



Central Housing Region

Community Development Block Grant Program

Counties of Adams, Green Lake, Juneau, Marathon, Marquette, Portage, Waupaca, Waushara & Wood

Emergency Assistance Program

Program Description: CDBG-EAP housing assistance is available to eligible homeowners and tenants whose primary residence has been affected by a natural or man-made disaster event. **CDBG-EAP housing assistance is awarded as a grant not a loan.**

How to acquire a grant:

- The first step to acquiring a grant is to complete and return the application along with the items on the list attached to application.
- Next we will verify your information and send notification that you are either eligible or ineligible.
- If you are deemed income eligible, you will be contacted by the home inspectors we hired to do damage assessments. Any work started before the loan is approved may be eligible for reimbursement with receipts and pictures.

Grants are awarded on a first come first serve basis. Emergencies that threaten health or safety will take precedence.

*****Properties with delinquent taxes, for sale, in foreclosure or mortgage is not in current status are not eligible for the program. Cosmetic work (remodeling), or outbuildings, including garages that are not attached to the house, and secondary homes do not qualify.*****

Eligible Damages:

The CDBG EAP assists with housing rehabilitation and replacement activities directly related to damages incurred during a disaster event.

ELIGIBLE ACTIVITIES	INELIGIBLE ACTIVITIES
Roofing repair/replacement	Repairs to vacation homes
Windows	Repairs to storage sheds, outbuildings and other non-dwelling units
Siding repair/replacement	Repairs to driveways or other means of ingress and egress (unless related to accessibility)
Foundations	Cosmetic repairs
Electrical	
Water heaters, furnace replacement. A/C repair/replacement	
Acquisition/Demolition/Replacement of a home where necessary repairs exceed 51% of the pre-disaster Fair Market Value	
Water sources (main water line, well pump repair/replacement) and sewer/septic repairs	

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Juneau County Housing Authority is an equal opportunity provider and employer.



**CENTRAL HOUSING REGION CDBG
HOUSEHOLD INCOME LIMITS
Effective April 1, 2018**

SIZE OF HOUSEHOLD								
COUNTY	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Adams	\$ 38,000	\$ 43,400	\$ 48,850	\$ 54,250	\$ 58,600	\$ 62,950	\$ 67,300	\$ 71,650
Green Lake	\$ 38,000	\$ 43,400	\$ 48,850	\$ 54,250	\$ 58,600	\$ 62,950	\$ 67,300	\$ 71,650
Juneau	\$ 38,000	\$ 43,400	\$ 48,850	\$ 54,250	\$ 58,600	\$ 62,950	\$ 67,300	\$ 71,650
Marathon	\$ 40,750	\$ 46,550	\$ 52,350	\$ 58,150	\$ 62,850	\$ 67,500	\$ 72,150	\$ 76,800
Marquette	\$ 38,000	\$ 43,400	\$ 48,850	\$ 54,250	\$ 58,600	\$ 62,950	\$ 67,300	\$ 71,650
Portage	\$ 42,950	\$ 49,050	\$ 55,200	\$ 61,300	\$ 66,250	\$ 71,150	\$ 76,050	\$ 80,950
Waupaca	\$ 38,000	\$ 43,400	\$ 48,850	\$ 54,250	\$ 58,600	\$ 62,950	\$ 67,300	\$ 71,650
Waushara	\$ 38,000	\$ 43,400	\$ 48,850	\$ 54,250	\$ 58,600	\$ 62,950	\$ 67,300	\$ 71,650
Wood	\$ 38,300	\$ 43,800	\$ 49,250	\$ 54,700	\$ 59,100	\$ 63,500	\$ 67,850	\$ 72,250

Central Housing Region CDBG Emergency Assistance Program Application

OFFICE USE ONLY: Application Number _____ Date Received _____

Applicant Name (Last, First, MI)		Co-Applicant Name (Last, First, MI)	
Phone Number		Best Way to Contact You <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Email		County Property is Located	
Damaged Property Street Address		City	Zip Code
Mailing Address (if different)		City	Zip Code
Is dwelling in a floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO	Age of Home	Primary Residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Owner - Occupied <input type="checkbox"/> Rental Unit
Type of Property <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other		Are you on a private well? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has it been tested since the flood waters have receded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST NAMES OF ALL PROPERTY OWNERS AS SHOWN ON DEED OR LAND CONTRACT:	PROPERTY HELD IN: <input type="checkbox"/> DEED <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/> OTHER
MORTGAGE IS: <input type="checkbox"/> Current <input type="checkbox"/> Delinquent <input type="checkbox"/> In Foreclosure <input type="checkbox"/> For Sale. Mark all that apply.	

