

Central Housing Region CDBG Program

Homeowner Rehabilitation Application

OFFICE USE ONLY: Application Number _____ Date Received _____
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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	
Property Street Address		City/Town/Village	Zip Code
Mailing Address (if different)		City/Town/Village	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	Is property a Historical Site or is it eligible to become one? <input type="checkbox"/> YES <input type="checkbox"/> NO
How did you hear about the CDBG Program?			

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.	

FAIR MARKET VALUE OF PROPERTY	AMOUNT OWED (loans/liens against property)	OWED TO	EQUITY

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 6 months
- 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 3 years and 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"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A
Employer: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040) <input type="checkbox"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A
Self Employed (Describe type of Business) _____		<input type="checkbox"/> Most Recent Federal Income Tax Forms (3 Years) <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 benefit statement	<input type="checkbox"/> N/A
Supplemental Security Income (SSI)		<input type="checkbox"/> Current benefit statement	<input type="checkbox"/> N/A
Retirement Income: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040) <input type="checkbox"/> Current statement listing cash value or monthly amount	<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
Child Support payments		<input type="checkbox"/> 12 months	<input type="checkbox"/> N/A

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 assets documented below.**

Asset Source	Address	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/Keogh401 K 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 (CDBG) PROGRAM

Referral Consent Form

According to federal regulations a community with a Community Development Block Grant Revolving Loan Fund (CDBG-RLF) that has funds available is required to obligate them to homeowner projects before we can use the Central Housing Region CDBG funds in that community.

Below is the release form to be filled out and returned with the application stating that we (CHR-CDBG) have your acknowledgement and permission to send your application over to the appropriate community with an RLF account, Weatherization Assistance Program (WAP) or Wisconsin's Home Energy Assistance Program (WHEAP).

You have the right to decline your information being referred. If you choose to decline your application to be sent over to the appropriate community with available RLF funds, your application will be in a frozen status until the money in that CDBG-RLF is used up. If this should take more than 6 months, then a new application will need to be filled out.

You have the right to decline your information being referred to WAP or WHEAP.

Please check all appropriate box(s) and sign below:

- Central Housing Region CDBG has my/our permission to send our application and supporting documents over to any **appropriate community with RLF funds available.**
- Central Housing Region CDBG does *not* have my/our permission to send our application and supporting documents over to any **appropriate community with RLF funds available.** I/We acknowledge my/our application will be in a frozen status until the money in that CDBG-RLF is used up. If it should take more than 6 months, I/we acknowledge a new application will need to be filled out.
- Central Housing Region CDBG has my/our permission to send our application and supporting documents over to **WHEAP or WAP.**
- Central Housing Region CDBG does *not* have my/our permission to send our application and supporting documents over to **WHEAP or WAP.**

(Signature)

(Date)

(Signature)

(Date)

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 Co-Applicant)

(Date)

MARITAL PROPERTY AGREEMENT

No provision of a 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 the obligation is incurred.

PRIVACY AND DISCLOSURE NOTICE

We may collect non-public personal information about you from the following sources:

- Information that you provide to us, such as on the application or other forms
- Information about your transaction with us or others
- Information from others, such as real estate appraisers and employers

We do not disclose any non-public personal information about you to anyone, except as permitted by law. To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products and services. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your non-public personal information.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices described in this notice.

APPLICANT'S STATEMENT AND RELEASE

IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

This is an owner occupied property. 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 or transfer of property.

I understand my property will be assessed to determine if the house meets or can meet decent, safe and sanitary conditions. Based on the assessment, the Central Housing Region CDBG Program reserves the right to deny funding.

I understand I must be carrying homeowners insurance on the property, and keep the policy in force during the life of the loan.

I understand the contract is between me (us) and the contractor and it is my responsibility to ensure that the work is done, and done correctly. This is not the responsibility of the administrator, or the Central Housing Region CDBG Program.

I/we understand if I/we intentionally make false statements or conceal any information in an attempt to obtain this loan; it is in violation of federal and state laws that carry severe criminal and civil penalties.

I/we authorize the Central Housing Region CDBG Program agents to verify all information given by me about my property, income, employment, and assets to determine my eligibility.

I/we authorize and direct all custodians of my records, including my insurance company, employer, public and private agencies, banks, financial institutions, or credit data service to release information to the Central Housing Region CDBG Program.

