

**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 ***Prevailing Wage****** ___ 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://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 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

Name of Applicant

Signature of Applicant

***Failure to complete and comply with requested application requirements 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 Alderman Signature _____ Date _____

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