

CITY OF ROLLING MEADOWS

RESIDENTIAL DRAINAGE ASSISTANCE PROGRAM



Complete and Return to:
ROLLING MEADOWS PUBLIC WORKS
3900 BERDNICK STREET
ROLLING MEADOWS, ILLINOIS 60008
Telephone: (847) 963-0500

PIN: _____
Owner: _____ Senior: _____

Assistance Qualified For/Requested (Check only 1):

> **Technical Design Assistance on My Property:** _____ **Attach \$250 Fee**

> **Partial Reimbursement Grant Assistance:** _____ **Attach \$500 Fee**

Note: Must receive applications and fees from not less than three adjoining owners

> **City Installation of New Drainage Structure in ROW:** _____ **No Fee**

1. Rolling Meadows Address: _____

2. Title Owner(s) (exactly as listed on property deed):

3. Who currently lives at this address: _____

4. Are there existing drain lines in the yard installed by the City in the past? Yes No

5. Has the City notified you of any code violations in the last 12 months, or do you have any unpaid fees due to the City? Yes No

6. If applying for partial reimbursement grant, please identify not less than three (3) adjoining property owners who will also be filing an application: _____

7. Date of Most Recent Rain Event: _____ 8. Inches of Rain: _____

9. Duration of Rain: _____ Hours

10. Deepest water on property 48 hours after completion of rain: _____ inches.

Is your property listed by the City as a confirmed or contingent property eligible in 2025 in the policy document? Y N (Circle 1). If not please document your property conditions at <https://www.cityrm.org/Admin/RequestTracker.aspx>

REQUIRED ATTACHMENTS (See attached for descriptions and examples):

1. Attach a copy of a title policy or deed showing current ownership of each property that is included in this Application. If property is held in a trust, also include a certified copy of the trust agreement or a simple affidavit (under oath before a notary) as to who are the beneficiaries of the trust. (Check below which document(s) are attached and be sure to hand write the property address on the front page of each document):
 - Deed
 - Title Policy or Title Commitment
 - Certified Copy of Trust Agreement OR a simple Affidavit Identifying Trust Beneficiaries
 - For properties owned by a legal entity such as a corporation, partnership, limited liability company or other organization, attach a listing of all individuals/entities that have a beneficial interest in that legal entity and the percentage ownership of each one.
2. Plat of Survey showing a hand drawn polygon that estimates the flooding extent both immediately following a rain event, and 48 hours after the conclusion of the rain event. Write the following information on the plat: 1) date of rain event, 2) estimated depth of water at its deepest 48 hours after the rain event.
3. Dated photos showing conditions after the conclusion of the rain event, and 48 hours after the rain event.
4. If you are applying for enhanced, income-qualified benefits, to increase partial reimbursement grant funding from 40% (maximum \$2,000) to 80% (maximum \$4,000), you must attach proof of enrollment in 2023 for any of the following programs:
 - Aid to the Aged, Blind or Disabled (AABD) Program
 - Supplemental Nutrition Assistance Program (SNAP)
 - Low Income Home Energy Assistance Program (LIHEAP)
 - The Benefit Access Program
 - Senior Citizens Real Estate Tax Deferral Program

APPLICANT/OWNER ACKNOWLEDGMENTS

By execution of this application in the space provided below, I/We certify that I/We are the Owner(s) or duly authorized representative of the Owner(s) identified in this Application, and do hereby certify, acknowledge, agree and affirm to the City of Rolling Meadows that:

1. All statements contained in this Application and all attachments and supporting documents are true, correct and completed, and that confirmation of providing false information is cause of disqualification from the Program.
2. The City and its representatives have the right, and are hereby granted, permission and license to enter upon each of the properties included in this Application, and into any structures located thereon (if needed), for purposes of conducting any inspections that may be necessary in connection with this Application, including, without limitation, surveys, measurements, soil borings, and other investigations.
3. I/We have carefully read this application, the City of Rolling Meadows Residential Drainage Assistance Program Policy/Program Document (Effective Date: April 2024), and fully understand the terms and provisions of each.
4. I (We) waive any rights to exemption from disclosure under the Illinois Freedom of Information Act of any and all documents and information submitted in connection with this Application.
5. I (We), in accordance with the requirements of the Policy and Application Instructions, agree to pay all applicable filing fees associated with the processing of this application.
6. I (We) understand that the purpose of the Policy and the Program is to enhance the public health, safety and welfare and to improve storm water and surface water drainage conditions in the City, and it is not intended to fund routine or required property maintenance.
7. I (We) understand that the Program is highly competitive, funds are limited and selection for participation is at the sole discretion of the City. I (We) understand that the City will review this Application and at the City's discretion may reject or approve my participation in the Program. As part of any City approval, I (We) understand that the City may require changes or modifications to my property as it relates to storm water and surface water drainage in order to achieve the goals of the Program.
8. I (We) understand that the Program will provide a benefit to my property that may be considered a taxable event for income tax purposes, and that the expenditure of City funds may require the City to report the amount spent as income to me.

