



**VILLAGE OF BENSENVILLE  
2025-2026 SENIOR / DISABLED HVAC MAINTENANCE PROGRAM  
APPLICATION**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

**Reason for Application (please check all that apply)**

I am 60 years of age or older, own the property, and my household income is under \$65,000 per year; or

I am under age 60, disabled, own my property, and my household income is under \$65,000 per year; and

I have enclosed a copy of my most recent property tax bill indicating ownership and senior status (exemption); or

I have enclosed a copy of Secretary of State License Disability Placard or registration of disability through Social Security.

**Please list ALL household member(s) and their birthdays – including yourself.**

Household Member Name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth Date  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICES INCLUDED:**

- Check & inspect heat exchanger
- Check & clean ignition system
- Check & clean burners
- Check & test safety controls
- Check indoor fan motor
- Check combustion fan motor
- Inspect gas piping
- Inspect vent piping
- Check & Clean burner cabinet
- Lubricate bearings
- Check all electrical connections
- Check thermostat operation
- Replace filters

The resident(s) hereby release and hold the Village, its officers, officials, employees and contractors harmless for any damage to property or other liability, which arises directly or indirectly from the Village's HVAC maintenance program. The resident(s) hereby release and hold the Village, its officers, officials, employees, attorneys and contractors harmless for any injuries or liabilities sustained by the resident(s) or others caused, directly or indirectly by the HVAC maintenance at the resident(s)'s property.

**VILLAGE OF BENSENVILLE  
2025-2026 SENIOR / DISABLED HVAC MAINTENANCE PROGRAM GUIDELINES**

**QUALIFICATIONS:**

1. Resident(s) must be 60 years or older or disabled, handicapped and/or have a severe health problem and there is no one else in the household that can perform the maintenance.
2. Each household resident must provide documentation of ownership and senior status (via copy of latest property tax bill) and/or demonstrate disability status (via Secretary of State License Disability Placard or registration of disability with the Illinois Department of Aging).
3. Each household, regardless of age, disability, handicap or medical condition of any individual resident in the same household must demonstrate a combined income of \$65,000.00 or less to participate in the Program. Qualifying households may be asked to provide proof of income documentation, as determined acceptable by the Village.

**GUIDELINES AND TERMS:**

An application must be completed and signed on an annual basis to enroll in the program. The application is to be mailed or brought to the Heritage Center, Village of Bensenville, 12 South Center Street, Lower Level, Bensenville, Illinois 60106, Attn: Director of Recreation.

1. The Village will review the application and accompanying documentation and determine if the applicant qualifies for the program. If the applicant qualifies for the Program, the application will be forwarded to Comfort Indoor Solutions Inc. (CIS).
2. The following services are being done by an independent contractor hired by the Village. The total cost of the maintenance is \$60.00. The Village of Bensenville will pay \$30.00. The resident shall pay the following for the services of HVAC Maintenance: \$30.00. **This amount may be changed without further notice.**
3. A bill will be sent to you from the Village.
4. If additional maintenance or repairs are required, CIS will handle those directly with the seniors and apply a senior discount. The Village will not be responsible for any portion of the additional work.
5. The resident(s) may withdraw from the Program by providing the Village with a written notice. Such notice shall include a specific withdrawal date, which shall not be less than seven (7) days from the date the notice is received by the Village. The resident(s) shall pay the Village any services rendered prior to withdrawal date. The Village may eliminate the Program at any time without notice.
6. The Village may terminate, suspend or close the enrollment period for the Program at any time.
7. The Village may limit the number of participants in the Program. In such a case, space in the Program will be filled on a first come, first serve basis.
8. As part of the Program, the Village, at any time may require the resident(s) to complete and sign additional forms.
9. If there are any issues with service for a particular event, the Village requires the resident(s) to call the Village promptly. This will alleviate any discrepancies between resident and contractor for billing purposes.
10. Being a participant of the HVAC Maintenance program, we request that no one but the contractor is to maintain the HVAC system. This will alleviate any confusion for billing purposes. Failure to comply may be the cause for charges to the account and removal from the Program.

I have read the guidelines and terms and understand and agree with the guidelines and terms of the Program.

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

## **VILLAGE OF BENSENVILLE FOREVER YOUNG HVAC MAINTENANCE PROGRAM GENERAL RELEASE AND HOLD HARMLESS AGREEMENT**

Please read this form carefully, as signing this General Release and Hold Harmless Agreement (the "Agreement"), you are agreeing to waive, release, indemnify and hold harmless the Village of Bensenville (the "Village") from any and all legal or property claims from your participation in the Village of Bensenville Forever Young HVAC Maintenance Program (the "Program") for a subsidized fall furnace maintenance service call performed by Comfort Indoor Solutions (the "CIS").

I, \_\_\_\_\_, (the "Resident") acknowledge that I am 60 years of age and older and legally reside at or own the single-family home listed below (the "Property").

Resident, in consideration for participation in the Program, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, hereby covenants and agrees with Village, as follows:

1. The Village will subsidize one (1) fall furnace maintenance service call performed by CSI under the Program, as a means of promoting and ensuring health and safety precautions throughout the Village.
2. Resident, on behalf of myself, any other owner of the Property or individual(s) residing at the Property, guest, or invitee hereby covenant and agree to waive and release the Village and its officials, officers, employees, attorneys, and volunteers (collectively the "Indemnified Parties") from and against any and all legal or property claims for any type of liability, damage, injury, loss or expense, and to unconditionally indemnify and hold harmless the Indemnified Parties from and against any and all claims, actions, liabilities, damages, injury, losses or expenses whatsoever, including attorney fees and cost, as a result of Resident's participation in the Program or acceptance of the subsidized fall furnace maintenance service call performed by CSI or any action or inaction of CSI or its employees or representatives.
3. Resident covenants and agrees that Resident is responsible for the payment of any additional maintenance or repairs offered or suggested by CIS and that Resident is not required or obligated whatsoever to hire CIS to perform any other work. Resident further covenants and agrees that the Indemnified Parties are not responsible in any manner for the services provided by CSI, and for that which may subsequently arise as a result of the fall furnace maintenance service call performed under the Program by CSI.
4. Resident covenants and agrees that this Agreement shall be construed in accordance with the laws of the County of DuPage, State of Illinois. If any term or provision of this Agreement shall be held illegal, unenforceable or in conflict with any law governing this Agreement, Resident agrees that the validity of the remaining portions shall not be affected.

By signing this Agreement, Resident expressly acknowledges and agrees that Resident has read and fully understands this Agreement before signing this Agreement. Resident further acknowledges and agrees that the Program is voluntary and that none of the Indemnified Parties are to be held responsible for any service(s) provided or work performed by CIS or its employees and representatives or for any act or inaction at the Property by CIS or its employee or representative, as part of the Program.

Signed and delivered this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Resident's Signature: \_\_\_\_\_

Resident's Name  
(Please Print): \_\_\_\_\_

Resident's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident's Phone Number: \_\_\_\_\_