(APPLICANT NAME)

(ADDRESS)

Chicago, IL. (ZIP CODE)

RE: EQUITY LEAD SERVICE LINE REPLACEMENT PROGRAM

Dear Applicant(s):

Thank you for your interest in the Department of Water Management's (DWM) Equity Lead Service Line Replacement Program. This is a program for single-family or two-flat (1-2 unit), owner-occupied properties located in Chicago. Eligible owners must also meet income requirements. If you do not qualify but you are still interested in replacing your lead service line, please visit www.leadsafechicago.org for information on the Homeowner-Initiated LSLR program.

The enclosed package includes the following documents:

- Part 1: Application & Signature Form and Tenant Certification Form
- Part 2: Supporting Documentation Checklist
- Program Summary Sheet, Income Limit Chart; and Frequently Asked Q & A Sheet.

Please complete Part 1 of the package (the Application) online at www.leadsafechicago.org, or email it to lead.safe@cityofchicago.org, or mail it to our office at:

City of Chicago Department of Water Management Attn: Equity Lead Service Line Replacement Program 1000 E. Ohio St. Chicago, IL 60611

Once Part 1 (the Application) has been reviewed, you will be contacted by DWM representatives to notify you to complete Part 2 (Supporting Documents). All items listed on the documentation checklist that apply to your household must be completed in full. Program assistance is limited to availability of funds. If you have any questions or need assistance with your application, please call 312-744-1780. Please call Melody Carvajal at 312-780-7746 if a Spanish speaker is preferred/Para Español llame a Melody Carvajal al 312-780-7746.

Sincerely,
Andrea R.H. Cheng, Ph.D., P.E.
Commissioner

EQUITY LEAD SERVICE LINE REPLACEMENT PROGRAM Part 1. Application Form

Date:	

		l.	Personal	Information-*	(requir	ed field)*		
*1) Applicant's N	ame:			*2) Home Add	lress:			
				Zip code		Apt. #_		
*3) Last four (4) # of Social Security:	*4) Marit Status:	* 5) Gend Male:		*7) Applicant Status:		*8) Date of Birth	*9a) Home	Phone #:
XXX-XX-	Single: _ Married:	Female:_	L. 1	Disabled?			9b) Cell Pho	one #:
	Divorced: Widowed Separated	:	ry: Yes No		_	Ex. (MM/DD/YYYY)	9c) Email Ad	ddress:
10) Co-Applicant'	s Name		<u> </u>	11) Home Add	lress (i	f different):		
				Zip code 606	5	Apt.#		
12) Last four (4) # of Social Security:	13) Marit Status:	al 14) Geno Male:	_			17) Date of Birth:	18a) Home	Phone #:
XXX-XX-	Single: Married: Divorced: Widowed Separated	Nonbina	Yes	Sr. Citizen? (62 yrs. or older)		Ex. (MM/DD/YYYY)	18b) Cell Ph ————————————————————————————————————	
			II. Pr	operty Inform	ation	<u> </u> 		
*19a) Property TySingle Fami Two-FlatOther *19b) Do you havYesNo *19c) Do you ope daycare in the proYesNo	re renters?	*20a) BasemeeYes (finiYes (unfNo 20b) Water MInsideOutsiNoneUnkn	ent: (shed) (finished) (eter: e de	21a) Year Purchased ———— 21b) Year Built ———	22a) Water ServiceEnters throuEnters throuEnters behin) Water Service of Lower Serv	gh the wall ad the wall enters:	23) Type of Service LineLeadLead & SteelLead & Copper

III. Household Information-				
ALL HOUSEHOLD MEN	/IBERS INFO	DRMATION MUST BE	PROVIDED BELOW	
24)* NAMES OF ALL HOUSEHOLD MEMBERS	25) Age*	26) Relationship	27) Monthly Gross	28) Source of Income*
REQUIRED*(If add additional members provide on		to Applicant*	Income*	
separate page)				
		Owner		
		Co-Owner		
29) Total Number of Household Members:		30) Total M	lonthly Gross Income :_	
*Note: Application must include all household memb		.8 years or older mu cipate in the prograr		entification and source of

24) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2011 111 1171 2 11	20) = 11
31) Notes from Follow-up Sequential Investigation	32) Initial Lead Kit Results	33) Follow-up Sequential Results
a. LSL Length (ft.):	a. Date of Sampling:	a. Date of Sampling:
a. ESE ECHIGHI (IL.).	a. Date of Sampling.	a. Date of Sampling.
	Lead Results (ppb):	Lead Results (ppb):
b. Material of LSL at Entry to Home:	ы. 1 st Liter:	b. 1 st Liter:
	c. 2/3 min:	c. 2 nd Liter:
	d. 5 min:	d. 3 rd Liter:
c. Other notes:		e. 4 th Liter:
d. Other notes.		f. 5 th Liter:
		g. 6 th Liter:
		h. 7 th Liter:
		i. 8 th Liter:
		j. 9 th Liter:
		k. 10 th Liter:
		l. 3 Min.:
		m. 5 Min.:
		City of Chicago's Department of Water Managem
		e City of Chicago's Department of Water Managem If the requested information to the City, and furt
·	· · · · · · · · · · · · · · · · · · ·	g to award City assistance in the form of a grant.
		and household size is true, correct and complete.
		employment and of any material change (1) in any
he information contained in this statemen	t, or (2) in the financial condition of any of	the undersigned. In the absence of written notice, t
		by authorize the City to make all inquiries necessary
		ed by the City in connection with this program or a
_		an updated financial statement. The personal finan
•	, ,	s property, subject to all applicable federal, State, a
-	-	e City's Equity Lead Service Line Replacement Progra s outlining the Equity Lead Service Line Replacem
		DWM reserves the right to cancel this application when
= -	- · ·	y false, misleading, untruthful, incorrect or incompl
		llected during construction to notify you of addition
		vith City of Chicago Departments for the purpose
establishing program eligibility, please che		
34a) Applicant Signature (<i>required</i>)	*	 Date
34b) Co-Applicant Signature (<i>requir</i>	 red)*	Date

•	e answer the following two questions. This information is being compiled for statistical purposes only and will not be ake funding or eligibility decisions. Please check the following which most describes you:
	White
	Black/African American
	Asian
	Native Hawaiian/Other Pacific Islander
	American Indian/Alaskan Native
	Black/African American and White
	American Indian/Alaskan Native and White
	American Indian/Alaskan Native and Black/African American
	Asian and White
	Other/Multiracial
	I choose not to answer this question
36)	Please check the following which most describes you:
	I am of Hispanic Origin
	I am not of Hispanic Origin
	I choose not to answer this question

EQUITY LEAD SERVICE LINE REPLACEMENT PROGRAM SUMMARY

Overview

The Equity Lead Service Line Replacement Program is a new program that provides a new copper water service line to low-moderate income qualifying, owner-occupied residential building of 1-2units. The program is limited to the replacement of a lead water service line with a copper water service line (assistance limited to funding availability). The program is limited to the replacement of a lead service line with a copper service line of the same size (or upgraded to 1" if the current service size is ¾") and basic restoration of the property.

Applicants who complete their application in full and meet the income threshold will be put on a waiting list if qualifying properties exceed the available funding for a given year.

Lead Requirements

Applicants must complete a free lead test of their water. Call 311 or register at www.LeadSafeChicago.org for a free water lead test kit (available free to all Chicago residents). Collect the water samples according to the directions and call 312-742-2406 or go to www.chicagowaterquality.org to schedule a time for DWM representatives to pick the kit up from your home.

Income Requirements

Household members gross income earnings (including rental income, earnings for minors and any other source of income) that totals 80% or less of the Area Median Income (AMI) are eligible to participate in the program. If the property is jointly owned, the total gross income of all owners shall be included and may not exceed 80% of AMI.

Current Gross (before deductions) Income Limits (2022**)

Household size	80 % Area Median Income (AMI)		
1 person	\$58,350		
2 persons	\$66,700		
3 persons	\$75,050		
4 persons	\$83,350		
5 persons	\$90,050		
6 persons	\$96.70		
7 persons	\$103,400		
8 persons	\$110,050		

^{**}Income limits are based on the Chicago-Naperville-Joliet, IL HUD Metro FMR Area (HMFA). Effective until superseded. Subject to annual adjustment by HUD

Applicant(s)/Property Requirements

An eligible owner-occupied property must be located in the City of Chicago, in habitable condition, a 1-2 property unit, have a lead service line, and not in risk of foreclosure. Licensed exempt daycares (1-2 property unit) under this category will be reviewed on a case-by-case basis.

