

CITY OF AURORA
WARD 4 RESIDENTIAL AND BUSINESS
STORM DAMAGE GRANT APPLICATION

Date of Application: _____ Amount Applied For: \$ _____

Resident Name: _____

Business Name: _____

Address: _____

Contact Name: _____ Phone Number: _____

Social Security Number _____

FEIN Number _____

Signature for Fed. ID # _____

Description of work to be done (attach separate sheet if necessary, (include before picture/after photo):

Contractor Selected to Do Work: _____

Contractor's Email & Phone #: _____

The following required documents are attached to my application:

- | | | |
|--|------------------------------|-----------------------------|
| • Evidence of Before/After Pictures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Evidence of Paid Invoice/Receipt of Work Completed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Completed Hold Harmless | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Proof of prevailing wage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I hereby swear that the information contained in this application is true and correct. I understand that it is MY responsibility to pay the Contractor in full. I also understand that failure to strictly comply with the grant requirements or providing false information on this application may result in being denied reimbursement.

Name of Applicant

#WKGSP08I0D1L1Fv1

Signature of Applicant

Failure to complete and comply with requested application information above, may result in non-reimbursement

Office Use Only

Review Date _____ Work Completed _____
(Date)

Parcel _____ Ward 4 Address ☐ Yes ☐ No

Approved for payment on _____ Ward 4 Committee Approved ☐ Yes ☐ No

Checklist Completed ☐ Yes ☐ No Date _____

Ward 4 Alderman Signature _____ Date _____