



1050 W. Romeo Rd. | Romeoville, IL 60446  
(815) 886-7200 | [www.romeoville.org](http://www.romeoville.org)

## Good Neighbor Fund Application

**Goal of the Program:** The Romeoville Good Neighbor Fund is a program to assist disadvantaged residents in maintaining the exterior of their home or by providing a one-time payment toward a delinquent water bill. On each month's water bill, residents are encouraged to donate to the Good Neighbor Fund. The program has been in existence since 1985. When you donate money to this fund, it is deposited into a Village account and only assists residents. Any amount can be donated. We do not use Village funds for any accepted applications, donations only, which means once funds are depleted no more applications can be accepted.

**Application Process:** The projects are prioritized with code violations, safety problems, and addresses listed on the water shut off list first. Applications for home repair projects must be for the exterior of the home (funds are good for paint, brushes, windows, etc.). **Residents are only eligible to apply for assistance one time per year.** A \$600.00 assistance limit is in place for home repair projects and a \$150 assistance limit is in place for water bill payments.

The Village of Romeoville will be glad to consider your Good Neighbor Fund application, but you must follow the guidelines for the Good Neighbor Fund program. If you meet the guidelines listed below, please complete the application and return it to Village Hall, Attention Olivia Blomberg, Administration.

### Good Neighbor Fund Guidelines:

#### GENERAL –

1. Home must be owner occupied.
2. House must be maintained in a clean manner.
3. If your home is in foreclosure, you cannot apply for assistance from the Good Neighbor Fund.
4. The application must be completed in its entirety.
5. PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.

#### **REPAIRS TO HOME ONLY –**

6. Homeowner must provide labor. Only a gift card for materials is provided for the project. (If your application is approved by the Village). Unused portion of the gift card must be returned to the Village with receipts.
7. Pictures of the project are required and an estimate must be provided at the time of application.
8. The maximum limit for assistance is \$600.00. A higher amount may be approved at the discretion of the Village of Romeoville.

#### **TREE REMOVAL – SENIORS ONLY –**

9. Homeowner must provide proof of age – over 62 years.
10. The tree must be dead, diseased, and/or a potential threat or danger to the home/property as confirmed by the Village's forestry representative on staff. **Please call 815-886-5636 to schedule an appointment with the Village's forestry representative before removing the tree.**
11. The tree removal must be done by a licensed and bonded contractor and include proper disposal of the tree and proper removal of the stump in the contract. A JULIE locate request must be completed in accordance with Illinois law prior to the stump removal.
12. Tree removal is a 50% match up to \$600 to be paid at project completion. A copy of final paid receipt from tree removal service is required.

#### **WATER BILL ASSISTANCE**

13. Property must be owner occupied and only the property owner may apply for assistance.
14. Address must be on the shut off list to be eligible for assistance.
15. A one-time payment of \$150 will be applied directly to the water bill and no payment will be made to the homeowner

#### **REQUIREMENTS TO QUALIFY FOR THIS PROGRAM**

- Property address must be within the incorporated limits of the Village of Romeoville. No addresses located in unincorporated Will County will be considered.
- Proof of current residency must be provided (utility bill, insurance premiums, etc. will be accepted)
- Only those who fall within the guidelines listed below may financially qualify for assistance. A copy of your previous year tax return should be submitted to prove financial need.

### 2024 Federal Poverty Guidelines for 200% of Poverty for 2025 Program Year

FAMILY SIZE	30 DAY INCOME	ANNUAL INCOME
1	\$2,510	\$30,120
2	\$3,407	\$40,880
3	\$4,303	\$51,640
4	\$5,200	\$62,400
5	\$6,097	\$73,160
6	\$6,993	\$83,920
7	\$7,890	\$94,680
8	\$8,427	\$101,127

*\*Program Year 2025 Income Guidelines are based on Federal Poverty Guidelines and State Median Income. The state reserves the right to adjust these levels based on the availability of federal appropriations.*

**If you have any questions or need additional information, please contact Olivia Blomberg at (815) 886-5636 or [oblomberg@romeoville.org](mailto:oblomberg@romeoville.org). Thank you for your cooperation.**

# GOOD NEIGHBOR FUND APPLICATION

Note: Only applications completed in its entirety will be considered.

I am applying for financial assistance for (please circle one):

Tree Removal

Exterior Home Repairs

Water Bill Assistance

Name: \_\_\_\_\_ Code Enforcement Case #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

# of residents in the home: \_\_\_\_\_

Please provide copies of the following:

- Proof of Residency
- Copy of Previous Years Tax Return

## DEPENDENTS:

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## PROJECT INFORMATION-Home repair requests only

If the project is approved, we will provide a gift card from Menards, Home Depot or Lowes to cover the cost of materials.

- Gift Cards must be used within 90 days of issue.
- Work must be completed within 120 days of approval.
- Outside work only; no roof or major repairs.

Please answer the following:  
Work Needed: (Please be very specific)

Who will you have complete the work? \_\_\_\_\_

Estimated cost of project: \_\_\_\_\_

Estimated time required for completion: \_\_\_\_\_

Have you been cited for a code violation?: \_\_\_\_\_

Have you ever applied before? \_\_\_\_\_

If yes---Date: \_\_\_\_\_ Approved or rejected? \_\_\_\_\_

Name, phone #, and time of day that we can contact you to get permission to view project?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Time

**By signing below you confirm that all information provided on this application is true to the best of your knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES**

**FOR INTERNAL USE ONLY:**

Date received: \_\_\_\_\_

Qualifications met: Yes / No

Incentive amount approved: \_\_\_\_\_

Amount approved: \_\_\_\_\_

If approved, vendor forms provided to resident: \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_