

# Citywide Exterior Rehabilitation Program Application



Applications will be considered incomplete and will not be reviewed until all of the requested information is received. Return application and required documentation to:  
**City of Springfield Office of Planning and Economic Development, Attn: TIF Administrator**  
**800 E. Monroe, Room 107, Springfield, IL 62701**

## OWNER AND PROPERTY INFORMATION

Applicant 1 Name

Applicant 2 Name

Applicant 1 Email

Applicant 2 Email

Applicant 1 Phone

Applicant 2 Phone

Address

City

State

ZIP

Year Built

## REQUIRED DOCUMENTATION

Copy of recorded deed, proof of ownership

Documentation of property insurance

Real estate tax bill (Must be owner-occupied)

Current exterior photograph of the home

Mortgage information (name, address, and type of loan)

Utility verification (current CWLP & Ameren bill)

At least two bids for the project

Any current housing code violations on record

Verification of income

**PROJECT SCOPE**

Describe the work to be included in the project and an estimated budget for each item. Also include at least two bids for the project with your application.

EXTERIOR PAINTING OR SIDING
TUCK-POINTING, MASONRY
ROOF
PORCH & EXTERIOR STAIRS
REPAIRS TO CORRECT VIOLATIONS

## INCOME AND FAMILY SIZE CERTIFICATION

The number of persons living in your household: \_\_\_\_\_

Your household's total annual gross income (before deductions): \$ \_\_\_\_\_

Provide the following information for all people living in your household. Attach additional page if necessary.

NAME	RELATIONSHIP	AGE	SEX

Ethnicity:            Hispanic or Latino            Not Hispanic or Latino

Single Race:

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

Multi-Race:

- White and American Indian/Alaskan Native
- White and Black/African American
- White and Asian
- Black/African American and Asian
- Black/African American and American Indian/Alaskan Native
- Other Multi-Racial

Female Head of Household:      Yes      No

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**I (we) the undersigned, certify that the above information is true and correct to the best of my knowledge.**

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PENALTY FOR FALSE OR FRAUDULENT STATEMENT; U.S.C. Title 18, Section 1001, "Whoever, in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes false, fictitious or fraudulent statements or representations, or makes or uses any false representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both."