



CHIP R3 Application

* Required

Applicant Information

1. First Name *

2. Middle Name

3. Last Name *

4. Primary Contact Number Type *

- Mobile
- Home
- Business

5. Primary Contact Number *

6. Secondary Contact Number Type

- Mobile
- Home
- Business

7. Secondary Contact Number

8. Email Address *

9. Last 4 digits of Social Security Number *

10. Gender *

- Female
- Male
- Gender non-conforming
- Prefer not to say

11. Please indicate your race. *

- Black/African American
- White
- Asian
- Native Hawaiian
- American Indian
- 2 or more races
- Choose not to respond
- Other

12. Are you Hispanic/Latino? *

- Yes
- No

13. Marital Status *

- Single
- Married
- Divorced
- Widowed
- Separated

14. Are you a veteran? *

- Yes
- No
- Choose not to answer

15. Are you Active Duty? *

- Yes
- No
- Choose not to answer

16. Are you legally disabled? *

- Yes
- No
- Choose not to answer

17. Birthdate *

Please input date (M/d/yyyy)



18. Household Size *

Include all dependents and others living in the residence.

Please enter a number greater than or equal to 1

19. Gross Household Monthly Income *

Please enter a number greater than or equal to 0

20. Source of Income *

- Employment
- Social Security
- Disability
- Pension/Annuity
- Unemployment
- Current Cash (excludes SNAP/Link)
- Rental income from renters
- Self-employed businesses
- Other

21. Who referred you to us? *

Current Employment Information

22. Are you currently employed? *

Yes

No

23. Current Employer *

Please type in "None" if unemployed.

24. Employer Address *

25. How many years at your current employer? *

Please enter a number greater than or equal to 0

26. Current Job Title *

Property Information

27. Street Address *

28. Unit #

29. City *

30. State *

31. Zip Code *

32. Property Type *

- Single Family Home
- 2 Unit
- 3 Unit
- 4 Unit
- Condominium
- Townhome
- Other

33. Number of Units Vacant *

- 0
- 1
- 2
- 3
- 4
- Other

34. Structure Type *

- Brick
- Frame
- Stucco
- Other

35. Year Purchased (refer to the deed) *

36. Has the property been refinanced within the last 3 years? *

- Yes
- No

Requested Assistance

37. Type of Improvement *

Interior

Exterior

38. Improvement Category *

Systems

Structural

39. Which Systems need improvement? *

Plumbing

Electrical

Heating/Cooling

40. Which Structural improvements are needed? *

- Windows
- Masonry/Facia
- Roof/Gutters
- Porch/Access
- Mold/Water remediation
- Garage
- Other

41. Description of specific improvement requested *

42. Include co-owner information? *

Please note: If the property is co-owned, all owners will need to approve and sign-off on the application, and proposed work.

- Yes
- No

Co-applicant Information

43. Co-applicant First Name *

44. Co-applicant Last Name *

45. Relationship to Applicant *

- Owner
- Co-Owner
- Dependent
- Other

46. Co-applicant Birthdate *

Please input date (M/d/yyyy)



Digital Communication Consent and Signature

47. Agree to receive text notifications regarding your NHS Chicago account *

Yes

No

48. Agree to receive files digitally regarding your NHS Chicago Account *

Yes

No

49. Were you provided assistance completing this application *

Yes

No

50. First Name of person assisting you *

51. Last Name of the person assisting you *

52. Contact Number of the person assisting you *

53. Email Address of the person assisting you *

54. Is this person authorized by you to receive communication about your application? *

Yes

No

Legal Acknowledgement

Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify NHS Chicago immediately and in writing, this includes digital transmission, of any change in name, address, employment, and of any material change in any of the information contained in this statement, the financial condition of any of the applicants, or the ability of the applicant to perform its obligations. Each of the undersigned applicants authorizes NHS Chicago to make all inquiries its deems necessary to verify the accuracy of the information contained within and determine the credit worthiness of each of the undersigned.

Each of the undersigned authorizes any person or consumer credit reporting agency to give NHS Chicago information it may have regarding each of the undersigned. Each of the undersigned authorizes NHS Chicago to answer questions about its credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to NHS Chicago is outstanding, the undersigned may be asked to supply an updated financial statement. The personal financial statement and any other financial or other information the undersigned gives NHS Chicago may be released to grantors or funders for auditing and reporting purposes. I have reviewed the program summary and supporting documents outlining the NHS Chicago R3 Critical Home Improvement

55. Applicant Digital Signature *

Type full name

56. Co-Applicant Digital Signature *

Type full name (if none enter "None")

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