



**United Way of Eastern LaSalle County**  
1400 LaSalle Street  
Ottawa, IL 61350  
Phone: 815-434-4003  
Fax: 815-434-4088  
Email: [unitedwayelc@sbcglobal.net](mailto:unitedwayelc@sbcglobal.net)

July 2011

Dear Homeowner,

I would like to tell you about an exciting and unique opportunity that may be available to you. **United Way of Eastern LaSalle County's Labor of Love** is a non-profit program supported entirely by contributions of time, labor, materials, and money. Labor of Love is dedicated to repairing and rehabilitating homes owned by low-income seniors, people with disabilities, and families with children - - **to make their homes warm, safe, and dry.** Skilled and unskilled volunteers, along with able-bodied members of the homeowner's family and friends, complete the repairs at **no cost** to the homeowner.

To be eligible for consideration, you must:

- ✓ Own and live in your home with no plans to vacate or sell the home for 2-5 years.
- ✓ Reside in Eastern LaSalle County, specifically: Dayton, Grand Ridge, Harding, Leland, Marseilles, Naplate, Ottawa, Seneca, Serena, Sheridan, or Wedron.
- ✓ Meet household income eligibility requirements (see application) and provide proof of annual gross income for each member of your household.
- ✓ Be physically or financially unable to complete the home repairs yourself.
- ✓ Complete, sign, and return the attached application, authorization for release of information, and homeowner waiver. **You must provide a COPY of your property deed or title, proof of homeowner's insurance, verification of household income, most recent 2 COPIES of your bank statements, and COPY of your 2010 tax return.** Spouses of active duty military personnel must complete & provide all of the above information; as well as complete the Military Family Applicant information form and provide a copy of their active duty ID card and spouse's current military order.
- ✓ Agree if chosen to receive Labor of Love services, to remain at home on October 1<sup>st</sup> until all work is completed and all volunteers have departed.
- ✓ Agree to confine or remove from my property all pets.

**All forms and required documentation must be returned to the United Way office by Monday, August 22, 2011.** Applications received after the August 22<sup>nd</sup> deadline or without the required documentation copies will not be considered for 2011 Labor of Love services.

If you are found to be eligible for Labor of Love assistance, a Labor of Love volunteer will contact you to set up a time to visit and evaluate your home repair needs. The Home Selection Committee will then determine if your home meets 2011 selection criteria. Please understand Labor of Love is not able to help everyone who applies to the program.

Labor of Love will take place October 1, 2011, rain or shine. We are in the process of reviewing homes, so please return your application as soon as possible. If you have questions call United Way of Eastern LaSalle County at 815-434-4003.

Sincerely,

Shelli Ocepek  
Executive Director



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## Homeowner Application

To be eligible to participate in United Way of Eastern LaSalle County's 2011 Labor of Love program, your annual total household income must be at or below the following guidelines:

<b>1 person</b>	<b>2 persons</b>	<b>3 persons</b>	<b>4 persons</b>	<b>5 persons</b>	<b>6 persons</b>
<b>\$22,500</b>	<b>\$25,700</b>	<b>\$28,900</b>	<b>\$32,100</b>	<b>\$34,700</b>	<b>\$37,250</b>

Note: The information requested on this form will be used to determine your eligibility for consideration for Labor of Love. **YOU MUST COMPLETE THE ENTIRE FORM AND ALL ATTACHMENTS.** All information will be verified, regarded as confidential and reviewed only by the Labor of Love Home Selection Committee.

### Please Print or Type

List below each person who lives with you. **(List yourself first.)** List all gross income received including earned and unearned income (i.e. wages, TANF assistance, unemployment and workers compensation, social security, pensions, dividends/interest, child support, alimony, etc.) for each individual who lives in your home.

