

**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  Yes  No
- Evidence of Paid Invoice/Receipt of Work Completed  Yes  No
- Completed Hold Harmless  Yes  No
- Proof of prevailing wage  Yes  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

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**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 \_\_\_\_\_