

CITY OF EAST ST LOUIS SENIOR REHABILITATION GRANT

ACCEPTING APPLICATIONS 10/30/2023 - 12/15/2023

REQUIREMENTS:

- BE 62 OR OLDER
- LIVE IN THE CITY OF EAST ST. LOUIS
- HAVE RECEIVED NO ASSISTANCE FROM THE CITY FOR AT LEAST 3 YEARS
- BE THE OWNER AND LIVING IN THE HOME
 - **NOTE: NO BOND FOR DEED**
- BE A SINGLE FAMILY UNIT - OWNER OCCUPIED
- BE LOW TO MODERATE INCOME

Applications are available and must be completed in their entirety and returned to

**The Office of Economic & Community
Development**

3rd Floor City Hall

By December 15, 2023

MORE INFO:

618-482-6663

618-482-6628

Charles Powell III | Mayor
Robert Betts | City Manager



Name _____



City of East St Louis Senior Rehab Program **2023 Checklist**

Please be sure all advertised requirements are met and all checklist items below are submitted as one packet, to The Office of Economic and Community Development 3rd Floor City Hall no later than December 15th. Only FULLY completed packets will be considered. For more information, please contact our offices at 618.482.6663 or 618.482.6628.

Applicants must be age 62 OR OLDER

Submit a Complete Application

Provide a valid Identification Card

Provide Social Security Card

○ For Everyone in the home

Provide most recent Tax return / most recent 30 days income

Provide a Mortgage Statement

Provide a Utility Bill (Light and/or gas bill)

Provide your most Current Property Tax receipt

Provide a Recorded Deed

○ Bond For Deed Not eligible.

Charles Powell III, Mayor
City of East St Louis, Illinois

***Applications are being accepted October 30th – December 15th.**

Application Number _____
Staff Initials _____ Date: _____



**EAST ST LOUIS ECONOMIC AND COMMUNITY DEVELOPMENT
SENIOR REHAB PROGRAM 2023-24**

Charles Powell III, Mayor

Application Form

THE FOLLOWING QUESTIONS MUST BE ANSWERED COMPLETELY, TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH OUR PROGRAM.

DATE: _____ TIF DISTRICT: _____

OWNER(S): _____

AGE(S): _____

SPOUSES NAME: _____

OF DEPENDENTS: _____

ADDRESS: _____

Age of House _____ ZIP _____

PHONE NUMBERS: PRIMARY: _____ OTHER: _____

SOCIAL SECURITY NUMBERS: APPLICANT _____ SPOUSE: _____

IF EMPLOYED, LIST EMPLOYER'S NAME, ADDRESS, AND PHONE NUMBER: _____

Is the property occupied by the owner?		Yes	NO
Do you have a mortgage? If so with whom? _____			
Approximate mortgage balance?	\$ _____	Monthly Payment	\$ _____
Are Taxes escrowed in payment?		If no, taxes paid each year \$ _____	
Are Taxes paid to date?			
Are all house payments up to date?			

Is homeowner disabled?			
Have you received city funds in the past 3 years?			
If yes, type of funds received:	Amount of funds received.	\$	

I have thoroughly read, understand, and agree to comply with all materials in the application package. I have completed the application in-full and accurately to the best of my knowledge. The Economic and Community Development Department reserves the right to disqualify a home, if conditions are of extreme physical deterioration, as defined by local codes. The Economic and Community Development Department reserves the right to disqualify a home if the improvements will not stop the decline for the home.

Owner's Signature

Date

Owner's Signature

Date

East St Louis (Economic and Community Development) Department
Senior Rehab and Modification program 2023 Eligibility Certification & Affidavit Form

_____, being duly sworn, depose and say that they are the owners of _____

List all residents living at the above address.

Name (Last, First, Middle Initial)	Income Source	Age	Social Security #	Relationship

Show income received from the following sources by all persons listed above. (Attach copies of your tax forms, current pay stubs, W-2's, Child Support, Alimony, Retirement, Pensions, SS, SSI, 1099 and other public assistance vouchers for anyone who lived in the home for more than (3) months in 2023.

