SOUTHERN HOUSING REGION OWNER OCCUPIED REHABILITATION PROGRAM

Attached is an application for the Southern Housing Region CDBG Rehabilitation Program. You must complete the entire application and return it to our office along with all applicable documentation. You will not be added to the application list until a complete application is submitted.

COUNTY YOU RESIDE IN? _____

(You MUST complete)

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
_____YES _____NO (YOU MUST CHECK ONE)

Return application to:

Southern Housing Region
CDBG Rehabilitation Program
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: sgriswold@msa-ps.com

SOUTHERN HOUSING REGION
OWNER REHAB PROGRAM APPLICATION

Office Use Only: Application Number _____ Date Received _____

All information contained in this application is strictly confidential.
Please fill out all pages (front and back).

Applicants Name: _____ Age _____

Co-Applicants Name: _____ Age _____
(Note: If you have a fiancé' or significant other living with you, please list here.

Current Street Address: _____
Street Address City State Zip

Mailing Address: (if different) _____
Street Address City State Zip

Phone Number: (Home): _____ (Work): _____ (Cell): _____

Email Address: _____

May we contact you via email? (*circle one*) Yes No

May we contact you at work? (circle one) Yes No

TOTAL NUMBER OF PEOPLE LIVIING IN THE HOME: _____

LIST ALL PEOPLE WHO LIVE IN THE HOME AT LEAST 50 % OF THE TIME (INCLUDING CHILDREN):

Name	Disabled?	Full-Time Student?	Birth Date	Relationship to You
	☐ Yes ☐ No	☐ Yes ☐ No		Self
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		

You are not required to answer the questions below. If you choose not to answer them, please check here._____

Sex of Applicant: _____Male _____Female
Head of Household: _____Male _____Female
Marital Status of Applicant: ____Single ___Married ___Divorced ___Separated ___Widowed

Racial/Ethnic Background, Check One:

_____ White
_____ Black/African American
_____ Asian
_____ American Indian/Alaskan Islander
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic
_____ American Indian/Alaskan Native & White
_____ Asian & White
_____ Black/African American & White
_____ American Indian/Alaskan Native & Black/African American
_____ Hasidic Jews
_____ Balance of Order

Is this your primary residence? ☐ Yes ☐ No Are the property taxes paid up to date? ☐ Yes ☐ No

What type of property is this?

☐ Single Family ☐Multi-Family (# of units_____) ☐ Mobile Home

☐ Other _____

Name(s) on Property Title	Date of Purchase	Year Property Built (YOU **MUST** PUT APPROXIMATE YEAR)

LIST ALL DEBT AGAINST PROPERTY (For Example: Mortgages, Land Contract, Lines of Credit, Judgments)

Name of Lender	Loan Number	Original Amount	Balance Due	Term (# of years)	Interest Rate	Type of Loan (WHEDA, VA, Land Contract, Bank, etc.)

***If your home was purchased within the last 3 years, please attach a copy of your appraisal.*

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

Who is your heat provider? _____

What type of heat source do you have? ☐ Natural Gas ☐ Electricity ☐ LP ☐ Oil ☐ Wood

Who is your electricity provider? _____

****Only work that is considered essential and necessary will be permitted. All Lead Based Paint Hazards will need to be corrected. Hazards will be determined upon an initial project assessment of your home. The assessment will include your entire home.**

IMPROVEMENTS NEEDED (Check all that apply)

☐	Roof	☐	Insulation	☐	Interior Walls
☐	Exterior/Siding/Painting	☐	Furnace	☐	Water Heater
☐	Plumbing	☐	Foundation	☐	Doors
☐	Wiring/Electrical	☐	Windows	☐	Porch
☐	Chimney Repair	☐	Other (explain)		

