



Village of DeSoto

210 W. Lincoln, P.O. Box 467
DeSoto, IL 62924 618-867-2315

De SOTO HOUSING REHABILITATION GRANT

The Village of DeSoto is applying for a housing rehabilitation grant. With this grant we would be able to work on the homes of low-income, owner-occupied homes within the village limits. If your total household income falls below the following limits, you could possibly qualify:

- 1 person - \$46,000
- 2 people - \$52,600
- 3 people - \$59,150
- 4 people - \$65,700
- 5 people - \$71,000
- 6 people - \$76,250
- 7 people - \$81,500
- 8 people - \$86,750

Trailers that have underpinning and/or pay trailer privilege tax unfortunately do not qualify. Rental property does not qualify.

The owner of the home must be living in the home. The deed/mortgage must be in the name of the owner that is living in the home.

You may pick up an application at the Village Hall and return it to the Village Hall or to the administrator whose address is on the application.

If you have any questions, you can contact Tammy Campbell at PSC Civil Engineers and Land Surveyors at 618-985-6370.

Possible work includes but is not limited to a new roof, windows, doors, siding, electrical, heating and cooling, floors, etc.

HOUSING REHABILITATION PROGRAM APPLICATION

Date: _____ Name of Community: Village of DeSoto

Owner Name: _____

Street Address: _____ PO Box: _____

Telephone Number: _____ Email Address: _____

List names and ages of ALL occupants including applicant:

Name	Age	Name	Age	Name	Age

*If a child is part time, divorced/single parent has visitation etc., you must be claiming the child on your income tax for them to be counted as a full-time occupant of the home.

This application applies to **owner occupied** homes only.

Have you ever received housing grant funds from the Village of DeSoto? Yes No

If yes, what year were grant funds received: _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency in the United States, knowingly and willfully falsifies or makes false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000, or imprisoned not more than five years, or both."

Signature _____

MUST SIGN

To help determine the ethnic population of your locality, please check the appropriate category:

- | | |
|---|--|
| <input type="checkbox"/> White, Not Hispanic
<input type="checkbox"/> Black, Not Hispanic
<input type="checkbox"/> Asian / Pacific Islander, not Hispanic
<input type="checkbox"/> American Indian / Eskimo or Aleut, not Hispanic
<input type="checkbox"/> Other, not Hispanic
<input type="checkbox"/> Check here if female headed household | <input type="checkbox"/> Hispanic
<input type="checkbox"/> Single / Non-Elderly
<input type="checkbox"/> Single Parent
<input type="checkbox"/> Parents
<input type="checkbox"/> Elderly
<input type="checkbox"/> I choose not to respond |
|---|--|

1. How many people 62 years of age or older are there in your home? _____

2. How many people with physical disabilities are there in your home? _____

3. Mortgage Type: Conventional Contract for deed Life Estate Paid Off

COUNTY: Jackson
 Month/Year April 2024

4. Based on number of persons living in the home, is the yearly income before taxes higher or lower than the income eligibility figures for your household size listed below:

Please be specific and check Low or Very Low Income

Number in Household	Income Limit					
	Lower	Higher	Low Income	Lower	Higher	Very Low Income
1			\$45,600			\$28,500
2			\$52,100			\$32,600
3			\$58,600			\$36,650
4			\$65,100			\$40,700
5			\$70,350			\$44,000
6			\$75,550			\$47,250
7			\$80,750			\$50,500
8			\$85,950			\$53,750

****Income for all occupants aged 18 and older must be included regardless of contribution toward household expenses or obligations.**

Total Household Income per year \$ _____

5. Income Information for any occupant aged 18 and older (Must be filled out for each resident living in the home age 18 and older regardless of contribution toward household expenses or obligations)

Owner _____
 Name of Employer _____
 Rate per Hr. _____ Hrs. per Wk. _____
 Social Security benefits per month _____
 Pension benefits per month _____
 Chile support received per month _____
 Other income _____
 Currently not employed _____

Other Occupant _____
 Name of Employer _____
 Rate per Hr. _____ Hrs. per Wk. _____
 Social Security benefits per month _____
 Pension benefits per month _____
 Chile support received per month _____
 Other income _____
 Currently not employed _____

Other Occupant _____
 Name of Employer _____
 Rate per Hr. _____ Hrs. per Wk. _____
 Social Security benefits per month _____
 Pension benefits per month _____
 Chile support received per month _____
 Other income _____
 Currently not employed _____

Other Occupant _____
 Name of Employer _____
 Rate per Hr. _____ Hrs. per Wk. _____
 Social Security benefits per month _____
 Pension benefits per month _____
 Chile support received per month _____
 Other income _____
 Currently not employed _____

6. Monthly Housing Expenses

Monthly Mortgage Payment \$ _____ Average Home Phone Per Month \$ _____
Annual Insurance Premium \$ _____ Average Cell Phone Per Month \$ _____
Average Electrical Bill Per Month \$ _____ Water/Sewer Payment Per Month \$ _____
Average Gas Bill Per Month \$ _____ Property Taxes Per Year \$ _____