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: _____

Conflict of Interest

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

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

Alan Peterson – Juneau County Chairperson

Tom Brounacker – Juneau County Committee Member

Julie Oleson – JCHA Executive Director

Liz Allen – CDBG Administration Assistant

Lee Kucher – Juneau County HA Board Member

Barb Gabrielson – BG & Associates

Kathy Jepson – BG & Associates

Glenn Helmuth – BG & Associates

Jerry Niles – Juneau County Board Member

James J Koca Jr – Juneau County Board Member

Tim Hartford – Juneau County Board Member

Orville Robinson – Juneau County Board Member

Jack Jasinski – Juneau County Board Member

Ray Zipperer – Juneau County Board Member

Roy Granger – Juneau County Board Member

Steven Thomas – Juneau County Board Member

Edmund Wafle – Juneau County Board Member

Rodney M Seamans – Juneau County Board Member

Casey Bradley – Adams County Committee Member

Harley Reabe – Green Lake County Alternate Committee Member

Gary Sorenson – Marquette County Committee Member

Gerry Zastrow – Portage County Alternate Committee Member

David Thiel – Waupaca County Alternate Committee Member

Jason Grueneberg – Wood County Committee Member

Terri Treptow – Juneau County Clerk

Joelle Curran – Juneau County Alternate Committee Member

Lori Chipman – Juneau County Accounting

Jill Granger – Juneau County HA Board Member

Chris Zindorf – Juneau County HA Board Member

Rick Gabrielson – BG & Associates

Kaitlyn Gabrielson – BG & Associates

Craig Olson – BG & Associates

Michael Kelley – Juneau County Board Member

Joe Lally – Juneau County Board Member

John D Wenum – Juneau County Board Member

James Parrett – Juneau County Board Member

Scott Wilhorn – Juneau County Board Member

Lynn A Willard – Juneau County Board Member

Ray Feldman – Juneau County Board Member

Timothy J Cottingham – Juneau County Board Member

Ken Schneider – Juneau County Board Member

Liz Otto – Green Lake County Committee Member

Rick Seefeldt – Marathon County Committee Member

Jeanne Dodge – Portage County Committee Member

Ryan Brown – Waupaca County Committee Member

Robert Sivick – Waushara County Committee Member

Adam DeKleyn – Wood County Alternate Committee Member

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Central Housing Region CDBG Program

WHAT TO EXPECT FROM THE HOME REPAIR PROGRAM

Things Homeowners should think about before taking out a home repair loan:

- Not all the work that homeowners want done can always be done. Funds will be available to repair one or two problems; this program will not solve all of your home's problems.
- Do not expect your house to be completely new when the work is completed.
- Do not expect all the floors, walls, ceilings, doors, windows and so on to be completely plumb, level and square when the work is completed.
- It can be stressful and **time consuming** to collect bids from various contractors.
- It can be stressful living in a house while a contractor is performing the repairs.
- Very few times in life is anyone completely satisfied with the things they buy or have repaired. Buying a house or having one repaired is no different.
- The funds you receive are in the form of a loan and/or a lead grant. You will sign a mortgage, which will be recorded and filed with the County Register of Deeds.
- When you no longer occupy the home as your principal place of residence you will be required to repay the loan. That includes when you sell the home, if you move out and rent the home, or if you vacate the home for any reason.
- Houses always need improvements and repairs. It would be a good idea for the owner to save monthly to help cover the cost of future repairs and maintenance.
- **You** are in charge of your home repair project. You (NOT THE ADMINISTRATOR) select the contractor. You (NOT THE ADMINISTRATOR) are responsible to monitor the quality of work of your chosen contractor. The Administrator does not recommend contractors and cannot guarantee you will be satisfied with the work of the contractor **you choose**.

Things homeowners do in the Home Repair Program:

- Homeowners help inspect their house and point out the problems to the Building Inspector/Assessor.
- Homeowners, not the Administrator, distribute specifications and choose contractors to bid on their repairs.
- Homeowners, not the Administrator, choose the contractor(s) to perform the work on their home.
- Homeowners, not the Administrator, sign the contract with their contractor.
- Homeowners approve payments made to their contractor.
- Homeowners work with contractors to settle disagreements during the job.
- Homeowner's call/write their contractors to ask them to correct problems covered by contractor warranties during the first year after the job has been completed.

I have received read and acknowledge receipt of this form:

Homeowner

Date

Homeowner

Date

COMMUNITY DEVELOPMENT BLOCK GRANT 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.