In order to be eligible, your income must be below the following limits for the county you reside in:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Columbia	$39,100	$44,700	$50,300	$55,850	$60,350	$64,800	$69,300	$73,750
Dodge	$35,500	$40,550	$45,600	$50,650	$54,750	$58,800	$62,850	$66,900
Jefferson	$37,750	$43,150	$48,550	$53,900	$58,250	$62,550	$66,850	$71,150
Kenosha	$39,000	$44,600	$50,150	$55,700	$60,200	$64,650	$69,100	$73,550
Ozaukee	$39,350	$44,950	$50,550	$56,150	$60,650	$65,150	$69,650	$74,150
Racine	$37,150	$42,450	$47,750	$53,050	$57,300	$61,550	$65,800	$70,050
Rock	$34,850	$39,800	$44,800	$49,750	$53,750	$57,750	$61,700	$65,700
Sauk	$37,050	$42,350	$47,650	$52,900	$57,150	$61,400	$65,600	$69,850
Walworth	$38,950	$44,500	$50,050	$55,600	$60,050	$64,500	$68,950	$73,400
Washington	$39,350	$44,950	$50,550	$56,150	$60,650	$65,150	$69,650	$74,150

COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY

Income Information: Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

Circle Y for Yes, N for No	Income Source	Documentation Required
1. Y N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation Employer: _____ Phone #:_____ Mailing address:_____ Employer:_____ Phone #: _____ Mailing address:_____ Employer:_____ Phone #: _____ Mailing address: _____	Will need most recent 3 months of check stubs _____ Homeowner name _____ Homeowner name _____ Homeowner name
2. Y N	Self employed (Describe type of business) _____	Will need copies of last 3 years of Federal Income Tax Form 1040 and Schedule C.
3. Y N	Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home.	$_____
4. Y N	Unemployment benefits and/or Worker's Compensation.	Send most recent benefit statement
5. Y N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	Send most recent benefit statement
6. Y N	Social Security payments.	Send benefit statement
7. Y N	Income from family members age 17 and under (example: Social Security, Trust Fund disbursements, etc.)	Send most recent benefit statement
8. Y N	Supplemental Security Income (SSI).	Send most recent benefit statement
9. Y N	Disability or death benefits other than Social Security.	Send most recent benefit statement
10. Y N	Public Assistance (examples: TANF, AFDC, W2)	Send most recent documentation
11. Y N	Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies. If yes, list sources and whose name is on account: 1)_____ 2)_____	Send most recent documentation $_____ $_____

12. Y N	Income from real or personal property i.e.: interest or dividends	$_____
13. Y N	Alimony/spousal maintenance payments.	Will need most recent 3 months of check stubs
14. Y N	I am entitled to receive Child Support Payments. **If yes, then answer the following**: ☐ I am currently receiving child support payments. (check one) ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ I am not receiving any child support payments but it is court ordered that I do. **Check one:** ☐ I am not pursuing the payments for the following reasons: _____ ☐ I am making efforts to collect the child support owed to me. Please list the efforts you are making: _____	Will need last 3 months of what you have received **and** copy of court order $_____ $_____
15. Y N	Section 8 rental assistance	Will need last 3 months of what you have received $_____
16. Y N	Income from a source other than those listed above. If yes, list sources: 1)_____ 2)_____	Will need last 3 months of what you have received $_____ $_____

Asset Information Identify each asset, its value, and rate of interest currently held by the household.

Circle Y for Yes, N for No	**Asset**	Cash Value/Balance	
17. Y N	Checking account(s). If yes, list bank(s) and the location(s): 1)_____ 2)_____	Will need last 6 months bank statements $ _____ $ _____	**Name on Account** _____ _____
18. Y N	Savings account(s). If yes, list bank(s)and the location(s): 1)_____ 2)_____	Will need most current bank statement $_____ $_____	**Name on account** _____ _____

