



United Way of Eastern LaSalle County
601 State Street
Ottawa, IL 61350
Phone: 815-434-4003
email: unitedwayelc@sbcglobal.net

June/July/August 2019

Thank you for your interest in **United Way of Eastern LaSalle County's Labor of Love**, a community service **made entirely possible by volunteers and charitable donations**. Labor of Love is dedicated to repairing and improving homes owned by deserving lower-income homeowners; specifically seniors, people with disabilities, veterans, and families with young children - - **making their homes warm, safe, and dry** for the winter months. Skilled and unskilled volunteers, along with able-bodied members of homeowners' families complete the repairs at absolutely **no cost** or obligation to qualifying homeowners.

To be a homeowner eligible for consideration, you must:

- ✓ Own and live in your home, with no plans to vacate or sell the home for the next 3-5 years.
- ✓ Reside in eastern LaSalle County, specifically - - Dayton, Grand Ridge, Harding, Leland, Marseilles, Naplate, Norway, Ottawa, Seneca, Serena, Sheridan, or Wedron.
- ✓ Have a combined household income not exceeding 50% of the area's median income (see application) and provide verification of annual gross income for every member of your household.
- ✓ Be **financially or physically** unable to complete the work on your home yourself.
- ✓ **Complete, sign, and return the attached application, authorization for release of information, and homeowner waiver. Please also provide a COPY of your property deed or title, mortgage statement (if applicable), 2018 real estate tax bill, proof of homeowner's insurance, and verification of household income, [including benefit statement letters, copies of all household bank/investment statements for the last 2 months, and COPY of all residents' 2018 tax return(s)].**
- ✓ Agree if chosen to receive Labor of Love services, to remain at home on October 5th until all work is completed and all volunteers have departed.
- ✓ Agree to confine or remove from your property all pets on Labor of Love work day.

All forms and required documentation must be returned to the United Way office by Friday, August 9, 2019. Applications received after the August 9th deadline or without the required documentation may not be considered for 2019 Labor of Love services.

Once your application and documents are reviewed, eligible applicants will be contacted by a Labor of Love volunteer to schedule a home visit and evaluate your home's repair needs. **This is an initial assessment and not a guarantee that work will be completed at your home.**

The Home Selection Committee selects homes and projects which best meet the program's mission and selection criteria. **Please note: Labor of Love volunteers are not qualified for mold remediation, asbestos or lead removal.** Please understand Labor of Love is not always able to help everyone who applies to the program. **Homeowners who have not received Labor of Love assistance in the past will be considered first.**

Labor of Love will take place October 5, 2019, rain or shine. Our volunteer Leaders are in the process of reviewing homes, so please return your application as soon as possible. **Applications will be reviewed and considered as received.** Call United Way with questions or if you are having trouble gathering the required documents. **We look forward to receiving your application!**

Applications *MUST* be returned to United Way by August 9, 2019



2019 Homeowner Application

To be considered for United Way's 2019 Labor of Love home repair and improvement program, your annual household income must be at or below the following guidelines:

1 person	2 persons	3 persons	4 persons	5 persons	6 persons
\$26,250	\$30,000	\$33,750	\$37,500	\$40,500	\$43,500

Note: The information requested will be used to determine eligibility for Labor of Love consideration. PLEASE COMPLETE THE ENTIRE APPLICATION AND ALL ATTACHMENTS. All information will be verified and **regarded as confidential**.