LAST NAME	FIRST NAME	RELATIONSHIP TO YOU	SEX	AGE	MONTHLY INCOME	INCOME SOURCE	SOCIAL SECURITY NUMBER
		<b>Homeowner</b>					

Address: \_\_\_\_\_ City \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Do you own the above property ( ) Yes ( ) No

Is your home paid for ( ) Yes ( ) No

If not, are you current on your mortgage payments? ( ) Yes ( ) No \_\_\_\_\_

**Please provide a copy of your most recent mortgage statement.**

How long have you lived in the house? \_\_\_\_\_

Do you plan on living in your home for the next 2-5 years? \_\_\_\_\_

Is homeowner(s) or anyone else residing in the home disabled? ( ) yes ( ) no

Type of disability: \_\_\_\_\_

Have you or any persons residing at this address been convicted of a felony? ( ) yes ( ) no

If so, please explain \_\_\_\_\_

Are you or any other household member listed above currently employed, on a temporary layoff, or have been hired to work? ( ) Yes ( ) No If yes, please complete the following:

Name	Employer Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or other household members receive:  TANF/Public Aid,  Medicare,  Medicaid,  Social Security,  (SSI),  Social Security Disability (SSD),  Food Stamps,  Unemployment  other Government Assistance? Please Explain \_\_\_\_\_

Caseworker's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Caseworker's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you or other household members receive  Pensions/Annuities,  Alimony,  Child Support,  Rental Income,  other sources of income? If yes, explain: \_\_\_\_\_

Name all financial institution(s) where you have accounts \_\_\_\_\_

Do you or a member of your household own real estate other than your home? ( ) Yes ( ) No  
If yes, what is owned and where is the property(s) located?

Do you have savings, certificates of deposit, IRA's, 401(k)'s, money market accounts, stocks, bonds, or other assets? ( ) Yes ( ) No If yes, approximate value: \_\_\_\_\_  
and name of financial institutions where deposited: \_\_\_\_\_

If your house is approved for assistance, what 3 projects would you like Labor of Love to consider, beginning with the most important project first?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**I/we do hereby attest that the information provided in this application is true and correct to the best of my/our knowledge. I/we realize failure to provide ALL information requested could result in my/our application being disqualified.**

Signature of Homeowner(s): \_\_\_\_\_

**RETURN THIS APPLICATION WITH THE ATTACHED AUTHORIZATION SIGNED BY EACH HOUSEHOLD MEMBER OVER THE AGE OF 18 WITH VERIFICATION OF INCOME; 2010 tax return, copy of social security letter, pension check, disability papers, wage stubs or a signed and dated form from your employer verifying income, copy of your last 2 bank statements showing direct deposit(s) and all account balances; a COPY OF YOUR PROPERTY(S)' DEED or Title Policy and proof of current homeowner's insurance.**



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## **AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/we hereby authorize my employer, government agency, Illinois Department of Human Service, financial institution, or other entity to release information to Labor of Love - - a program of United Way of Eastern LaSalle County - - or the person representing Labor of Love for the purpose of income, asset verification, property ownership, 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 consent form or to disclose all household residents and their income will result in denial of 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

\_\_\_\_\_ Email



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Labor of Love 2011

HOMEOWNER'S AGREEMENT AND RELEASE FROM LIABILITY

1. Voluntary Participation: I acknowledge that I have voluntarily applied to the Labor of Love home repair program for repairs to my home to be performed by volunteers.

I understand time limitations, weather conditions, and expense may make some home projects impossible to complete. I agree to remain at home October 1, 2011, the day of the Labor of Love project, until all work is finished and volunteers have departed.

2. Release from Liability: In consideration of the opportunity afforded me to participate in the Labor of Love project, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not hold responsible or make a claim against United Way of Eastern LaSalle County, Labor of Love, or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by Labor of Love, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, damage to my property, sustained in connection with my participation in the Labor of Love project. I further consent to the unrestricted use by United Way, Labor of Love, and/or persons(s) authorized by them of any photographs, recordings, interviews, or videotapes of me, my family, and/or my home.

3. Knowing and Voluntary Execution: 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 LABOR OF LOVE, AND I SIGN IT OF MY OWN FREE WILL.

SIGNED this \_\_\_ day of \_\_\_\_\_, 2011, in Eastern LaSalle County, Illinois.

Homeowner (Signature)

Witness (Signature)

Homeowner (Signature)

Witness Name (Please Print)

Homeowner (Signature)

Homeowner (Signature)

Address

City, State, 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.