



# EMERGENCY HEATING REPAIR PROGRAM (EHRP)

## Application Form

**Enrollment Period: November 1, 2024 – April 1, 2025**

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

<b>I. Personal Information</b> (questions marked with an * must be complete)										
<b>*1) Applicant's Name</b>					<b>*2) Home Address</b>					
					Apt #		Zip Code			
<b>*3) Last four (4) digits of Social Security</b> XXX-XX-		<b>*5) Marital Status</b> Check One		<b>*6) Sex</b> Check One		<b>7a) Race</b>		<b>*8) Applicant Status</b> Check One		<b>9a) Home Phone #</b>
		Single		Male		<b>7b) Ethnicity</b>		Veteran		<b>9b) Cell #</b>
		Married						Disabled		
<b>4) Date of Birth</b> (MM/DD/YYYY)		Divorced						Female		Senior (62 years or older)
		Widowed								
		Separated								
<b>10) Employer Name</b>					<b>11) Employer Address</b>					
<b>12) Business Phone</b>		<b>13) Job Title</b>			<b>14) Length of Employment</b>		<b>15) Name &amp; Address of Previous Employer (if less than 2 years at current job)</b>			
					# of Years					
					# of Months					
<b>16) Co-applicant Name</b>					<b>17) Home Address (if different)</b>					
					Apt #		Zip code			
<b>18) Last four (4) digits of Social Security</b> XXX-XX-		<b>20) Marital Status</b> Check One		<b>21) Sex</b> Check One		<b>22a) Race</b>		<b>23) Applicant Status</b> Check One		<b>24a) Home Phone #</b>
		Single		Male		<b>22b) Ethnicity</b>		Veteran		<b>24b) Cell #</b>
		Married						Disabled		
<b>19) Date of Birth</b> (MM/DD/YYYY)		Divorced		Female		Senior (62 years or older)		<b>24c) Email Address</b>		
		Widowed								
		Separated								
<b>25) Employer Name</b>					<b>26) Employer Address</b>					
<b>27) Business Phone</b>		<b>28) Job Title</b>			<b>29) Length of Employment</b>		<b>30) Name &amp; Address of Previous Employer (if less than 2 yrs. at current job)</b>			
					# of Years					
					# of Months					

II. Property Information					
31) Is this a multi-unit building?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many units are occupied?	
31a) Does one (1) heating unit service the entire property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	31b) If not, how many heating units does the property have?	
32a) Is this building a Townhouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No		32b) Is this building a Condo?	
33) Year Purchased				34) Refinanced	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
35) Structure Type Check One		<input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Stucco <input type="checkbox"/> Other		36) Service being Requested Check One	
				<input type="checkbox"/> Furnace <input type="checkbox"/> Boiler	

III. Household Information *ALL HOUSHOLD MEMBERS MUST BE LISTED BELOW*				
37) List the names of all household members (required) Provide any additional members on a separate page	38) Age (Required)	39) Relationship	40) Monthly Gross Income**	41) Source of Income**
		Owner (Applicant)		
		Co-Owner (Co-Applicant)		
42(a) Total number of household members				
42b) Are any of the household members children under the age of 7? *Note: Application must include all household members and if 18 yrs. or older must include a valid photo identification* (must provide age above)				
43) Total Monthly Gross Income of all Household Members				
**Applicant(s) must provide a valid source of income to participate in program**				

<b>IV. HOUSING EXPENSES</b>			
Expense Type	<b>44) Monthly Payment</b>	<b>45) Past Due* (If applicable)</b>	<b>DOH Staff Only (Do not use)</b>
<b>a) First Mortgage</b>			
<b>b) Second Mortgage</b>			
<b>c) Homeowner's Insurance</b>			
<b>d) Real Estate Taxes</b>			
<b>e) Heat (Gas)</b>			
<b>f) Electric</b>			
<b>g) Water*</b>			
<b>h) Maintenance Costs (if more than one unit)</b>			
<b>Total Housing Expenses</b>			