HOMEOWNER(s) and HOUSEHOLD MEMBERS	<i>Please list everyone in the home, including children, temporary residents, and renters. List all income; wages, salary, social security, TANF, unemployment, workers compensation, SSI/disability and VA benefits, pensions, IRA/401K/Annuity distributions, rent, child support, alimony, dividends/interest, and other income for each household member eighteen or older.</i>
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FIRST NAME	LAST NAME	RELATIONSHIP TO HOMEOWNER	Gender	AGE	ETHNICITY (optional)	GROSS MONTHLY INCOME	INCOME SOURCE
		Homeowner					

Homeowner is: Married Separated Single (includes divorced and widowed)

Has anyone in home served in the military?	() Yes () No	Name:	Branch:	Years of Service:
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Is anyone disabled?	() Yes () No	Who in household?
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Please describe disability(s) or limitations:

Has anyone in home been convicted of a crime?	() Yes () No
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If yes, please explain:

PROPERTY INFORMATION		<i>We require a copy of your property deed or title, mortgage statement, real estate tax bill, and homeowner's insurance,</i>	
Address:		City and Zip:	
Phone:		Secondary Phone:	
Email:		Ethnicity: (optional)	

Do you own the above property? () Yes () No **Year purchased** _____

Is your home paid for? () Yes () No **If not, are you current on your mortgage?** () Yes () No

Do you plan on living in your home for the next 3-5 years? () Yes () No

If not, please explain: _____

HOUSEHOLD FINANCIAL INFORMATION

Are you or other household members currently employed, on a temporary layoff, or newly hired? () Yes () No If yes, please complete the following:

Name	Employer (company name)	Employer's Address/Phone

Do you or other household members receive: TANF, Medicare, Medicaid, Social Security, (SSI), Disability, Food Stamps, Unemployment, Utility Assistance, other? _____
Please provide details: _____

Caseworker's Name	Agency	Phone Number

Do you or other household members receive Pension/Annuity/IRA/401K income? Alimony Child Support Rental Income other sources of income Please provide specifics: _____

Do you or other household members have checking, savings, money market accounts, certificates of deposit, IRA's, 401(k)'s, annuities, stocks, bonds, or other assets? **What is approximate value of each?**

Name all financial institution(s), investment firms, and companies where you have accounts:

Do you or household members own other property (*beside the home you reside in*)? () Yes () No
If yes, what is owned and where is property located? _____

Do you have renters in your home or in any other property you own? () Yes () No
If so, how much is paid in rent each month? \$ _____

Have you received Labor of Love services in the past? () Yes () No **When?** _____

- What 3 projects would you like Labor of Love to consider, beginning with the most important first?**
1. _____
 2. _____
 3. _____

Are there special circumstances regarding income, assets, expenses, health, household members, etc.?

**Feel free to add extra pages to the application if extra space is needed.*

I/we do hereby attest that all information provided is true and correct. I/we understand failure to divulge any of the information requested may result in my application being disqualified.

Signature of Homeowner(s): _____

RETURN THIS APPLICATION to United Way of Eastern LaSalle County by Friday, August 9 with the attached authorization signed by each household member over the age of 18, the homeowner agreement and release signed by all homeowners listed on the property deed/title, and all required documentation listed on the attached **CHECKLIST.**



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AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/we hereby authorize my employer(s), financial institutions, insurance provider, investment brokers, government agencies, Illinois Department of Human Services, or other applicable entities to release information to Labor of Love - - a program of United Way of Eastern LaSalle County for the purpose of income and asset verification, property ownership, insurance coverage, and household composition.

Each member who lives in the home who is 18 years of age or older must sign this consent form.

Failure to sign the authorization form or to disclose all household residents and their income and assets will result in disqualification from Labor of Love services.

Signatures: _____ date _____
(head of household)

_____ date _____
(spouse)

_____ date _____
(other household member over age 18)

_____ date _____
(other household member over age 18)

_____ date _____
(other household member over age 18)

_____ date _____
(other household member over age 18)

_____ date _____
(other household member over age 18)

_____ street address and city

_____ phone

_____ e-mail



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HOMEOWNER AGREEMENT AND RELEASE FROM LIABILITY

1. **Voluntary Participation:** I acknowledge that I have voluntarily applied to United Way of Eastern LaSalle County, Inc. Labor of Love for repairs and improvements to my home. I give permission for Labor of Love and its volunteers to preview my home and perform repairs and improvements on my home located at:

Home address: _____

2. **Agreement:** *I understand Labor of Love is a volunteer initiative and that promises cannot be made as to the specific work that will be done. I give United Way of Eastern LaSalle County, Inc. Labor of Love permission to inspect my home for the purpose of project selection & repair. The general plan for repairs and improvements will be discussed with me, but I give United Way of Eastern LaSalle County's Labor of Love and its volunteers full authority to determine the extent and types of repairs and improvements to be performed, even if they should fail to notify me of changes from the original plan.*

*I understand the repairs and improvements will be performed **free of charge**, and United Way of Eastern LaSalle County, Inc., Labor of Love, and its employees and volunteers disclaim all warranties, expressed or implied concerning the repairs. I understand the repairs and improvements will be performed by volunteers, some or all of whom may be unskilled.*

I understand most repairs and improvements will be made on October 5, 2019; but some preparation, repairs, and follow-up may be necessary prior to and/or after that date. I understand volunteer availability, expense and time constraints, as well as weather conditions may limit the amount of work that is able to be completed on the work date, and that the volunteers are under no obligation to schedule an alternate work date.

*I agree to cooperate with the Planning Leaders, House Captain(s), and volunteer teams. **I agree to remain at home on Labor of Love work day(s) until all work is finished and volunteers have departed.** I will assure that all able-bodied members of my family participate or that they will be absent from my home during repairs.*

3. **Release from Liability:** In consideration of the opportunity afforded me to participate in Labor of Love, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will hold harmless United Way of Eastern LaSalle County, Inc., Labor of Love, its officers, directors, employees, agents, donors, volunteers, sponsors, suppliers of materials or equipment used by Labor of Love and other affiliates, collectively and individually, from any claims and liabilities arising at any time as a result of the repairs or improvements, including and without limitation, any rights or causes of action resulting from personal injury or death, or damage to my property, directly or indirectly, sustained in connection with my participation in Labor of Love or arising from improperly performed repairs or improvements or defect in material or workmanship.

I also grant United Way of Eastern LaSalle County, Labor of Love, and persons(s) authorized by them to take photographs or video of myself, my family, and/or my home. I consent and authorize to the unrestricted use and reproductions of these photographs or video, and of any recordings or interviews for the primary use of promoting and aiding the program and its work.

4. Knowing and Voluntary Execution: No promises have been made to me to secure my signature to this release. I have read this agreement and I fully understand its contents. I am aware that this is a release of all liability and a contract between myself and United Way of Eastern LaSalle County, Inc. Labor of Love, and I sign it of my own free will.

SIGNED this _____ day of _____, 2019, in Eastern LaSalle County, Illinois.

Homeowner (Signature)

Witness (Signature)

Homeowner (Signature)

Witness Name (Please Print)

Homeowner (Signature)

Homeowner (Signature)

Address

City, Zip

Phone

All persons named on the property deed as owners, including life estate & quitclaim deeds, must sign the Homeowner's Agreement and Release from Liability prior to any Labor of Love work provided.

Return completed and signed application, attachments, and copies of required documents by August 9th to:

**United Way of Eastern LaSalle County
601 State Street
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Application Check List

Please provide with your 2019 application all of the documentation below that is applicable to you and all of the individuals residing in your home.

Name: _____

- Application, signed by homeowners
- Release of information (signed by all household members over 18)
- Homeowner Agreement & Release of Liability
(signed by all homeowners)
- Property deed or title (to confirm home ownership)
- Property tax bill for current year
- Proof of current homeowner's insurance
- Verification of all household income, i.e. **current** social security &/or disability letters, retirement/pension letters and statements, VA benefit statement, last 2 months pay stubs or signed/dated written verification from employer, child support or alimony information, etc.
- Past 2 months **complete** bank, savings, retirement, & investment statements for **all** accounts held by **all** persons residing in the home.
- Most recent mortgage statement (if applicable *to confirm home is not In foreclosure*)
- Tax return(s) (for all household members over 18)

Comments and concerns welcome _____