(A) Check yes or no for questions 1-15. (B) Enter amount of income received, and (C) Enter the name of the person receiving the income.

(A) Source of Income			(B)	(C)
Yes	No		Annual Gross Amount	Person Receiving Income
		Employment Wages / Salary		
		Self-Employment		
		Unemployment Compensation		
		Social Security		
		Railroad Retirement		
		Veteran's Benefits		
		Workman's Compensation		
		Child Support Payments		
		Alimony Payments		

(A)				
(B) Source of Income			(B)	(C)
Yes	No		Annual Gross Amount	Person Receiving Income
		Pensions or Annuities		
		Property Rental Income		
		Supplemental Security Income (SSI)		
		Aid to Families with Dependent Children (AFDC)		
		Dividend / Interest		
		Other Income _____		

Total Household Members _____ Total Gross Income \$ _____

Statement and Signature(s)

I/We hereby apply for participation in the Senior Rehabilitation Program as administered by the Economic and Community Development Department on behalf of the City of East St Louis.

In consideration of our voluntary participation in the Senior Rehabilitation Program, I/We hereby release and hold harmless the E&D Department and the City of East St Louis, its agents, employees and other officers from all claims or suits caused by or arising out of agreements or contracts between the owner and the contractors.

I/We understand that any misrepresentation of material facts by us may result in a declaration of non-eligibility or a termination of our continued participation in this program and a consequent denial of any and all benefits resulting therefrom.

I/We declare that this information which I/We have given, is true and complete to the best of our/my knowledge.

I/We have read the above statement and release and understand all the items. I /We execute involuntarily, on the date listed below, and with full knowledge of its significance.

Owner Date Owner Date

Disclosure Affidavit

State of Illinois

County of St. Clair

The undersigned certifies that to the best of the applicant's knowledge and belief, neither the applicant nor any person connected to the applicant, including spouse and family members or anyone representing such persons, has been approached by any City elected or appointed official or City officer or employee suggesting, implying, advising, or recommending that a payment or other inducement was/is required, necessary, or would be helpful in expediting, facilitating, or assuring approval or favorable treatment of this application.

The undersigned further certifies that neither the applicant nor any person connected to the applicant, including spouse and family members or anyone representing such persons, has paid, promised to pay, or intends to pay any City elected or appointed official or City employee or anyone representing the City of East St. Louis or representing any City officer or employee as an inducement or with the intent to acquire favorable treatment or otherwise improperly influence the performance or actions of the City, City official, or City employee.

The undersigned further certifies that there are no special or side agreements, written or unwritten, where any City elected or appointed official or other City employee or representative of such person(s) would personally benefit by the approval of this application.

The undersigned further agrees as a condition of the processing of this application that in the event the applicant, including spouse and family members or anyone representing such persons, is in the future approached by any City elected or appointed official or by any City employee or anyone representing the City of East St. Louis or representing any City office or any employee suggesting, implying, advising, or recommending that a payment or other inducement was required, necessary or would be helpful in expediting, facilitating or assuring approval or favorable treatment of the application and project, such action shall be reported within 24 hours to the local States Attorney's Office.

Applicant's Name: _____ Signature: _____

Subscribed and sworn to before me this _____ day of _____, 2023

NOTARY PUBLIC

MY COMMISSION EXPIRES
(Seal)

Conflict of Interest Disclosure Form

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the contractor(s) and/or employee(s) concerning material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict-of-Interest Form should indicate whether the contractor(s) and or employee(s) has an economic interest and/or personal interest in or acts as an officer or a director of any outside entity whose financial interests would reasonably appear to be affected by the selection as a contractor for the City. The contractor(s) and/or employee(s) should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally, State, Local and organizationally established regulations and guidelines in financial conflicts must be abided by.

Individuals with a conflict of interest should refrain from participating in any screening and or approval process.

Date: _____

Name: _____

Position: _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

☐ I have no conflict of interest to report.

☐ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 2023

NOTARY PUBLIC

MY COMMISSION EXPIRES
(Seal)