



CITY OF CHICAGO

DEPARTMENT OF WATER MANAGEMENT

March 11, 2021

(APPLICANT NAME)

LEAD KIT SERVICE REQUEST#: _____

(ADDRESS)

Chicago, IL. (ZIP CODE)

RE: 2020-2021 EQUITY LEAD SERVICE LINE REPLACEMENT (E-LSLR) PROGRAM

Dear Applicant(s):

Thank you for your interest in the Department of Water Management's (DWM) Equity Lead Service Line Replacement (E-LSLR) Program. This is a program for single-family or two-flat (1-2unit), owner-occupied properties located in the City of Chicago. Eligible locations will also meet income requirements and have tested persistently above 15 parts per billion of lead in water. If your income does not qualify you for participation but you are still interested in replacing your lead service line, please visit www.leadsechicago.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) first online **at www.leadsechicago.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 of your package (the Application) has been reviewed, you will be contacted by DWM representatives to notify you to complete Part 2 of your package (Supporting Documents). All items listed on the documentation checklist that apply to your household must be completed in full. Please note: Program assistance is limited to availability of funds. If you have any questions or need assistance with your application, please call 312-742-2406. **Please call Melody Carvajal at 312-780-7746 if a Spanish speaker is preferred/Por favor, llama a Melody Carvajal al 312-780-7746 si se prefiere un hablante de español.**

Sincerely,

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

2020 – 2021 EQUITY LEAD SERVICE LINE REPLACEMENT (E-LSLR) PROGRAM

Part 1. Application Form

Date: _____

I. Personal Information <small>*(denotes required field to be completed)*</small>						
*1) Applicant's Name:				*2) Home Address: _____ Zip code 606 _____ Apt. #_____		
*3) Last four (4) # of Social Security: XXX-XX-_____ _____	*4) Marital Status: Single: _____ Married: _____ Divorced: _____ Widowed: _____ Separated: _____	*5) Gender Male: _____ Female: _____ Nonbinary: _____	*6) Veteran Status: Yes _____ No _____	*7) Applicant Status: Disabled? _____ Sr. Citizen? _____ (62 yrs. or older)	*8) Date of Birth ____/____/____ Ex. (MM/DD/YYYY)	*9a) Home Phone # _____ *9b) Cell Phone #: _____ *9c) Email Address: _____
10) Employer Name:				11) Employer Address:		
12) Business Phone #:	13) Job Title	14) Yrs. Employed	15) Name & Address of Previous Employer (if less than 2 yrs. at current job)			
16) Co-Applicant's Name				17) Home Address (if different): _____ Zip code 606 _____ Apt.#_____		
18) Last four (4) # of Social Security: XXX-XX-_____ _____	19) Marital Status: Single: _____ Married: _____ Divorced: _____ Widowed: _____ Separated: _____	20) Male _____ Female _____ Nonbinary: _____	21. Veteran Status: Yes _____ No _____	22) Applicant Status: Disabled? _____ Sr. Citizen? _____ (62 yrs. or older)	23) Date of Birth: ____/____/____ Ex. (MM/DD/YYYY)	24a) Home Phone #: _____ 24b) Cell Phone #: _____ 24c) Email Address: _____
25) Employer Name:				26) Employer Address:		
27) Business Phone #:	28) Job Title	29) Yrs. Employed	30) Name & Address of Previous Employer (if less than 2 yrs. at current job)			

II. Property Information

*31a) How many units does this property have? _____ *31b) Number of Vacant Units: _____	*32a) Basement: _____ Yes (finished) _____ Yes (unfinished) _____ No 32b) Water Meter: _____ Inside _____ Outside _____ None _____ Unknown	33a) Year Purchased _____ 33b) Year Built _____	34a) Water Service _____ Enters through the floor _____ Enters through the wall _____ Enters behind the wall 34b) Water Service enters: _____ Front of house _____ Back of house	35) Type of Service Line _____ Lead _____ Lead & Steel _____ Lead & Copper
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III. Household Information-

ALL HOUSHOLD MEMBERS INFORMATION MUST BE PROVIDED BELOW

36)* NAMES OF ALL HOUSEHOLD MEMBERS REQUIRED* <i>(If add additional members provide on separate page)</i>	37) Age*	38) Relationship to Applicant*	39) Monthly Gross Income*	40) Source of Income*
		Owner		
		Co-Owner		

