



DEMOLITION GRANT APPLICATION
City of Carbondale, Illinois

NOW comes _____ and after being duly sworn, deposes and states as follows:

Paragraph 1. The applicant's full and legal name is _____ and Social Security Number is _____; the applicant's address is _____ and telephone number is _____;

Paragraph 2. Applicant has _____ dependents, aged _____; _____; _____; _____; _____; applicant's marital status is _____;

Paragraph 3. Applicant's present occupation is _____; at _____

(Name and Address)

and has been employed there for _____ years. (If applicant has been employed in present occupation less than two years, applicant's previous employment was _____, at _____

for _____ years.)

(Name and Address)

Paragraph 4. The property to be removed by Demolition Grant is located at _____, (Street Address)

more particularly described as _____, (Legal Description shown on tax receipts)

The name(s) and addresses of all parties who hold interest or title to the property to be demolished are as follows:

Table with 5 columns: Name, Address, City, State, Phone No. and 3 empty rows for data entry.

The property to be demolished is: [] Residential [] Non-Residential [] Combination
and the property is: [] Vacant [] Rented [] Occupied by Owner

The property has _____ detached accessory buildings.

Paragraph 5. Debt on the subject property:

Mortgage \$ _____ Date of Mortgage _____

Present Balance \$ _____ Escrow Balance \$ _____

Lender _____

Lender Address _____

City _____ State _____ Telephone No. _____

Paragraph 6. The undersigned herewith applies for a grant from the City of Carbondale and desires and requests the City enter upon the property of the affidavit for the purpose of demolishing the structure situated thereon. The undersigned, by the fixing his signature hereto, hereby consents to said demolition, and agrees to indemnify and hold the City harmless in the event the City decides to honor said application and to demolish the structure or structures situated on the property described herein.

Signature _____

Subscribed and sworn to before me this
the _____ day of _____ 20__.

Notary Public _____

Gross Monthly Income:

List all income sources for all members of the household age 18 or older.

| | Applicant | Spouse |
|--------------------|----------------|----------------|
| Base Pay | \$ _____ | \$ _____ |
| Other Earnings | \$ _____ | \$ _____ |
| Interest Income | \$ _____ | \$ _____ |
| Unemployment Comp | \$ _____ | \$ _____ |
| Public Aid | \$ _____ | \$ _____ |
| Pensions | \$ _____ | \$ _____ |
| (Name & Address) | _____ | _____ |
| Social Security | \$ _____ | \$ _____ |
| VA | \$ _____ | \$ _____ |
| Old Age Assistance | \$ _____ | \$ _____ |
| S.S.I. | \$ _____ | \$ _____ |
| Alimony | \$ _____ | \$ _____ |
| Child Support | \$ _____ | \$ _____ |
| Education Benefits | \$ _____ | \$ _____ |
| Rental Income | \$ _____ | \$ _____ |
| Other Income | \$ _____ | \$ _____ |
| (List source) | _____ | _____ |
| | TOTAL \$ _____ | TOTAL \$ _____ |

List sources and amounts of income for other occupant(s) age 18 or older on a separate sheet.

| ASSETS | | LIABILITIES | |
|--|------------|---|-----------------|
| | Where/What | | Monthly Payment |
| Savings | | Life Insurance Loans | |
| | | Other Real Estate Loans | |
| Checking | | to: | |
| | | to: | |
| Certificates of Deposit | | Notes Payable | |
| U.S. Savings Bonds | | to: | |
| Automobile(s) & other significant personal property (Describe) | | Auto Loans Payable | |
| | | to: | |
| Marketable Securities (Describe) | | Other Installment Accounts including Credit Cards | |
| | | | |
| Other Real Estate (List) | | to: | |
| | | to: | |
| Other (Explain) | | to: | |
| Any income from Assets should be included in the Gross Monthly Income above. | | If additional space is needed for any item, please show it on a separate sheet. | |

I, the undersigned, certify that I own this structure and do further certify that the above information is true, complete and correct to the best of my knowledge. I understand that providing false information in the application is punishable by law. I give the City of Carbondale permission to verify the above information and to inspect my property to determine if demolition is needed. I acknowledge that my participation in this Demolition grant program is voluntary.

Date _____ Homeowner _____

Date _____ Homeowner _____