NOTE: Condominiums and commercial properties (apartment plus business or commercial units) <u>do not qualify</u> <u>for the program</u>.

Feb 2022 5 of 5

EQUITY LEAD SERVICE LINE REPLACEMENT (E-LSLR) PROGRAM

Tenant Self Certification of Annual Income Form

(complete with Part 1 of package, if applicable)

Date:	Landlo	Landlord Name(s): Number of building units:				
Property Address:	Numbe					
Chicago, Illino	ois 606	Tenant	Tenant unit number/floor:			
INSTRUCTIONS: The two (2) pasection below:	age certificati	on form must be com	pleted by t	tenant(s) only. Plea	se complete each	
	1. Primary	/ Tenant(s) Househ	old Infor	mation		
*All household members inform	nation must be	Provided below, if app	licable:			
Full Names of all househol members required*: (if addition members please provide a separa page)	nal	Relationship to Head of household Tenant	Disabled Person (Yes or No)	Annual Gross Income*	Source of Income* (All sources, i.e., wages, social security, Pension, etc.)	
		Head of Household Tenant				
		Co-Head of Household Tenant				
2. Total number of Household Mo4. <u>Contact Information:</u>	embers:	·	3. Tot	al Annual Gross Incon	ne:	
Phone number(s): 1. 2.	Address(es):			ity/State:		
WARNING: The information p	rovided on th	is form is subject to ve	erification	by the City of Chicag	go at any time, and	

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.

Landlord Name(s): _____

Property Address:	Chicago, Illinois 606			
5. <u>Certification of Information</u> : I/we certify that this information is com	iplete and accurate. I/we agree to pro	vide if requested, any/all income		
documents to the Housing and Urban D	Pevelopment (HUD) Grantee/Program A	Administrator.		
Signature (Head of Household):	Print Name:	Date:		
Signature (Co-Head of Household):	Print Name:	Date:		
Household Member (18 yrs. or older)	Print Name:	Date:		
Household Member (18 yrs. or older)	Print Name:	Date:		
Household Member (18 yrs. or older)	Print Name:	Date:		
Household Member (18 yrs. or older)	Print Name:	Date:		

Date: _____

^{*}Please attach another copy of this page if additional signature lines are required.

E-LSLR Part 2. Supporting Document Checklist

Group A: Identification Information
Copy of State Identification or Driver's License for all adults in household 18 yrs. or older
Copy of Birth Certificate(s) or School Records for any household member under 18 yrs.
Group B: Property Information
Copy of current Property Deed (must be recorded with Cook County Deeds office)
☐ Copy of State Identification or Driver's License of co-owner not residing on the property ☐ Copy of Divorce Decree or Legal Separation Agreement (if listed on property deed and does not reside within the dwelling)
Copy of Death Certificate (if deceased is listed on property deed)
Copy of current Cook County Real Estate Tax Bill
Copy of a current Utility Bill
Group C: Income Information
Copy of <u>signed</u> Most Recent Two Years of Federal Tax Returns including all schedule exhibits and addendums – for all household members where applicable (federal taxes must be signed and dated or proof of online filing Note: If child support, alimony, and/or unallocated support payments are not included on the
tax returns, these income sources must still be reported and will be used in calculating eligibility.
If a portion of the property is rented:
☐ Tenant Certification Form , if applicable (Note: tenant to complete, sign, and date)
If there are no Tax Returns for one or all household members -or- the income situation has changed since the returns were filed, the following applicable documents must be presented for every household member that is 18 years of age or older:
☐ Copies of all income documentation from each household member (check which applies)
☐ Copy of three (3) current/recent Pay Stubs
☐ Copy of current year Social Security Statement or award letter
☐ Copy of current year Disability Statement or award letter
☐ Copy of current Pension and Annuity Statements
Copy of current Dividends and Capital Gains Statements
\square Copy of current Unemployment Benefit Statement (online printouts not accepted)
☐ Copy of DHS Public Cash Assistance Letter (exclude SNAP/Link benefits)
☐ Copy of current Profit and Loss Statement on Self Employed Business (must be notarized and signed and include Individual Taxpayer Identification Number)
☐ Copy of current Lease or three (3) current Rent Receipts from all renters