19. Y N	Certificates of Deposit (CD) or Money Market Accounts If yes, list source/bank names and location: 1)_____ 2)_____ 3)_____	Need documentation $_____ $_____ $_____	**Name on account** _____ _____ _____
20. Y N	Revocable trust(s) If yes, provide description 1)_____ 2)_____	Need documentation $_____ $_____	**Name on account** _____ _____
21. Y N	Real Estate-Do you own rental property or land? If yes, list location and mortgage holder: 1)_____ 2)_____	$_____ $_____	Please send copy of property tax statement
22 Y N	Stocks, Bonds, or Treasury Bills. If yes, list source/bank names and location: 1)_____ 2)_____	$_____ $_____	**Name on account** _____ _____
23. Y N	IRA/Lump Sum Pension/Retirement/Keogh/401(k) Account, etc. If yes, list source/bank names & addresses or contact info: 1)_____ _____ 2)_____ _____	Need documentation $_____ $_____	**Name on account** _____ _____
24. Y N	Whole Life Insurance Policy. If yes, how many policies ____ List sources: 1)_____ 2)_____	Need documentation $_____ $_____	**Name on account** _____ _____
25. Y N	Items held as an investment (antique car, coin collection, stamp collection, jewelry, etc.) If yes, list items: 1)_____ 2)_____	Need documentation $_____ $_____	

26. Y N	Safe deposit box. If yes, list contents and value of item: _____	Need current documentation $_____	
27. Y N	Disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. (ie: land or 2nd home)	Need current documentation $_____	
28. Y N	Income from assets or sources other than those listed above. If yes, list type(s) below 1)_____ 2)_____	Need current documentation $_____ $_____	

For every item marked "yes" on the Questionnaire, provide the following information:

Question Number	**Name on Asset and Name of company, financial institution or source**	**Mailing address, telephone and fax number of company, financial institution or source**

PLEASE ALSO INCLUDE A COPY OF THE FOLLOWING:

1) **Copy of most recent property tax bill**

2) **Copy of your homeowner's insurance policy**

3) **Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments.**

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

Read and initial statements below:

____ I understand the Housing Rehab funds are offered as a loan payable upon resale or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note that I can pay any or all of the balance any time prior to resale of transfer of property.

____ I understand the Southern Housing Program will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, the Southern Housing Program reserves the right to deny funding.

____ I understand I must carry homeowner's insurance on the property and keep the policy in force during the life of the loan.

____I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.

____I authorize the Southern Housing Program to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility.

____I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to the Southern Housing Program

____ Failure to comply with these conditions could result in the withdrawal of the Southern Housing Program participation or the recall of the full amount of the Southern Housing Program loan plus interest.

____ I understand there is a $50 - $100 fee for a title search, a $30 fee to record your mortgage and $475 in project review fees. These fees are included in the loan.

CONFLICT OF INTEREST
Do you have any family or business ties to any of the following people? Yes____ No____
Andy Ross, County Board Chairperson
Lois Schepp, Lead County Committee Coordinator
John Tramburg, Columbia County Committee Member
Dean Perlick, Dodge County Committee Member
Dennis Heling, Jefferson County Committee Member
Andy Buehler, Kenosha County Committee Member
Kirsten Johnson, Ozaukee County Committee Member
Julie Anderson, Racine County Committee Member
Phillip Owens Jr, Rock County Committee Member
Kathy Schauf, Sauk County Committee Member
Kevin Brunner, Walworth County Committee Member
Doug Johnson, Washington County Committee Member
Kari Justmann, Housing Team Leader
Susan Maier, Housing Program Specialist
Sue Koehn, Housing Program Specialist
Stacy Griswold, Housing Program Assistant

If yes, list name of person and disclose the nature of the relationship:

I/We, the undersigned owners of the described property, certify that the above statements are true, complete and accurate to the best of my/our knowledge, and understand that false information given may lead to disqualification from this program. I fully understand that it is a federal, state and local crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning the facts of the application.

I/We hereby authorize the Southern Housing Program to obtain verification of any information contained in this application from any source named herein. We have given our permission to the Southern Housing Program to request and receive information required to verify employment, mortgages, deed, trust accounts, savings accounts, credit accounts, financial status and any other information necessary to complete application for a Loan.

I/We authorize a Lead Hazard Review of my/our property. I/We agree that results will be used to determine the scope of my project and that soil sampling will not take place.

No provision of marital property agreement (including a Statutory Individual Property Agreement Pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time of obligation is incurred.

I/We certify that all information contained in this application is true and complete to the best of (my) (our) knowledge and belief. It is understood that this information is given for the purpose of obtaining financial assistance through the Southern Housing Program and will be used for no other purpose.

_____ Date: _____
(Signature of applicant)

_____ Date: _____
(Signature of applicant)