41) Total Number of Household Members: _____

42) Total Monthly Gross Income : _____

Note: Application must include all household members and if 18 yrs. or older must include a valid photo identification and source of income to participate in the program

IV. Results of Water Testing Data (to be filled in by DWM)

43) Notes from Follow-up Sequential Investigation	44) Initial Lead Kit Results	45) Follow-up Sequential Results
<p>a. LSL Length (ft.): _____</p> <p>b. Material of LSL at Entry to Home: _____</p> <p>c. Other notes: _____</p>	<p>a. Date of Sampling: _____</p> <p>Lead Results (ppb):</p> <p>b. 1st Liter: _____</p> <p>c. 2/3 min: _____</p> <p>d. 5 min: _____</p>	<p>a. Date of Sampling: _____</p> <p>Lead Results (ppb):</p> <p>b. 1st Liter: _____</p> <p>c. 2nd Liter: _____</p> <p>d. 3rd Liter: _____</p> <p>e. 4th Liter: _____</p> <p>f. 5th Liter: _____</p> <p>g. 6th Liter: _____</p> <p>h. 7th Liter: _____</p> <p>i. 8th Liter: _____</p> <p>j. 9th Liter: _____</p> <p>k. 10th Liter: _____</p> <p>l. 3 Min.: _____</p> <p>m. 5 Min.: _____</p>

Additional Comments:

REPRESENTATIONS AND WARRANTIES

The information contained within this statement is in support of an application for assistance from the City of Chicago's **Department of Water Management (DWM)**. Each of the undersigned acknowledge and understand that they are authorizing the release of the requested information to the City, and further acknowledge and understand that the City is relying on the information provided herein in deciding to award City assistance in the form of a grant. Each of the undersigned represents warrants and certifies that the information provided herein on financial condition and household size is true, correct and complete. Each of the undersigned agrees to notify the DWM immediately and in writing of any change in name, address employment and of any material adverse change (1) in any of the information contained in this statement, (2) in the financial condition of any of the undersigned or, (3) in the ability of the undersigned to perform its (their) obligations to you. In the absence of such written notice, this should be considered as a continuing statement and substantially correct. Each of the undersigned hereby authorizes the City to make all inquiries it deems necessary to verify the accuracy of the information contained within. As long as any obligation or guarantee of the undersigned to the City is outstanding, the undersigned may be asked to supply an updated financial statement. The personal financial statement and any other financial or other information that the undersigned gives the City shall be the City's property, subject to all applicable federal, State, and local laws, including local ordinances and regulations, for the purposes set forth in the City's Equity Lead Service Line Replacement (E-LSLR) Program. I have received a copy of the Program summary sheet and supporting documents outlining the **Equity Lead Service Line Replacement (E-LSLR) Program**. Please note that completion of an application is not a guarantee of service. DWM reserves the right to cancel this application when deemed necessary. **NOTE: DWM shall cancel this application where the applicant provides any false, misleading, untruthful, incorrect or incomplete.**

46a) Applicant Signature (required)*

Date

46b) Co-Applicant Signature (required)*

Date

47) Please answer the following two questions. This information is being compiled for statistical purposes only and will not be used to make 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

48) 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 (E-LSLR) PROGRAM

Part 2. Checklist for Required Supporting Documentation

Applicant Name: _____

Date: _____

Below are the required documents to be included with completed application:

