



City of Rock Falls

603 West 10th Street
Rock Falls, IL 61071
(815) 622-1100
www.rockfalls61071.net

Homestead Program Application

Applicant Information

Full Name: _____ Birth Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Driver's License #: _____ Social Security #: _____

Have you ever been convicted of a felony? Yes _____ No _____

Person(s) to complete rehabilitation of property:

Name	Experience
_____	___ Electrical ___ HVAC ___ Plumbing ___ General Contracting/Remodeling
_____	___ Electrical ___ HVAC ___ Plumbing ___ General Contracting/Remodeling
_____	___ Electrical ___ HVAC ___ Plumbing ___ General Contracting/Remodeling
_____	___ Electrical ___ HVAC ___ Plumbing ___ General Contracting/Remodeling

By executing this document, Applicant acknowledges that the City of Rock Falls herein discloses that a consumer report, including an investigative consumer credit report containing information as to your financial character, score, general reputation, personal characteristics and mode of living, may be obtained for purposes of evaluating my qualification for benefits under the City's Homestead Program. You have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Applicant further acknowledges that the investigation into my background may include examination of criminal background and any conflict in compatibility with the intent of the program and authorizes the same.

By submitting this application Applicant affirmatively represents, providing supporting documentation as requested by the City, that I have the financial ability to provide for, as applicable, the rehabilitation, repair and/or remodel of the dwelling located on the eligible property, or for the demolition of said dwelling and subsequent construction of a new dwelling thereon, all in accordance with the requirements set forth in the City's homestead guidelines.

Disclaimer and Signature

I certify that my information is true and complete to the best of my knowledge.

Signature: _____ Date: _____