Focus Area Rehabilitation Program
Application Process – Last Revised August 2016

Submitting Application

Submit complete applications to:

City of Rockford – City Hall
425 East State Street – Rockford, IL 61104
Community & Economic Development Department – 2nd Floor

A **complete application** includes the following:

1. Application with all applicable questions answered, signed and dated.
2. $25 application fee. EXACT CASH OR CHECK ONLY
3. All applicable qualifying documentation. See checklist.

Incomplete application packets will not be accepted.

Prior to Interview

Interviews will be scheduled after City staff has determined the following:

1. Applicant's household income is below program maximum.
2. Property is owned by the applicant. "Buying on Contract" or "Agreement for Deed" are not acceptable forms of ownership for the FAR program.
3. Property is located within the city of Rockford.
4. Property is a single family detached home (not a duplex or multi-family dwelling).
5. The only code violations on the property are ones to be addressed through the program. All cleaning or mowing type violations are to be corrected prior to an interview taking place.
6. The applicant and any other property owned by the applicant are free and clear of any code violations.
7. All mortgages, real estate property taxes, and homeowner's insurance premiums are current.
8. Applicant has not been assisted in the past.
9. Applicant does not have criminal record relating to drugs, weapons, loitering, or solicitation within the last 5 years.
10. Applicant is not delinquent on State or Federal taxes.
11. Applicant does not have any liens, judgements other than current mortgages.

Prior to an interview City staff may request additional documentation to make sure applicant meets the requirements stated above. If applicant is unable to provide information within 3 months of when City staff made the request, the application will be withdrawn and applicant is welcome to submit a new complete application package anytime in the future.

After Interview

If additional documentation was requested at the interview, applicants have 3 months from the interview to provide the information. If not provided, the application will be withdrawn and applicant is welcome to submit a new complete application package anytime in the future.

Inspections will be scheduled after City staff confirms eligibility. However, an applicant is not approved for the program until it is determined that the property is eligible as well.

A **Work Item List** outlines all the work that will be completed to make sure the property meets the following:

1. State and City code and zoning ordinances
2. The Department of Housing and Urban Development (HUD) requirements, which includes but is not limited to the following:
    a. All major systems shall have a remaining useful life for a minimum of 5 years. Major systems generally includes the following:
        i. Structural support
        ii. Roofing
        iii. Cladding and weatherproofing (windows, doors, siding, gutters)
        iv. Plumbing
        v. Electrical
        vi. Heating
        vii. Ventilation
        viii. Air conditioning

    b. Ensure there are no lead based paint hazards. This program DOES NOT remove lead from the property. Applicants should refer to the “Protect Your Family from Lead” brochure for instructions on how to maintain their property.

    c. The property is accessible for individuals with physical disabilities.

City staff only includes on the Work Item List what has to be done according to the program regulations. Therefore, if the estimate or actual bids exceed the program maximum, applicant has 3 months from the notification to come up with the money or reduce the cost; e.g. get a loan, complete some of the work on your own. If unable to reduce the cost, the application will be withdrawn and applicant is welcome to submit a new complete application package anytime in the future.

Focus Area Rehabilitation Program
Qualifying Documentation Checklist

To determine initial eligibility please submit as part of your application packet all applicable income and asset documentation for everyone eighteen (18) and over living in the home.

Please keep in mind the following:

- **Original documents** (check stubs, award letters, etc.) must be submitted with your application in person. A City representative will be happy to make copies and return the originals at the time an application is submitted.
- Each applicant's financial situation is different and may require a City representative to request additional information.

For the Applicant to check off

For the City to check off

Forms:		
	Focus Area Rehabilitation Program Application	
	Request for Transcript of Tax Return (if applicable, see Tax Info Section)	
	Federal Program Eligibility Release Form	
	Authorization for Investigation	
Income Information (for everyone over the age of 18 living in the home)		
	Two months of pay check stubs	
	Social Security Award Letter	
	Court Ordered Child Support statement	
	For Rental Income: Copy of leases for all occupied rental units, a statement for each mortgage loan indicating what the current loan balance is.	
	Any other documents indicating income	
Tax Information (for everyone over the age of 18 living in the home)		
	Most recent Federal tax return	
	Most recent State tax return	
	W-2 Statements	
	If you do not have tax returns or W-2's, please complete the 4506-T included in the application packet.	

