

**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

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