\*Please indicate if you are on a payment plan

<b>V. Property Mortgage Information</b>			
<b>46) Please indicate name on mortgage account if different than owner's</b>			
<b>47) Name of Mortgage Lender/Mortgagee</b>			<b>48) Monthly Payment</b>
First Mortgage Lender (if applicable)			\$
Second Mortgage Lender (if applicable)			\$
<b>49) Do you have a Reverse Mortgage?</b>	Yes	<b>50) Are you currently receiving monthly payments from the Reverse Mortgage?</b>	Yes
	No	If yes, please indicate the monthly amount	No
<b>51) Do you have any other liens on your property?</b>	Yes	If yes, please list the type of lien.	
	No		

<b>VI. Type of Assistance Requested</b>					
<b>52) Type of Repair</b>			<b>Previous HEATING Assistance of the EMERGENCY HEATING REPAIR(s)</b>		
<b><u>SELECT ONLY ONE</u></b> Please select one and mark with an "X"			Have you ever received service for the Emergency Heating Repair program before?	Yes	
Furnace System	Repair			No	
	Replace				
Boiler System	Repair		If so, When?		
	Replace		What work was completed?		

**Additional Comments**

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**REPRESENTATIONS AND WARRANTIES**

The information contained within this statement is in support of an application for assistance from the Chicago Department of Housing (DOH). Each of the undersigned acknowledges and understands that DOH is relying on the information provided herein in deciding to award assistance in the form of a loan or grant. Each of the undersigned represents warrants and certifies that the information provided herein on financial condition and household size is true, correct, and complete. Each of the undersigned agrees to notify DOH immediately and in writing of any change in name, employment address and of any material adverse change (1) in any of the information contained in the statement, (2) in the financial condition of any of the undersigned or, (3) in the ability of the undersigned to perform its (their) obligations to you. In the absence of such written notice, this should be considered as a continuing statement and substantially correct. Each of the undersigned hereby authorizes DOH to make all inquiries it deems necessary to verify the accuracy of the information contained within and to determine the creditworthiness of each of the undersigned. Each of the undersigned authorizes any person or consumer crediting reporting agency to give the city information it may have regarding each of the undersigned. Each of the undersigned authorizes DOH to answer questions about its credit experience with the undersigned. If any obligation or guarantee of the undersigned to DOH is outstanding, the undersigned may be asked to supply an updated financial statement. The personal financial statement and any other financial or other information that the undersigned gives and shall be the City's property to be released as DOH deems fit.



**Application Certification**

I have received a copy of the Program summary sheet and supporting documents outlining the **Emergency Heating Repair (EHR) Program**. Please note: The completion of an application is not a guarantee of service. **The Department of Housing (DOH)** reserves the right to cancel this application when deemed necessary.

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**53a) Applicant Signature (required)**

**Date**

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**53b) Co-applicant Signature (required – If applicable)**

**Date**

**54) Please answer the following two questions.** This information is being compiled for statistical purposes only and will not be used to make funding or eligibility decisions. Please check the following which most describes you:

	White
	Black/African American
	Asian
	Native Hawaiian/Other Pacific Islander
	American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
	American Indian/Alaskan Native and Black/African American
	Asian and White
	Other/Multiracial
	I choose not to answer this question
	I am of Hispanic Origin
	I am not of Hispanic Origin
	I choose not to answer this question



## EMERGENCY HEATING REPAIR PROGRAM (EHRP)

### Emergency Heating Repair Program (EHRP)

#### Document Checklist

**Applicant Name**

**Date**

You are required to provide all documentation that applies to your household and submit when returning your completed and signed application. Please mark an “X” by documents you included in your application packet.

