



# TIF NEIGHBORHOOD IMPROVEMENT GRANT PROGRAM APPLICATION- HOMEOWNER

CITY OF SPRINGFIELD – OFFICE OF PLANNING AND ECONOMIC DEVELOPMENT

## Section 1: Applicant Information

\*Attach A copy of a valid, government-issued photo ID (driver's license)

\*Attach Proof of current homeownership (deed)

Are you the owner and current occupant of this property? ☐ Yes ☐ No

Applicant 1 Name: \_\_\_\_\_

Applicant 1 Email: \_\_\_\_\_

Applicant 1 Phone: \_\_\_\_\_

Applicant 2 Name: \_\_\_\_\_

Applicant 2 Email: \_\_\_\_\_

Applicant 2 Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

How long have you owned and lived at the property? \_\_\_\_\_

## Section 2: Property Details

Is this property within the **Far East TIF District** or the **SHA (Madison Park) TIF District**? ☐ Yes ☐ No

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

Year Built: \_\_\_\_\_

## Section 3: Project Information

\*Attach a written project description detailing the scope of work

\*Attach current interior and exterior photos

## Neighborhood Improvement Grant Application

\*Cost estimates or contractor quotes (two bids for each scope of work)

**Select Scope(s) of Work:** (Please check all that apply)

- ☐ Roof replacement or repair
- ☐ Porch and entryway rehabilitation
- ☐ Siding, window, and door replacement
- ☐ Exterior painting or tuckpointing
- ☐ ADA accessibility upgrades
- ☐ Security lighting or perimeter fencing
- ☐ Replacement of water lines from home to water meter

Brief Description of Planned Improvements and Estimated Budget for Each Item:

*(Must include at least two bids per selected scope of work)*

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Estimated Project Start and End Dates:

Start: \_\_\_\_\_ End: \_\_\_\_\_

Total Project Cost:

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Grant Amount Requested (Maximum: \$25,000):

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Have you received other government assistance for this property (e.g., home repair grants, tax abatements)?

☐ Yes ☐ No

If yes, describe:

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### **Section 4: Household Information**

\*Attach Income verification

*Attach documentation to verify household income. Acceptable forms of income verification include:*

- Recent paycheck stubs (last 2 months)

## Neighborhood Improvement Grant Application

- Most recent W-2 or 1099 forms
- Social Security or pension award letters
- Unemployment benefit statements
- Tax returns (first 2 pages of most recent federal return)
- Other proof of income (e.g., child support, disability, or alimony payments)

Number of People in Household: \_\_\_\_\_

Do any household members identify as the following?

*(Please check all that apply and indicate the number of individuals in each category)*

Category	Check if Applicable	Number of Individuals
Seniors (65+)	<input type="checkbox"/>	_____
Persons with Disabilities	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	_____
Minors (under 18)	<input type="checkbox"/>	_____

Provide the following for all people living in your household:

Name	Relationship	Age

Annual Household Income (before deductions): \_\_\_\_\_

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."

### Section 6: Certification

I, \_\_\_\_\_ (print name), certify that the information provided in this application and all supporting documentation is true and complete to the best of my knowledge. I understand and agree to the following:

- Submission of this application does not guarantee approval or funding.
- Any work initiated prior to written grant approval is not eligible for reimbursement.

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- All improvements must comply with local codes, zoning, and permit requirements.
- If approved, I am responsible for completing the project as described and for covering any costs exceeding the grant award.

I agree to allow representatives of the City of Springfield access to the property for inspection of improvements related to this grant.

Signature of Applicant: \_\_\_\_\_

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

**Application Checklist**

- ☐ 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
- ☐ Detailed Project Budget
- ☐ Mortgage information (name, address, and type of loan)
- ☐ Utility verification (current CWLP & Ameren bill)
- ☐ At least two bids for the project (\*each scope of work)
- ☐ Any current housing code violations on record
- ☐ Verification of income
- ☐ Valid Photo ID

SUBMIT COMPLETED APPLICATION TO:  
Office of Planning & Economic Development  
City of Springfield  
800 E Monroe Street, Room 107  
Springfield, IL 62701  
**or**  
Email: [Julia.Griffin@springfield.il.us](mailto:Julia.Griffin@springfield.il.us)