Asset Information (for everyone over the age of 18 living in the home)		
	Six most recent statements for all checking accounts	
	One most recent statement on all savings accounts, including Certificate of Deposits, IRA's, 401(k) and stocks, etc.	
	Documentation of assets owned, such as statement indicating the cash value of a life insurance policy, an assessment of other property owned, etc.	
Other Information:		
	Letter from doctor, if house modifications are needed for individuals with physical disabilities living in the home.	
	Divorce decree	
	A statement for each mortgage loan documenting that it is current.	
	Proof of Homeowner's Insurance.	

Note: The City Representative taking your application will need to see and copy the following items:

- Your original **Illinois driver's license** or **Illinois identification card**
- Your original **social security card**

Please bring them with you when you submit your application packet.

EQUAL HOUSING
OPPORTUNITY

Owner Occupied Rehabilitation Program Pre-Application

Return completed application:
City of Rockford-Community & Economic Development Dept. – 2nd Floor
425 East State Street
Rockford, IL 61104, 888-394-7293 (fax)

Please select program applying for:	[ ] Focus Area Rehabilitation Program *(nonrefundable $25 application fee – payable by cash or check made out to City of Rockford)* - **Start with Section A.** [ ] Water Hook Up Program – **Start with Section B.**

Section A.		
Have you read the brochure and understand the requirements of the program?	[ ] Yes	[ ] No
Do you live in the home that you need repairs made?	[ ] Yes	[ ] No
Is it a single family (not a duplex or multifamily) home?	[ ] Yes	[ ] No
Do you own the home? Contract buyers are not considered home owners.	[ ] Yes	[ ] No
If your application was denied in the past due to the estimated costs exceeding the program limits, were any of the repairs on your work item list completed since then?	[ ] Yes [ ] N/A	[ ] No

STOP

If you answered "**yes**" to all the questions above, move on to Section B.

If you answered "**no**" to any of the questions, this program cannot assist you.

Section B.
Applicant:
Co-applicant:
Property Address & Zip Code:
Mailing Address & Zip Code (if different):
Phone Number (including area code) – Work/Home/Cell:

Section C.		
Is there anyone living in the home that is physically disabled?	[ ] Yes	[ ] No
Is there anyone 62 years of age or older living in the home?	[ ] Yes	[ ] No
Are children (age 6 and under) regularly occupying the home?	[ ] Yes	[ ] No
Have you received assistance through a City of Rockford program in the past?	[ ] Yes	[ ] No
If YES, which program?	Approx. When?	
How many people are living in the property?		
List the income of all the people (age 18 & older) living in the property:		

Section D.
How did you hear about this program? Mark all that apply. [ ] Internet ___ Social Media (___ Facebook ___ Nixle ___ Next Door ___ Twitter) ___ HUD web site ___ City of Rockford web site [ ] Referral from: _____ Example: Alderman, City Code Enforcement, Winnebago County Health Department, HomeStart, etc. [ ] Event: _____ Example: Neighborhood Group Meeting, National Night Out, Housing Counseling Class, etc. [ ] Media: ___ Newspaper: _____ ___ TV Station/News Show: _____ [ ] Neighbor/Friend/Family Member

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I/We, the undersigned, certify the information in this pre-application. It is true and correct as of the date set forth opposite my/our signature(s). Any intentional or negligent misrepresentation of information contained in this pre-application will result in disqualification from the program.

I/We provided the information on this application for the purpose of obtaining credit.

I/We authorize verification of any information contained in this pre-application.

I/we understand the information I/we have provided on this pre-application may be disseminated to other Departments within the City of Rockford, to the Winnebago County Health Department, to Northwestern Illinois Area Agency on Aging, to RAMP, and/or to Comprehensive Community Solutions, Inc. to determine possible eligibility for participation in other programs.

X	X
Sign & Date	Sign & Date

Form **4506-T**
(Rev. September 2013)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ **Request may be rejected if the form is incomplete or illegible.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return.** There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

City of Rockford-City Hall, Community & Economic Dev. Dept., 425 East State St - 2nd floor, Rockford, IL 61104

Caution. *If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.*

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ **1040**

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution. *If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.*

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. **12/31/2014**

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return . . . . . ☐

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** *For transcripts being sent to a third party, this form must be received within 120 days of the signature date.*

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) Date

▶ **Title** (if line 1a above is a corporation, partnership, estate, or trust)

▶ **Spouse's signature** Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to *www.irs.gov/form4506t.* Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

CAUTION. *Do not sign this form unless all applicable lines have been completed.*