	Copy of current Property Deed (must be recorded with Cook County Recorder of Deeds Office)
	Copy of current mortgage Statement, reverse mortgage statement, OR lender mortgage modification agreement (past due statements are not accepted)
	Copy of current Cook County Real Estate Tax Bill
	Copy of current Homeowner’s Insurance Declaration page or policy (expired statements not acceptable)
	Complete copy of 2023 Federal Tax Returns including all scheduled exhibits and addendums (must be signed and dated)
	Copy of all 2023-year employer W2s and any 1099 forms
	Copies of all income documentation from each household member (see below income documents)
	Copy of the three most recent paycheck stubs
	Copy of current year Social Security Statement or award letter
	Copy of current year’s Disability statement or award letter
	Copy of current pension and annuity statements
	Copy of current Dividends and capital Gains Statements
	Copy of current Unemployment Benefits Statement (online printouts not acceptable)
	Copy of DHS Public Cash Assistance Letter (excluding SNAP/Link benefits)
	Copy of current lease or three (3) current rent receipts from all tenants (in 2-4-unit buildings)
	Tenant certification form (if separate units in 2-4 flat building) (Note: tenant to complete, sign, and date)
	Copy of current profit and loss statement if Self-employed (must be signed)
	Copy of school records and/or transcripts (if any household member is currently enrolled)
	Copy of current Water Bill (payment plan letter must be included if applicable)
	Copy of death certificate (if applicable)
	Copy of Divorce Decree or Legal Separation agreement (if applicable)
	Copy of State Identification or Driver’s License on all adults in household 18 years or older, and all co-owners
	Copy of State ID or Driver’s License of co-owner not residing in the property
	Copy of Social Security Cards on all household members, minor children, and co-owners not living on the property
	Lead Base Paint Acknowledgement form to be signed (included in Application package)
	Copy of current Building Code violations (if applicable)
	Notarized Letter of Explanation regarding any matters needed



**NOTE: Funding is available on a first-come-first-service basis.** Please return the completed and signed application *with all required* documents that relate to your household as soon as possible. A document checklist is provided for your convenience with the application. Application packets missing any required documents will be placed on hold until all documents are received. If any of the required documentation is missing from your application packet, a written notification will be mailed requesting those documents that must be returned to the office by the included deadline. **Incomplete applications will not be processed.**

**COMPLETED APPLICATION PACKAGE CAN BE RETURNED BY ONE (1) OF THE FOLLOWING WAYS:**

- **Mail:** Chicago Department of Housing (DOH), 121 N. LaSalle, 10th flr., Rm 1000, Chicago, IL 60602. Attn: Emergency Heating Repair Program
- **Drop-off:** Chicago Department of Housing (DOH) - 121 N LaSalle, 10th flr., Rm. 1000 Chicago, IL. 60602
- **Fax:** (312) 742- 5849: **Attn: Emergency Heating Repair Program (EHRP)**

If you have any questions, please contact one of the following: Jasmine Holloway, Project Coordinator at (312) 744-5409 or Judith S. Pernel, Program Director, at (312) 744-0102.

## **Lead-Based Paint Notification & Acknowledgement**

### **Sources of Lead-Based Paint**

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills, doors, and door frames. Lead-based paint and primers may also have been used on outside porches railings, garages, fire escapes and lamp posts. When the paint chips, flakes, or peels off, there may be real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills, or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles obtaining lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

### **Hazards of Lead-Based Paint**

Lead poisoning is dangerous- especially to children under the age of six (6). It can eventually cause mental retardation, blindness and even death.

### **Symptoms of Lead-Based Paint Poisoning**

Has your child been especially cranky or irritable? Are they eating normally? Does your child have stomachaches and vomiting? Do they complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

### **Availability of Blood Level Screening**

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Department of Planning



and Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate the hazard.