E-LSLR Part 2. Supporting Document Checklist
☐ Proof of Child Support and Alimony (if applicable)
OR
Certification of Zero Income Form if no household members have income (needs to be otarized)
ditional documents may be requested after initial review.
oup D: Miscellaneous Information
Letter of Explanation regarding:
submit your E-LSLR application and supporting documents: lease make sure your name and address is clearly indicated on all documents)
1. Upload scans of your documents to our secure online portal at: www.ChicagoWaterQuality.org/Upload
OR
2. Mail copies of your documents to: City of Chicago

Department of Water Management
Equity Lead Service Line Replacement Program
1000 E Ohio St

Chicago, IL 60611

Need help? Call **312-744-1780** for questions or document scanning at your residence.



E-LSLR FAQ

Frequently Asked Questions and Answers Sheet

- What type of residential properties qualifies for the E-LSLR program?
- A Chicago property that is owner-occupied and has one (1) to two (2) residential units is an eligible property type. Licensed-exempt daycares under this category will be reviewed on a case-by-case basis. Condominiums and Commercial (apartment plus business or commercial units) do not qualify for this program.
- If I own a Chicago residential property and it is not my primary residency, can I participate in the program?
- A No. Only owner-occupied Chicago residential properties (1 to 2 units) can participate.
- What is the Income Qualification?
- A. The total gross household income cannot exceed HUD's 80% AMI (Area Median Income) requirement (see attached program summary) to qualify.
- O. Does all the household members' income need to be included in the qualification process?
- A. Yes. Every household member that receives income would need to provide their gross income to determine the total household gross income.
- What does the gross income mean?
- A. It means the income you receive before any deductions (taxes, medical, insurance, etc.,) have been taken out of the earnings (net).
- Q. If I've received service in the past/previous year under the E-LSLR program, could I apply again for another service?
- A. Yes. The applicant can apply if they move to a different property that meets the criteria of the Program. A new application and approval for the second property will be required. The applicant will need to provide proof of sale of the previous residence.



- Does my water need to have elevated lead for me to be eligible?
- A. No. Starting in 2022, elevated lead levels are no longer a pre-requisite for eligibility. You only need to submit water samples for free lead testing prior to the work being done on your home, but elevated lead is not a requirement to participate. Lead testing results and the presence of children living in the home may be used to prioritize the locations of replacements.
- If I just bought my Chicago home six (6) months ago, could I apply?
- Yes. There is no minimum time period that you must have lived in the property to qualify.
- Q. Do I need to be present when an inspector comes out to my home to do a site inspection?
- A. Yes. Our preference is that the owner is present between the business hours of 7:30am 3:00pm. Monday thru Friday.
- How long will it take for my application to get approved after I submit it?
- A. When the assigned DWM staff has received all required documents, a status letter will be mailed out within two (2) weeks.
- What are the next steps after my application has been established as income eligible?
- A. Your contact information will be sent to the plumbing crew (either DWM staff or contractors hired by DWM) for them to contact you by phone and/or email to set-up an appointment for a site inspection.
- How long after the application is approved and a site inspection is completed, will it take for my lead service line to be replaced?
- A. Replacements are performed on a first-come/first-served basis. Scheduling is controlled by the plumbing crew (either DWM staff or contractors hired by DWM). After the site inspection is completed, homeowners can contact the contractor directly to get an estimate date on when the work/repair will start.



- Can I get the repairs done by a contractor of my choice and have the City of Chicago reimburse me for the cost?
- A. No. DWM has contracted with vendors (contractors) who have met the City of Chicago's vendor requirement through the City's procurement process. They will be the assigned contractor.
- Who should I call if I have questions regarding my application status or documents?
- You can call DWM at (312) 744-1780 or email lead.safe@cityofchicago.org.
- Who should I call if I have problems with the service line AFTER the work has been completed?
- A. For any service-related issues, the homeowner should contact the assigned plumbing crew directly. The contractor's contact information can be found on the contract documents left at the time they did the work.
- Q. Is there a warranty on the work completed by the contractor under the program?
- A. Yes. There is a one (1) year warranty on the work starting from the Quality Control inspection date.
- Q. Will I have to pay back the grant funds if work is completed under the program?
- A. No. Even if you sell the property or have a change in income, there is no obligation to pay back any portion of the grant funds.