******(Please check-off all documents below that relate to your household and include in the return package):

- ___ 1. Copy of current Property Deed (*must be recorded with Cook County Deeds office*)
- ___ 2. Copy of current Mortgage Statement or Reverse Mortgage Statement or Lender Mortgage Modification Agreement. (*past due statements not accepted*).
- ___ 3. Copy of current Cook County Real Estate Tax Bill
- ___ 4. Copy of current Homeowner's Insurance Declaration page or Policy. (*expired statements not accepted*)
- ___ 5. Copy of signed **2020 and 2019** Federal Tax Returns including all schedule exhibits and addendums – for all household members where applicable (federal taxes must be signed and dated).
- ___ 6. Copy of all **2020 and 2019** W2 (employers) and 1099 forms (for all household members where applicable).
- ___ 7. Copies of all Income documentation from each household member (*check which applies to your household*):
 - ___ a) Copy of three (3) Current/Recent Pay Stubs
 - ___ b) Copy of Current year Social Security Statement or award letter
 - ___ c) Copy of Current year Disability Statement or award letter
 - ___ d) Copy of Current Pension and Annuity Statements
 - ___ e) Copy of current Dividends and Capital Gains Statements
 - ___ f) Copy of current Unemployment Benefit Statement (Online printouts not accepted)
 - ___ g) Copy of DHS Public Cash Assistance Letter (exclude SNAP/Link benefits)
 - ___ h) Copy of Current lease or three (3) Current Rent Receipts from all renters
 - ___ i) Tenant Certification form if applicable (Note: tenant to complete, sign, and date).
 - ___ j) Copy of Current Profit and Loss Statement on Self Employed Business (must be notarized and signed and include Individual Taxpayer Identification Number)

- ___ 8. Copy of School Records and/or Transcripts. (if any household member is currently enrolled)
- ___ 9. Copy of current utility bills. (gas and electric)
- ___ 10. Copy of Death Certificate. (If applicable)
- ___ 11. Copy of Divorce Decree or Legal Separation Agreement. (If applicable)
- ___ 12. Copy of State Identification or Driver's License on all adults in household 18 yrs. or older.
- ___ 13. Copy of State Identification or Driver's License of co-owner not residing in the property. (If applicable)
- ___ 14. Copy of Social Security Cards for all Household members, minor children, and co-owners not living on the property. (if applicable)
- ___ 15. Copy of current Building Code Violations. (If applicable)
- ___ 16. Notarized Letter of Explanation regarding: _____
- _____

NOTE: If any required documents are missing, the application will be placed on hold. A written notification letter will be mailed out requesting missing documents

EQUITY LEAD SERVICE LINE REPLACEMENT (E-LSLR) PROGRAM

Tenant Self Certification of Annual Income Form

(complete with Part 1 of package, if applicable)

Date: _____

Landlord Name(s): _____

Property Address: _____

Number of building units: _____

Chicago, Illinois 606 _____

Tenant unit number/floor: _____

INSTRUCTIONS: The two (2) page certification form must be completed by tenant(s) only. Please complete each section below:

1. Primary Tenant(s) Household Information

*All household members information must be Provided below, if applicable:

Full Names of all household members required*: (if additional members please provide a separate page)	Age*	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 Members: _____

3. Total Annual Gross Income: _____

4. Contact Information:

Phone number(s):	Address(es):	City/State:
1.		
2.		

WARNING: The information provided on this form is subject to verification by the City of Chicago 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.

Date: _____

Landlord Name(s): _____

Property Address: _____

Chicago, Illinois 606 _____

5. Certification of Information:

I/we certify that this information is complete and accurate. I/we agree to provide if requested, any/all income documents to the Housing and Urban Development (HUD) Grantee/Program 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:

Household Size	2020** 50% Area Median Income Limit	2020** 80% Area Median Income Limit
1 person	\$31,850	\$51,000
2 persons	\$36,400	\$58,250
3 persons	\$40,950	\$65,550
4 persons	\$45,500	\$72,800
5 persons	\$49,150	\$78,650
6 persons	\$52,800	\$84,450
7 persons	\$56,450	\$90,300
8 persons	\$60,100	\$96,100
9 persons	\$63,700	\$101,950
10 persons	\$67,350	\$107,750

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

****Subject to annual adjustment by HUD**

EQUITY LEAD SERVICE LINE REPLACEMENT PROGRAM SUMMARY

Overview

The Equity Lead Service Line Replacement (E-LSLR) Program is a new program that provides a new copper water service line to low-moderate income qualifying, owner-occupied residential building of one to two (1-2) units. The program is limited to the replacement of a lead water service line with a copper water service line (*assistance limited to funding availability*). To qualify, properties must have persistently tested lead concentrations above 15 parts per billion (ppb). 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, meet the income threshold, and meet the lead concentration threshold will be put on a waiting list if qualifying properties exceed the available funding for a given year.

Lead Requirements

To determine if your home meets the lead threshold requirement, call 311 or register at www.LeadSafeChicago.org for a free water lead test kit (available free to all Chicago residents, regardless of income). Collect the water samples according to the directions and call 312-742-2406 or go to chicagowaterquality.org to schedule a time for DWM representatives to pick the kit up from your home.