### **Precautions for Preventing Lead-Based Paint Poisoning**

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, door frames and windowsills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- Cover all furniture and appliances.
- Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells, and ceilings.
- Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM.**
- Do not leave paint chips on the floor in window wells. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important.
- Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

### **Homeowner Maintenance and Treatment of Lead-Based Paint Hazards**

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping, or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainting with two (2) coats of non-lead-based paint. Instead of scraping or repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, dust is created which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. **WHENEVER POSSIBLE, THE REMOVAL OF**

LEAD-BASED PAINT SHOULD TAKE PLACE WHEN THERE ARE NO CHILDREN OR PREGANT WOMEN ON THE PREMISES. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about the lead problems can make a big difference.

### **Tenant and Homebuyer Responsibilities**

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's effort to repair the unit.

**I have received a copy of Notice entitled "EPA and HUD Move to Protect Children from Lead-Based Paint Poisoning; Disclosure of Lead-Based Paint Hazards in Housing."**

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DATE

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PRINT FULL NAME

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SIGNATURE

## EMERGENCY HEATING REPAIR PROGRAM (EHRP)

### Program Summary

#### Services

The Chicago Department of Housing (DOH) Emergency Heating Repair Program (EHRP) provides a grant for low-moderate income, owner-occupied residential buildings of one to four (1-4) units. The program is limited to the repair/replacement service of a heating system. Remedies commensurate to the level of damage determined by the DOH Rehab Construction division upon inspection (*assistance limited to funding availability*). Grant funds are limited and provided on a first-come, first-served basis to income-qualified Chicago residential property owners. **Eligible residential homes will be assisted with a furnace or boiler once every ten (10) years within the life of the property.** In residential buildings with two to four (2-4) units with individual heating systems, only the owner-occupied unit qualifies for assistance.

#### Applicant(s) Income Requirements

Total household members' gross income earnings (including rental income, earning for minors, and any other source of income) that totals 80% or less of the area median income (AMI) are eligible to participate in the program (see household gross income limits).

**NOTE:** The Tenant Income Certification form must be completed by tenant(s) only if the repair/replacement heating unit provides service for the entire multi-family building. For property that is jointly owned, the total gross income of all owners shall be included with other household member(s) income and may not exceed 80% of AMI.

#### Applicant(s) Property Requirements

- Applicant(s) must be on deed title for at least one (1) year starting from the application date.
- The eligible owner-occupied property must be located in Chicago.
- Property must be in habitable condition.
- Property must be a one to four (1-4) unit building.
- Property cannot be at risk of foreclosure.
- All utilities must be current and in working order.

A property that received assistance in the past under the program is eligible to receive service again after ten (10) years.

**NOTE:** Commercial and mixed-use properties (apartment plus business or commercial units) do not qualify for the program.

#### How to Apply

Starting from November 1, 2024, until April 1, 2025, interested homeowners with email access can begin their application process online at [www.chicago.gov/ehrp](http://www.chicago.gov/ehrp), by calling 311, or through the CHI311 app. A status letter will be provided upon completion.

Additionally, a paper application package can be downloaded from [www.chicago.gov/ehrp](http://www.chicago.gov/ehrp) or requested by mail by calling the City's 311 line.

The completed and signed paper application along with all required documents related to your household must be returned to the DOH as soon as possible. A document checklist is provided for your convenience with the application. Any application packet missing the required documents will be considered incomplete and not processed until all required documents are received. A written notification letter will be mailed requesting any missing documents that must be returned to the office by the included deadline date. When all documents are received the application will be processed for a status. Funding is limited and available on a first-come-first-service basis.

**2024 Household Gross Income Limits**  
**2024 MAXIMUM GROSS (Before Deductions) INCOME LIMITS**

Household Size	Max Income 80% AMI
1	\$62,800
2	\$71,800
3	\$80,750
4	\$89,700
5	\$96,900
6	\$104,100
7	\$111,250
8	\$118,450

**Income limits are based on the Chicago-Naperville-Joliet, IL HUD Metro FMR Area (HMFA).  
Effective until superseded**