



AN ETHNIC HERITAGE
BUILT FROM COAL

MELANIE MALOOLEY-THOMPSON, MAYOR

CITY OF SPRING VALLEY

215 North Greenwood Street
SPRING VALLEY, IL 61362

City Hall 815-664-4221 Fax 815-664-2114

email: svclerk@comcast.net
www.springvalleyil.us

REBECCA HANSEN
City Clerk

JOHN "JACK" BOROSKI
City Treasurer

APLINGTON LAW FIRM
City Attorney

ALDERMEN:

C.J. VanSchaick
Michael Herrmann
Christopher Affelt
Jeff Chiaventone
Gregory Campbell
Debra Baltikauski
Kenneth Bogacz
Dave Pellegrini

The City of Spring Valley with the help of North Central Illinois Council of Governments (NCICG) is applying again for a Housing Rehabilitation Grant to assist qualified homeowners who lack the financial resources to address improvements to their home and the neighborhood. The qualifying surveys will be included with the grant application to show there is need for such a program in our community.

In the last five (5) years, NCICG has administered eight (8) applications throughout six (6) communities in our region resulting in a total of 85 rehabilitated homes and work will soon be underway in an additional 12 communities. *Let's not miss out on this GREAT opportunity for our city.*

Thank you,
Sincerely,

Melanie Malooley-Thompson, Mayor

COMMUNITY DEVELOPMENT SURVEY

Name of Community: City of Spring Valley

Date: June 14, 2024

Interviewer: Connie Buchanan, NCICG

Hello!

I am Connie Buchanan of North Central Illinois Council of Governments (NCICG). I am conducting a survey for the City of Spring Valley. We are collecting information needed to complete an application for a Community Development Block Grant/Housing Rehabilitation. What you say will be kept strictly confidential in accordance with the Privacy Act of 1974 (Public Law 93-579). Your answers are very important to your community improvement effort.

To complete the survey please follow the instructions below:

- Complete all requested information based on the household occupants.
- If the respondent wishes to not complete the "minority benefit determination" section of the Income Survey, the "I choose to not respond" box **must** be checked.
- The survey is double-sided and **MUST** be returned to our office by **June 28th** in the self-addressed envelope provided.

The Survey data will be used in the evaluation of the community grant application. Completion of the Survey does not constitute an application for or guarantee assistance.

COMMUNITY DEVELOPMENT BLOCK GRANT INCOME SURVEY

Community: CITY OF SPRING VALLEY County: BUREAU COUNTY
 Street _____
 Address: _____ Date Conducted: _____

1. How many people are living in the house? _____
2. Check here if female headed household () _____
3. How many people are over 62 years old? _____
4. How many persons with physical or developmental disabilities are there in your household: _____
5. Do you own your own home? _____ Or rent? _____
6. To help determine the ethnic population of your locality or project area, please indicate the number of persons in the household in each appropriate category:

MINORITY BENEFIT DETERMINATION		
Racial Group	Total Persons	# of Hispanic / Latino Ethnicity
White		
Black/ African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

I choose to not respond

Use the most recent Section 8 Income Limits for your county. Indicate Month/Year: 04/2024 (See Section IX Attachments)
 Enter the figures detailed on the line entitled "LOW-INCOME" for 80% and "VERY LOW-INCOME" for 50%.

Number of Persons in Family /Household	Annual Income Limit 30% of median (A)	Annual Income Limit 50% of median (B)	Annual Income Limit 80% of median (C)
1	18,150	30,250	48,350
2	20,750	34,550	55,250
3	25,820	38,850	62,150
4	31,200	43,150	69,050
5	36,580	46,650	74,600
6	41,960	50,100	80,100
7	47,340	53,550	85,650
8	52,720	57,000	91,150

7. Based on the number of persons in your household, check whether your entire household income is:
- Lower** than Column A _____ Between Columns B & C _____
 Between Columns A & B _____ **Higher** than Column C _____

COMMENTS: _____



HOUSING NEEDS SURVEY

SPRING VALLEY

Address: _____

To be completed for ALL housing rehabilitation projects.

1. How many rooms are in the house – not counting bathrooms? _____

2. Is your house connected to a central sewer system

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

3. Are any major improvements needed to your home

If yes, please describe below

- Roofing
- Plumbing
- Electrical/Wiring
- Heating/AC
- Foundation
- Other

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Is your home One-story or Two-story

Does your home have a Basement or Crawl Space

*******FOR INTERVIEWER ONLY! – PLEASE DO NOT FILL THIS IN!*******

Place corresponding points to describe the extent of each structural deficiency.

SECTION A – Major Deficiencies			
Points:	(6) Remove/Replace	(3) Repair	(0) No Repairs Needed
Roofing		Plumbing – Drain/Waste/Vent	
Framing – Exterior walls & Sills		Plumbing – Supply & Fixtures	
Framing – Load bearing beams & joists		Electrical Service & Distribution	
Foundation		Electrical Fixtures	
Furnace		Section A Total (Max. 54)	
SECTION B – Minor Deficiencies			
Points:	(4) Remove/Replace	(2) Repair	(0) No Repairs Needed
Doors – Interior		Interior Flooring	
Doors – Exterior		Windows	
Porches/Entrances		Siding/Painting	
		Section B Total (Max. 24)	
Approximate Square Footage: _____			Total Points (A + B)
Designate if housing unit is a Mobile Home Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Type of Survey Conducted: Door-to-Door By Mail: Combination

INCOME & HOUSING NEEDS SURVEYS APPROVED BY:

Connie Buchanan, Interviewer, NCICG
Printed Name

Signature Date

***Surveys submitted without the occupant’s address, date conducted and signature and date of approver will be considered spoiled/unusable. Further, verification of survey results may be randomly conducted by CDBG Program Staff.**