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note. If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-5876
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P. O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party—Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Federal Program Eligibility Release Form

City of Rockford Community & Economic Development Department
Neighborhood Development Division
425 East State Street
Rockford, IL 61104

Purpose: Your signature on this Federal Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organizations to obtain information from a third party relative to your eligibility and continued participation in state and/or federally funded program.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a federal program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Financial Privacy Notice: The U.S. Department of Housing and Urban Development and the Neighborhood Development Division have a right of access to financial records held by a financial institution in connection with the consideration or administration of assistance for which you have applied. Financial records involving your transaction will be available to the U.S. Department of Housing and Urban Development without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required or permitted by law. This notice is a requirement of the Right to Financial Privacy Act of 1978.

Instructions: Each adult member of the household must sign a Federal Program Eligibility Release Form prior to the receipt of benefit.

Authorization: I authorize the above-named organizations to obtain information about me and my household that is pertinent to eligibility for participation in the Federal Program.

I/we acknowledge that:
(1) A photocopy of this form is as valid as the original.
(2) All adult household members will sign this form and cooperate with the applicant(s) in this process.

Head of Household:

Printed Name: _____ Date: _____

Signature: _____

Household Member:

Printed Name: _____ Date: _____

Signature: _____

Continued on reverse

Federal Program Eligibility Release Form

Household Member:

Printed Name: _____ Date: _____

Signature: _____

Household Member:

Printed Name: _____ Date: _____

Signature: _____

Household Member:

Printed Name: _____ Date: _____

Signature: _____

Household Member:

Printed Name: _____ Date: _____

Signature: _____

Household Member:

Printed Name: _____ Date: _____

Signature: _____

Household Member:

Printed Name: _____ Date: _____

Signature: _____

Household Member:

Printed Name: _____ Date: _____

Signature: _____

Todd Cagnoni
Director
Community and Economic
Development Department

DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT

Authorization for Investigation of Criminal History and Background

Signature of this form must be witnessed by a notary or a City employee when the application is submitted.

The undersigned hereby authorizes designated employees of the City of Rockford Department of Community Development to investigate his/her criminal history and background. The undersigned waives any claim against the City of Rockford, The City of Rockford Police Department, and all employees and agents for the City of Rockford and City of Rockford Police Department for any claim which may arise from said investigation or transmission of any and all information discovered in said investigation. The undersigned further understands that any and all information discovered during said investigation will be used in determining the undersigned's eligibility to receive funds, aid, or resources from the City of Rockford.

I/We have read the above listed paragraph and fully understand the content thereof.

_____	_____
Signature	Date
_____	_____
Signature	Date
_____	_____
Witness	Date

425 East State Street Rockford, Illinois 61104-1068 USA
(779) 348-7162 (815) 967-6933 fax **www.rockfordil.gov**

THE CITY OF ROCKFORD ILLINOIS, USA

Todd Cagnoni, Director
Community and Economic
Development Department

PRIVACY NOTICE

The City of Rockford ("Sponsor") would like to advise you of its privacy policies. Sponsor has collected non-public personal information from your application and consumer reporting agencies. This non-public personal information includes your address and other contact information, demographic background, loan status, family income, social security number, employment information, collection and repayment history, and credit history.

We disclose non-public personal information to third parties; only as necessary to process and service your loan; only as necessary to effect, administer or enforce your loan; with your consent; or as permitted or provided by applicable laws, including the Illinois Freedom of Information Act ("FOIA") and the Privacy Act of 1974. Applicable laws permit disclosure to third parties for certain purposes. Examples of such disclosures include (i) disclosure in connection with enforcement purposes or litigation, audits or other investigations; (ii) to comply with proper requests under FOIA or other federal, state, or other local laws and regulations; and (iii) to federal and state agencies to the extent specifically permitted or required by law. We do not sell or otherwise make available any information about you to any third parties for marketing purposes.

We protect the security and confidentiality of non-public personal information by limiting and monitoring all physical access to sites where non-public personal information is kept. A complete copy of our written privacy policy is available upon request.

If we decide to change our privacy policy, we will provide you with a revised privacy policy containing such changes.

If you have any questions, please contact Vicki Manson, phone number 779-348-7442.

SPONSOR:

CITY OF ROCKFORD COMMUNITY AND
ECONOMIC DEVELOPMENT DEPARTMENT

By: _____
Printed Name: Todd Cagnoni
Title: Director of the Community and
Economic Development Department