7. Is the house treated for termites on a yearly basis? Yes No

8. Was the residence built before 1978? Yes No

9. Is the residence a manufactured / mobile home? Yes No

Is it on a permanent block footing/foundation? Yes No

Has the tongue and axel been removed? Yes No

Do you pay trailer privilege tax? Yes No

10. How many rooms are in the house? _____

How many bedrooms? _____

How many bathrooms? _____

11. One Story Two Story Basement Crawl Space Slab

12. How many years have you lived at this residence? _____

13. Approximate square footage of house? _____

14. Are you related to any City Official or Employee? Yes No

If yes, please list name and type of relation _____

15. Please mark or list any **structural improvements needed** to your home below.

Please only mark or list the items that you feel need to be improved in your home.

Roofing (age _____) Gutters Plumbing Electrical Wiring Doors

Windows Furnace (age _____) Water Heater (age _____) Siding

Other _____

(Items not covered by a grant: stoves, refrigerators, freezers, generators, fences, detached garages, detached sheds, walk-in-bathtubs, tankless water heaters, home additions, etc.)

Please return application to the Village of DeSoto or to:
PSC Civil Engineers, Land Surveyors
201 South Division Street
Carterville, Illinois 62918
Attn: Tammy Campbell

COMMUNITY DEVELOPMENT BLOCK GRANT INCOME SURVEY

Community: Village of DeSoto County: Jackson
 Street _____
 Address: _____ Date Conducted: _____

1. How many people are living in the house? _____
2. Check here if female headed household () _____
3. How many people are over 62 years old? _____
4. How many persons with physical or developmental disabilities are there in your household: _____
5. Do you own your own home? _____ Or rent? _____
6. To help determine the ethnic population of your locality or project area, please indicate the number of persons in the household in each appropriate category:

MINORITY BENEFIT DETERMINATION		
Racial Group	Total Persons	# of Hispanic / Latino Ethnicity
White		
Black/ African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		
I choose to not respond <input type="checkbox"/>		

Use the most recent Section 8 Income Limits for your county. Indicate Month/Year: April / 2024 (See Section IX Attachments)
 Enter the figures detailed on the line entitled "LOW-INCOME" for 80% and "VERY LOW-INCOME" for 50%.

Number of Persons in Family /Household	Annual Income Limit 30% of median (A)	Annual Income Limit 50% of median (B)	Annual Income Limit 80% of median (C)
1	\$17,100	\$28,500	\$45,600
2	\$20,440	\$32,600	\$52,100
3	\$25,820	\$36,650	\$58,600
4	\$31,200	\$40,700	\$65,100
5	\$36,580	\$44,000	\$70,350
6	\$41,960	\$47,250	\$75,550
7	\$47,340	\$50,500	\$80,750
8	\$52,720	\$53,750	\$85,950

7. Based on the number of persons in your household, check whether your entire household income is:
- Lower** than Column A _____ **Between** Columns B & C _____
Between Columns A & B _____ **Higher** than Column C _____

COMMENTS: _____

HOUSING NEEDS SURVEY

Address: _____

To be completed for ALL housing rehabilitation projects.

1. How many rooms are in the house – not counting bathrooms? _____
2. Is your house connected to a central sewer system Yes No
3. Are any major improvements needed to your home Yes No
 If yes, please describe below

Roofing		
Plumbing		
Electrical/Wiring		
Heating/AC		
Foundation		
Other		

Is your home One-story or Two-story
 Does your home have a Basement or Crawl Space

FOR INTERVIEWER ONLY!

Place corresponding points to describe the extent of each structural deficiency.

SECTION A – Major Deficiencies			
Points: (6) Remove/Replace (3) Repair (0) No Repairs Needed			
Roofing		Plumbing – Drain/Waste/Vent	
Framing – Exterior walls & Sills		Plumbing – Supply & Fixtures	
Framing – Load bearing beams & joists		Electrical Service & Distribution	
Foundation		Electrical Fixtures	
Furnace		Section A Total (Max. 54)	
SECTION B – Minor Deficiencies			
Points: (4) Remove/Replace (2) Repair (0) No Repairs Needed			
Doors – Interior		Interior Flooring	
Doors – Exterior		Windows	
Porches/Entrances		Siding/Painting	
			Section B Total (Max. 24)
Approximate Square Footage: _____			Total Points (A + B)
Designate if housing unit is a Mobile Home Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Type of Survey Conducted: Door-to-Door By Mail: Combination

INCOME & HOUSING NEEDS SURVEYS APPROVED BY:

 Printed Name Signature Date

**Surveys submitted without the occupant’s address, date conducted, and signature and date of approver will be considered spoiled/unusable. Further, verification of survey results may be randomly conducted by CDBG Program Staff.*