FUNDS APPLIED FOR AND/OR RECEIVED FROM:				
Federal Emergency Management Agency (FEMA)	___ APP	\$ _____ RECEIVED	___ PENDING	___ DENIED
Small Business Administration (SBA)	___ APP	\$ _____ RECEIVED	___ PENDING	___ DENIED
Individual and Family Grant (IFG)	___ APP	\$ _____ RECEIVED	___ PENDING	___ DENIED
State/Local	___ APP	\$ _____ RECEIVED	___ PENDING	___ DENIED
Banks	___ APP	\$ _____ RECEIVED	___ PENDING	___ DENIED
Insurance	___ APP	\$ _____ RECEIVED	___ PENDING	___ DENIED
Other (ATTACH SEPARATE SHEETING EXPLAINING)				

Fair Market Value of Property: \$ _____

DESCRIPTION OF DAMAGES:

CONFLICT OF INTEREST

Names of Covered Persons			
<u>Adams County</u> Casey Bradley Committee Member		<u>Green Lake County</u> Liz Otto Committee Member Harley Reabe Alternate Committee Member	
<u>Juneau County</u> Alan K Peterson Chairperson Julie Oleson Executive Director Tom Brounacker Committee Member Joelle Curran Alternate Committee Member			
<u>Marathon County</u> Rick Seefeldt Committee Member		<u>Marquette County</u> Gary Sorenson Committee Member	
<u>Portage County</u> Jeanne Dodge Committee Member Gerry Zastrow Alt. Committee Member		<u>Waupaca County</u> Ryan Brown Committee Member David Thiel Alt. Committee Member	
<u>Waushara County</u> Robert Sivick Committee Member		<u>Wood County</u> Jason Grueneberg Committee Member Adam DeKleyn Alternate Committee Member	

Do you have family or business tie to any of the individuals listed above? Yes _____ No _____
(if yes, circle which of the covered persons)

If **yes**, disclose the nature of the relationship. _____

CHECK/CIRCLE DATA WHICH APPLIES		
Race/Ethnicity of Head of Household <i>(optional)</i>	Size of Household <i>(required)</i>	Head of Household <i>(optional)</i>
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White/Caucasian <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Balance/Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Do not wish to disclose	_____ Person(s) (Who live in the home at least 6 months out of the year)	<input type="checkbox"/> Female <input type="checkbox"/> Elderly (>62) <input type="checkbox"/> Person with disability or handicap

HOUSEHOLD INFORMATION

List all people who live in the home at least 50% of the time (including children)

Name	Birthdate	Disabled?	Full-Time Student?	Relationship to You
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Self
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

HOMEOWNER'S INSURANCE INFORMATION

Name of Insurance Company: _____

Address of Insurance Company: _____

Name of Agent: _____ Phone Number of Agent: _____

Policy Number: _____ Expiration Date: _____

INCOME & ASSET INFORMATION

When sending in your application, please include the following supporting documents:

- Copy of most recent property tax bill. An appraisal will be accepted if done within the last 2 years
- Copy of your Homeowner's Insurance declarations page(s)
- Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments
- Each working household member's most recent Federal Income Tax Form (NOT W-2's). If you are self-employed, make sure to include all schedules
- Any additional documentation, listed on next page

PLEASE ANSWER THE FOLLOWING QUESTIONNAIRES COMPLETELY. FAILURE TO DO SO WILL RESULT IN DELAY OF APPLICATION PROCESSING. **All adult members (18 years and older) living in the household must have their income documented below.**

Income Source	Whom It Pertains To	Documentation Needed	Does Not Apply
Employer: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040)	<input type="checkbox"/> N/A
Employer: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040)	<input type="checkbox"/> N/A
Employer: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040)	<input type="checkbox"/> N/A
Self Employed (Describe type of Business) _____		<input type="checkbox"/> Most Recent Federal Income Tax Form <input type="checkbox"/> All Schedules	<input type="checkbox"/> N/A
Unemployment Benefits and/or Worker's Compensation		<input type="checkbox"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A
Social Security Payments		<input type="checkbox"/> Current monthly benefit statement	<input type="checkbox"/> N/A
Supplemental Security Income (SSI)		<input type="checkbox"/> Current monthly benefit statement	<input type="checkbox"/> N/A
Income from real or personal property		<input type="checkbox"/> Proof of Amount	<input type="checkbox"/> N/A
Alimony/spousal maintenance payments		<input type="checkbox"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A

