

WARD 2 FENCE/LANDSCAPING IMPROVEMENT PROGRAM

DATE: _____ PROPERTY PIN#: _____

NAME: _____

OTHER NAMES LISTED ON PROPERTY: _____

ADDRESS: _____ PHONE: _____

MORTGAGE HOLDER: _____ BALANCE: _____

IS THE HEAD OF HOUSEHOLD OVER THE AGE OF 65? YES _____ NO _____

IS THE SPOUSE OVER THE AGE OF 65? YES _____ NO _____

IS THE HEAD OF HOUSEHOLD DISABLED? YES _____ NO _____

IS THE SPOUSE DISABLED? YES _____ NO _____

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

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

***<https://www.illinois.gov/idol/Laws-Rules/CONMED/Pages/Rates.aspx>

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

SIGNATURE(S) _____ DATE _____

Office Use Only

Review Date: _____ Work Completed Date: _____

Signature of Committee Member _____

Date Approved For Payment: _____

Checklist Completed: Yes _____ No _____

Committee Recommended Approval: Yes _____ No _____

Ward Alderman Signature: _____ Date: _____