

## CITY OF AURORA, WARD 10 RESIDENTIAL GRANT APPLICATION

Date of Application: \_\_\_\_\_ Amount Applied for: \_\_\_\_\_

Residents' Name(s): \_\_\_\_\_

Homeowner's Assoc.: \_\_\_\_\_

Address (es) \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number: \_\_\_\_\_ FEIN Number \_\_\_\_\_

Signature for SS# or Fed ID #: \_\_\_\_\_

Description of work to be done (attach separate sheet if necessary, include before pictures): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you get 3 bids Yes\_\_\_\_ No\_\_\_\_ Low Bid \$ \_\_\_\_\_

Contractor Selected to do work: \_\_\_\_\_

The following required documents are attached to my application:

- |   |          |         |
|---|----------|---------|
| • Evidence of Competitive Pricing               | ____ Yes | ____ No |
| • Evidence of <b><i>Prevailing Wage</i></b> *** | ____ Yes | ____ No |
| • Applicable Permits (Issued/Applied)           | ____ Yes | ____ No |
| • Lien Waiver (Material/Labor)                  | ____ Yes | ____ No |

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 requirements above,  
may result in non-reimbursement***

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**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 Alderman Signature \_\_\_\_\_ Date \_\_\_\_\_

[\\*\\*https://www2.illinois.gov/idol/Law-Rules/CONMED/Pages/Rates.aspx](https://www2.illinois.gov/idol/Law-Rules/CONMED/Pages/Rates.aspx)