Asset Source	Address/Fax Number	Cash Value/Balance	Whom It Pertains To	Does Not Apply
Checking Account With: _____ With: _____				<input type="checkbox"/> N/A
Savings Account With: _____ With: _____				<input type="checkbox"/> N/A
Certificates of Deposit or Money Market Accounts				<input type="checkbox"/> N/A
Revocable Trust description: _____				<input type="checkbox"/> N/A
Real Estate (if you own rental property or other land list location and mortgage holder and send a copy of the property tax statement				<input type="checkbox"/> N/A
Stock Bonds or Treasury Bills				<input type="checkbox"/> N/A
IRA/Pension/Retirement/Keogh 401K Account (even if not eligible to receive it yet)				<input type="checkbox"/> N/A
Whole Life Insurance Policy				<input type="checkbox"/> N/A
More than \$500 cash on hand				<input type="checkbox"/> N/A
Items held as an investment (antique car, coin collection, etc.)				<input type="checkbox"/> N/A
Safe Deposit Box Contents: _____				<input type="checkbox"/> N/A
Disposed of assets (gave away money/assets) for less than fair market value in the past 2 years (i.e. land or 2 nd home)				<input type="checkbox"/> N/A
Other				<input type="checkbox"/> N/A

**CENTRAL HOUSING REGION COMMUNITY DEVELOPMENT BLOCK
GRANT PROGRAM**

Lead-Based Paint Pamphlets Receipt Form

I have received a copy of the EPA pamphlets entitled "Protect Your Family From Lead in Your Home" and "Renovate Right".

(Signature of Applicant)

(Date)

(Signature of Applicant)

(Date)

PRIVACY ACT STATEMENT

Routine Uses: The information will be given to agencies from which you are seeking assistance. It may also be shared with insurers of your damaged property along with other disaster assistance providers and State and Federal agencies to ensure benefits are not duplicated and in order to monitor compliance with state and federal regulations.

Mandatory or Voluntary Disclosure: Giving us this information is voluntary; however, failure to give us the information may result in a delay or rejection of your request for disaster assistance.

NON-DISCRIMINATION STATEMENT

Federal law requires that disaster aid be given in a fair and impartial manner, without discrimination on the grounds of race, color, religion, nationality, sex, age, handicap or familial status.

MARITAL PROPERTY AGREEMENT

By my signature I certify that I have read and understand all statements in this application:

- All information I have given is true and correct to the best of my knowledge.
- This is the only CDBG-EAP Disaster application submitted for the property described in this application.
- I will return any disaster aid money I receive from the State of Wisconsin or any other source if I receive insurance or other money for the same loss.
- I am the legal owner of the property described on this application:

I understand that if I intentionally make false statement or conceal any information in an attempt to obtain disaster aid, it is a violation of Federal and State laws that carry severe criminal and civil penalties.

I authorize the local unit of government to verify all information given by me about my property, income, employment, and dependents in order to determine my eligibility for disaster aid; and

I authorize and direct all custodians of records of my insurance company, employer, and public or private agency, bank, financial institution or credit data service to release information to the local unit of government upon request.

Are you a United States Citizen or a Qualified Alien? Yes No

By my signature, I certify that I have read and understand all statements in this application and all information I have given is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
EMERGENCY ASSISTANCE PROGRAM**

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the Central Housing Region CDBG Program the requested information listed below:

1. Previous and past employment history including employer, period employed, title of position, income and hours worked.
2. Disability payments, social security and pension funds.
3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.

This information will be for the confidential use of the JCHA/CDBG Office in determining my/our eligibility for a mortgage loan or to confirm information I/we have supplied. Please complete the attached verification request.

A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed release of information form will be kept on record with the JCHA/CDBG Office.

Last, First, M.I.

Last, First, M.I.

Social Security #

Social Security #

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date

NOTICE TO BORROWERS: This notice to you is required by the Right to Financial Privacy Act of 1978. The Department of Housing and Urban Development, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD, FHA or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.