

**CITY OF AURORA
WARD 8 RESIDENTIAL
GRANT APPLICATION**

Date of Application _____ Amount Applied For _____

Resident Name _____

Non Profit or HOA name _____

Address _____

Contact Name _____ Phone Number _____

Social Security Number _____

FEIN Number _____

Signature for Fed. ID # _____

Description of work to be done (attach separate sheet if necessary, (include before picture) _____

Contractor Selected to do work _____

The following required documents are attached to my application:

- Evidence of Competitive Pricing _____Yes _____No
- Evidence of **Prevailing Wage***** _____Yes _____No
- Applicable Permits (Issued/Applied) _____Yes _____No
- Lien Waiver (Material/Labor) _____Yes _____No Low Bid \$_____

Time Frame of work to be done _____

***Quotes **must** be obtained from contractors that pay prevailing wage. For more information see:
<https://www2.illinois.gov/idol/Laws-Rules/CONMED/Pages/Rates.aspx>

I hereby swear that the information contained in this application is true and correct. I understand that it is MY responsibility to pay the Contractor in full. I also understand that failure to strictly comply with the grant requirements or providing false information on this application may result in being denied reimbursement.

Name of Applicant Signature of Applicant

Failure to complete and comply with requested application information above, may result in non-reimbursement

Office Use Only

Review Date _____ Work Completed _____
(Date)

3 Bids obtained Yes___ No ___

Signature of Committee Member _____ Approved for payment on _____

Checklist Completed Yes ___ No___ Date _____

Committee Recommended Approval Yes ___ No ___

Ward Alderwoman Signature _____ Date _____