
REQUEST FOR USE OF SOCIAL SECURITY NUMBER**

**Why do we collect your Social Security Number?**

The Illinois Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires local governments to implement an Identity Protection Policy that includes a statement of the purpose for requesting and using an individual's Social Security Number (SSN).

**What is the purpose of this request for your Social Security Number?**

You are being asked for your SSN for one or more of the following reasons:

[Identify specific purpose(s) appropriate for the City of Aurora]

\_\_\_\_\_ Court order or subpoena;

\_\_\_\_\_ Law enforcement investigation;

\_\_\_\_\_ Debt collection;

\_\_\_\_\_ Internal verification;

\_\_\_\_\_ Administrative purposes; and/or

\_\_\_\_\_ **Other:** \_\_\_\_\_

**What do we do with your Social Security Number?**

We will only use your SSN for the purpose for which it was collected. We will **not**:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
- Publicly post or publicly display your SSN;
- Print your SSN on any card required for you to access our services;
- Require you to transmit your SSN over the internet, unless the connection is secure or your SSN is encrypted; or
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

**Name: (print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Questions, concerns or complaints may be directed to:**

City of Aurora, Neighborhood Redevelopment Division, 51 E. Galena Blvd, Aurora, Illinois 60505 (630) 256-3320