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STATE

Property of Cook County Clerk's Office

11/11/11

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Cook State of Illinois, do hereby certify that _____

ALBERTA JONES

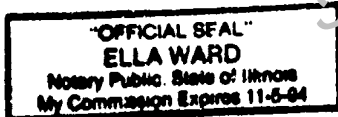
personally known to me to be the same person (s) whose name (s) are subscribed to the foregoing instrument, appeared before me this day, in person and acknowledged that She signed and delivered the said Mortgage instrument as HER free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of Homestead.

Given under my hand and Notarial Seal this 25 day of

March, 1992



Commission expires 11/5, 1994



This instrument was prepared by:

WILLIAM E. ELSTON, JR.
1525 East 53rd Street
Chicago, Illinois 60426
(312) 752-4442

Address of Property

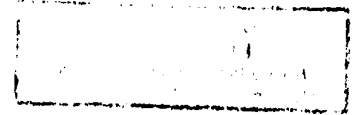
16342 MARKHAMFIELD
Markham, Illinois 60426



MARKHAM RESIDENTIAL REHABILITATION PROGRAM (MRRP)
15652 South Homan Avenue
Markham, Illinois 60426
John Thompson, Director
(312) 331-0233

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UNDERSTANDING AND AGREEMENT CONCERNING PARTICIPATION IN THE MARKHAM RESIDENTIAL REHABILITATION PROGRAM

I (WE), Alberta Jones of 16342 Marshfield
Markham, Illinois do hereby indicate that I understand and agree to the
following terms, among others, as to my participation in the Markham Residential
Rehabilitation Program. I agree that I have read all information signed by me
concerning this program. I further specifically agree that I understand and
agree to the terms of participation concerning repayment of funds used in
connection with the rehabilitation of my home and that those terms are as
follows:

1. That I will not be required to repay any of the funds so used provided I
continue to live in the premises, to pay my real estate taxes, maintain the
condition of my home and not rent any portion of the home without approval of the
Program Director.
2. That in the event I sell my home, I will repay the Program the entire amount
due on the mortgage that I will be asked to execute.
3. That I will execute, when requested, a mortgage and promissory note in the
total amount expended or to be expended by the Program in connection with the
rehabilitation of my home.
4. That the note that I execute will be Permanent However, should I request to
repay at any time the amount executed, These arrangements will be made with the
Program Director.
5. However, I understand that should a court determine that my participation in
the Program was secured through fraud on my part then the entire amount as shown
by the note and mortgage shall be immediately due and payable and I will be
subject to a foreclosure action by the Program or its assignee.

EX-A

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6. In the event of my passing then the Program will consult with my heirs as to their eligibility to participate in the program. Should my heirs or heir be eligible for the Program then they will assume my obligations under this agreement to the Program and execute all documents so required. Should they be determined not to be eligible for participation then the entire sum due according to the mortgage filed, shall become due and payable.

7. I further understand that this Program is a sub-grantee of the County of Cook Department of Planning and is funded by that Department and that I am subject to all rules and regulations of that Department and the Department of Housing and Urban Development of the United States of America and to all applicable laws.

8. I further understand that this Agreement will be attached to the mortgage that I will be asked to execute as a part thereof, shown as Schedule "A".

Dated: April 3, 1992

SIGNED:

Alberta Jones

93417652

MARKHAM RESIDENTIAL REHABILITATION
PROGRAM

BY: [Signature]

DIRECTOR

SCHEDULE "A"

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