



APPLICATION

**Storm Recovery
Assistance Grant**For damage from the **August 2026 storm**Return by: 10/16/2026Questions: 217-379-4022**HOW THIS WORKS**

This grant helps Paxton households pay for storm cleanup, repairs, and replacing ruined appliances or belongings. Owners and renters may apply. Renters may claim cleanup of their unit and their own belongings, not repairs to the building.

You can ask for help two ways, and you may use both. Do not list the same item twice.

Track A The City pays the contractor or store directly. You need a written quote. You do not pay first.

Track B The City pays you back for costs you already paid. You need receipts.

Important: no grant can be approved until City of Paxton ERS has assessed the damage at your home (see question 13).

ATTACH WITH THIS FORM

- ☐ Proof you lived there (ID or utility bill)
- ☐ Proof of ownership or your lease
- ☐ Photos of the damage, if you have them
- ☐ Insurance decision letter (or check "No" in question 15)
- ☐ Written quotes, one per item (Track A)
- ☐ Paid receipts or statements (Track B)
- ☐ Income or benefit proof (Enhanced Grant only)

PART 1 Applicant and household

1 Your full name _____	2 Phone _____ Email _____												
3 Address of the damaged home (street, unit) _____	4 Mailing address (if different) _____												
5 You live in this address as: ☐ Owner ☐ Renter ☐ Other: _____	6 The home is a: ☐ Single-family house ☐ Apartment ☐ Mobile home ☐ Other: _____												
7 Everyone who lived in the home on the storm date (include yourself; attach a sheet for more people)													
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;">Name</th><th style="width: 20%;">Age</th><th style="width: 40%;">Relationship to you</th></tr></thead><tbody><tr><td>You</td><td></td><td>Self</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Name	Age	Relationship to you	You		Self						
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You		Self											
8 Is anyone in your household an elected official or employee of the City of Paxton? ☐ No ☐ Yes, name: _____													

PART 2 Storm damage

9 Check everything that happened at your home during the storm:	
☐ Water came in from outside (flooding)	☐ Roof or wind damage
☐ Water or sewage came up through floor drains, toilets, tubs, or sinks	☐ Other: _____

- 10 Describe the damage in your own words (which rooms, how deep the water was, what was ruined)

- 11 Did sewage enter your home?
☐ Yes ☐ No ☐ Not sure

12. Has cleanup already been done?
☐ No ☐ Partly ☐ Yes

If partly or yes, explain: _____

- 13 ERS damage assessment (required)

Has City of Paxton ERS already assessed the damage at this home since the storm?

☐ Yes ☐ No ☐ Not sure

PART 3 Insurance and other help

- 14 Do you have homeowner's, renter's, flood, or other insurance that might cover this damage?

☐ No (skip to question 16) ☐ Yes, company: _____ Policy no.: _____

- 15 If you have insurance, have you filed a claim?

☐ Yes. Attach the insurance company's decision letter, or describe the status of the claim:

☐ No.

- 16 Have you applied for or received money or help for this damage from any government agency?

(State of Illinois, FEMA, county, township)

☐ No ☐ Yes, from whom and how much: _____

- 17 Have you received help for this damage from a church, charity, or relief organization?

☐ No ☐ Yes, from whom, how much, and what it paid for: _____

Charity help is not deducted from your grant unless it paid for the same item you are claiming here.

PART 4 What you are asking for

Use Track A, Track B, or both. Do not list the same item in both tables. Renters: list cleanup of your unit and your own belongings and appliances, not repairs to the building.

- 18 Track A: work or items not yet purchased (the City pays the contractor or store)

Attach a written quote or estimate from a contractor or store for each row.

Item or work needed	Contractor or store	Quote amount	Quote attached?
		\$	☐
		\$	☐
		\$	☐

- 19** **Track B: costs you already paid** (the City pays you back)
Attach a paid receipt, paid invoice, or bank/card statement for each row.

Item or work	Paid to	Date paid	Amount paid	Receipt attached?
			\$	☐
			\$	☐
			\$	☐

PART 5 Enhanced Grant (optional)

Households with income at or below 80% of the area median income for Ford County qualify for a higher grant limit and faster processing. You do not have to complete this Part. If you skip it, you will be considered for the Base Grant only.

- 20** ☐ **I am applying for the Enhanced Grant.**

21. Check one way to show eligibility:

- ☐ **Current benefits.** Someone in my household receives SNAP, Medicaid, LIHEAP, SSI, TANF, or free/reduced school meals. Attach a benefit card, award letter, or school notice.
- ☐ **Income documents.** Attached for each adult with income: most recent tax return (Social Security numbers blacked out), two recent pay stubs, benefit letter, or a signed statement of no income.

- 22** **Total household gross income per year, all sources**
(your best estimate)

Number of people in household

\$ _____

PART 6 Certification and agreement (read carefully before signing)

By signing below, I certify and agree that:

- I lived at the address in Part 1 as my primary residence on the storm date, and I have the right to apply for this household.
- Everything in this application and the attached documents is true, correct, and complete to the best of my knowledge. I understand that a false statement made to obtain a grant is a crime under Illinois law (including 720 ILCS 5/17-1) and will result in denial of this application, cancellation of any grant, and repayment.
- The damage and costs I have listed were caused by the August 2026 storm and were not pre-existing.
- I have disclosed all insurance and all government or charitable help I have applied for or received for this damage. If I later receive insurance or government money for the same loss, I will tell the City within 30 days and repay the duplicated amount.
- I understand that no grant can be approved unless the City of Paxton ERS completed a damage assessment of the home before the assessment deadline, and that a home with no ERS assessment on file is not eligible. I will allow ERS and the City to enter the home to verify the damage, and I will sign the City's Grant Agreement before any money is paid.
- I understand that the City is providing this help as disaster relief to the community, that the City is not admitting that it caused or is responsible for any damage, and that any grant I receive will be credited against any money I might later recover from the City for the same damage. I understand I am not being asked to give up any claim.
- I understand that this application is a public record, that the City will protect my private financial information as the law allows, and that my name, address, and grant amount may be disclosed.
- I understand that grants are limited to available funds, that the City's rules govern, that no one is entitled to a grant, and that if my application is denied I may appeal in writing to the Mayor within 7 days.
- Federal eligibility certification (required of every applicant):** I certify that I am a United States citizen or national, a lawful permanent resident, or otherwise a qualified alien or nonimmigrant eligible for State and local public benefits under 8 U.S.C. § 1621. I understand that no documents about citizenship or immigration status will be requested and that this certification is required of every applicant.

Applicant signature

Date

Printed name