If the test results from the initial DWM lead sampling kit are above 15 ppb, DWM will contact you for a follow-up sequential inspection and water sampling done by DWM engineers. If the results of the follow-up testing are above 15 ppb, you meet the lead threshold for the E-LSLR program. Follow up sampling by DWM is necessary to rule out sampling error and validate the presence of a suspected lead service line.

Income Requirements

Household members gross income earning's (including rental income, earning 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 (2020)**

Household size	80 % Area Median Income (AMI)
1 person	\$51,000
2 persons	\$58,250
3 persons	\$65,550
4 persons	\$72,800
5 persons	\$78,650
6 persons	\$84,450
7 persons	\$90,300
8 persons	\$96,100

**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 one to two (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) do not qualify for program.

EQUITY LEAD SERVICE LINE REPLACEMENT (E-LSLR) PROGRAM

FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

1. **QUESTION:** What type of residential properties qualifies for the E-LSLR program?

ANSWER: A Chicago property that is owner-occupied and has one (1) to two (2) residential unit 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.

2. **QUESTION:** If I own a Chicago residential property and it is not my primary residency, can I participate in the program?

ANSWER: No. Only owner-occupied Chicago residential properties (1 to 2 units) can participate.

3. **QUESTION:** What is the Income Qualification?

ANSWER: The total gross household income cannot exceed HUD's 80% AMI (Area Median Income) requirement (see attached program summary) to qualify.

4. **QUESTION:** Does all the household members' income need to be included in the qualification process?

ANSWER: Yes. Every household member that receives income would need to provide their gross income to determine the total household gross income.

5. **QUESTION:** What does the gross income mean?

ANSWER: It means the income you receive **before any deductions** (taxes, medical, insurance, etc.,) have been taken out of the earnings (net).

6. **QUESTION:** If I've received service in the past/previous year under the E-LSLR program, could I apply again for another service?

ANSWER: 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.

7. **QUESTION:** What qualifies as persistent, elevated lead levels?

ANSWER: The water must test above 15 ppb in both the initial DWM lead sampling kit and the follow-up sequential water sampling done by DWM engineers. Water sampling by an independent lab must be verified by DWM through a follow-up sequential water sampling and analysis. Follow up sampling by DWM is necessary to rule out sampling error and validate the presence of a suspected lead service line.

8. **QUESTION:** If I just bought my Chicago home six (6) months ago, could I apply?

ANSWER: Yes. There is no minimum time period that you must have lived in the property to qualify.

9. **QUESTION:** Do I need to be present when an inspector comes out to my home to do a site inspection?

ANSWER: Yes. Our preference is that the owner is present between the business hours of 7:30am – 3:00pm. Monday thru Friday.

10. **QUESTION:** How long will it take for my application to get approved after I submit it?

ANSWER: When the assigned DWM staff has received all required documents, a status letter will be mailed out within two (2) weeks.

10. **QUESTION:** What are the next steps after my application has been established as income eligible?

ANSWER: Your contact information will be sent to the plumbing contractor hired by DWM for them to contact you by phone and/or email to set-up an appointment for a site inspection.

11. **QUESTION:** How long after the application is approved and a site inspection is completed, will it take for my lead service line to be replaced?

ANSWER: Replacements are performed on a first-come/first-served basis. Scheduling is controlled by the plumbing contractor. After the site inspection is completed, homeowners can contact the contractor directly to get an estimate date on when the work/repair will start.

12. **QUESTION:** Can I get the repairs done by a contractor of my choice and have the City of Chicago reimburse me for the cost?

ANSWER: 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.

13. **QUESTION:** Who should I call if I have questions regarding my application status or documents?

ANSWER: You can call DWM at (312) 742-2406 or email lead.safe@cityofchicago.org

14. **QUESTION:** Who should I call if I have problems with the service line AFTER the work has been completed?

ANSWER: For any service-related issues, the homeowner should contact the assigned contractor directly. The contract's information can be found on the contracted documents.

15. **QUESTION:** Is there a warranty on the work completed by the contractor under the program?

ANSWER: Yes. There is a one (1) year warranty on the work starting from the Quality Control inspection date.

16. **QUESTION:** Will I have to pay back the grant funds if work is completed under the program?

ANSWER: 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.