

City of East Moline Furnace Replacement Program Guidelines & Application

Program Overview

The Furnace Replacement Program provides one time assistance to City of East Moline residents for emergency replacement of a failed furnace unit during the period of October 15 – April 30. The funding is for projects up to \$4,999 with funds administered on a first-come, first-serve basis when all requirements outlined below are met.

Program Eligibility

This is a grant program; all eligible and approved applicants will not be required to pay back any of the funds awarded. Applicants must meet HUD income limit guidelines in order to be eligible. No one applicant and/or address may receive more than \$4,999 nor can the applicant receive funding more than once in a 60-month period, even in the event the threshold is not met. A tenant of a property may apply for the assistance, but the owner of the property must sign off on the application and final payment documents.

Applicant - Required Documents

- Completed and signed Furnace Assistance Application & Self-Certification Form (attached)
 - Returned to the Finance Department at 915 16th Avenue **OR**
 - Via email twright@eastmoline.com
- Copy of most recent tax return for anyone over the age of 18 who resides in the household **OR** State of Illinois Family Medical Card
- Three bids/estimates from contractors, contractors must be licensed/registered with the City's inspections department
 - The winning bid shall be selected by the City and in accordance with City Procurement Policies.
 - All contractors will be required to obtain necessary permits from the City's Inspections Department, contractor is responsible for the payment of said permit.
- In the event the bids are over \$4,999, the applicant must provide the City with the difference, prior to approval of their application.

Applicant - Approval Process

- Approval process will not begin until all required documents are received by City staff;
- Customer's total household income must be less than 80% of HUD Area Median Income;
- Approval Letter or Denial Letter sent to applicant detailing approved contractor and approved amount.

2021 Income Limits

Low (80%) Income Limits	Persons in Family									
	1	2	3	4	5	6	7	8	9	10
	\$42,750	\$48,850	\$54,950	\$61,050	\$65,950	\$70,850	\$75,750	\$80,600	\$85,500	\$90,400

Contractor Guidance:

- Contractor must be licensed/registered with the City of East Moline
- Approved letter for applicant submitted by the City must include contractor's name showing award and approved amount of bid award
- Proper Permits obtained and paid for by Contractor
- Once work has been completed, a final/approved inspection must be obtained by City Inspections Department
- Contractor must submit invoice to the City detailing the work completed, with invoice clearly stating the address where work was completed
- Final Payment form & Certificate of Completion, attached, must be submitted for payment
- In the event of a Change Order by the homeowner or contractor, the attached form must be submitted prior to work commencing. Submission of form does not guarantee approval.
- The City will issue contractor one payment after work is completed, no up-front payments will be allowed
- Payments will be issued in accordance with City policies and issued for approval at the next City Council meeting

Payment Checklist for Contractor

- Final, Approved Inspection
- Invoice
 - Include Amount
 - Work Detail
 - Address where work was performed
- Completed Final Payment Form & Certificate of Completion
- Change Order form, if applicable

Contact Information:

Finance Department
915 16th Avenue
East Moline, IL 61244
(309) 752-1538

Inspections Department
912 16th Avenue
East Moline, IL 61244
(309) 752-1512

Furnace Assistance Application & Self-Certification

Applicant's Name: _____

Service Address: _____

Phone Number: _____ Email Address: _____

Household/Family Information

Please complete the following for ALL household members residing at the residence:

Name	Date of Birth	SSN or ITIN	Relationship to Applicant	Source of Income	Annual or Monthly Gross Income

Estimated Gross Income from all persons 18 years of age or older: \$ _____

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income.

Applicant Signature: _____ Date: _____

If applicant is a tenant, section below must be filled out by owner:

Name: _____ Address: _____

Phone: _____ Signature: _____ Date: _____

Office Use Only

Application Received by: _____ Date: _____

Copy of Tax Return Received? ___ Yes ___ No ___ N/A

Copy of State of Illinois Medical Card Received? ___ Yes ___ No ___ N/A

Three Bids Received? ___ Yes ___ No ___ N/A Application: ___ Approved ___ Denied

If approved, Winning Contractor Name & Amount: _____



Change Order Form

Contractor Name: _____

Address: _____

Phone Number: _____ Job Address: _____

Original Amount: _____ Change Order Amount: _____

Reason for Change Order: _____

Homeowner Signature: _____ Date: _____

Contractor Signature: _____ Date: _____

Finance Director Approval: Yes No

Signature: _____ Date: _____

If approved, new contract amount: _____



Final Payment Form Certificate of Completion

Section 1 – Owner Information

Job Address: _____

Property Owner(s): _____

Mailing Address: _____

(if different from above)

I hereby certify that the work completed at the property listed above has been satisfactorily completed. By signing this form, I agree to have the City pay the contractor the amount listed above and understand the City shall not be held responsible for any service or maintenance required for services rendered from this date forward.

Phone Number: _____ Email: _____

Signature

Date

Section 2 – Contractor Information

Company Name: _____

Address: _____

Phone Number: _____ Payment Amount: _____

I hereby certify that the work at the property listed above has been completed in accordance with all city, state, and local codes. I agree, once payment has been made, the City is no longer financially responsible for any service or maintenance required from this date forward.

Name (Print)

Signature

Date

Section 3 – City Inspector

Date Inspection Approved: _____ Permit #: _____

Inspector's Signature

Date

Section 4 – Finance Director – Approval to Pay

Signature: _____ Date: _____