

**CITY OF WISCONSIN DELLS
OWNER OCCUPIED
REHABILITATION PROGRAM**

Attached is an application for the City of Wisconsin Dells 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:

City of Wisconsin Dells
CDBG Rehabilitation Program
C/O Sue Koehn
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: skoehn@msa-ps.com

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 | _____ American Indian/Alaskan Native & White |
| _____ Black/African American | _____ Asian & White |
| _____ Asian | _____ Black/African American & White |
| _____ American Indian/Alaskan Islander | _____ American Indian/Alaskan Native & Black/African American |
| _____ Native Hawaiian/Other Pacific Islander | _____ Hasidic Jews |
| _____ Hispanic | _____ 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 (MUST be tied down and MUST own the land home is on)

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 Electric LP Oil Wood

Who is your electrical 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.**

IMPROVEMENTS NEEDED (Check all that apply)

<input type="checkbox"/>	Roof	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Interior Walls
<input type="checkbox"/>	Exterior/Siding/Painting	<input type="checkbox"/>	Furnace	<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Doors
<input type="checkbox"/>	Wiring/Electrical	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Porch
<input type="checkbox"/>	Chimney Repair	<input type="checkbox"/>	Other (explain)		

The assessment will include your entire home.

In order to be eligible, your income must be below the following limits for Columbia County:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	\$39,700	\$45,350	\$51,000	\$56,650	\$61,200	\$65,750	\$70,250	\$74,800

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 #: _____ Fax #: _____ Email address: _____ Mailing address: _____ Employer: _____ Phone #: _____ Fax #: _____ Email address: _____ Mailing address: _____ Employer: _____ Phone #: _____ Fax #: _____ Email address: _____ 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 applicable Schedules
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.	Will need most recent 3 months of check stubs
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:	Send most recent documentation \$ _____

	1) _____ 2) _____	\$ _____
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	<p>I am entitled to receive Child Support Payments.</p> <p>If yes, then answer the following:</p> <p><input type="checkbox"/> I am currently receiving child support payments. (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> I am not receiving any child support payments but it is court ordered that I do.</p> <p>Check one:</p> <p><input type="checkbox"/> I am not pursuing the payments for the following reasons: _____</p> <p><input type="checkbox"/> I am making efforts to collect the child support owed to me. Please list the efforts you are making: _____</p>	<p>Will need last 3 months of what you have received and copy of court order</p> <p>\$ _____</p> <p>\$ _____</p>
15. Y N	Section 8 rental assistance	Will need last 3 months of what you have received \$ _____
16. Y N	<p>Income from a source other than those listed above.</p> <p>If yes, list sources:</p> <p>1) _____</p> <p>2) _____</p>	<p>Will need last 3 months of what you have received</p> <p>\$ _____</p> <p>\$ _____</p>

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	<p>Checking account(s).</p> <p>If yes, list bank(s) and the location(s):</p> <p>1) _____ Interest Rate: _____</p> <p>2) _____ Interest Rate: _____</p>	Will need last 6 months bank statements	<p>Name on Account</p> <p>_____</p> <p>_____</p>
18. Y N	<p>Savings account(s).</p> <p>If yes, list bank(s) and the location(s):</p> <p>1) _____ Interest Rate: _____</p>	<p>Will need most current bank statement</p> <p>\$ _____</p>	<p>Name on account</p> <p>_____</p> <p>_____</p>

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

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 City of Wisconsin Dells will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, the City of Wisconsin Dells 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 City of Wisconsin Dells 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 City of Wisconsin Dells
- Failure to comply with these conditions could result in the withdrawal of the City of Wisconsin Dells participation or the recall of the full amount of the City of Wisconsin Dells loan plus interest.
- I understand there is a \$35 fee for a title search, a \$30 fee to record your mortgage and \$250 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

Nancy Holzem, City Clerk	Brian Landers, Mayor
Karen Hoekstra, City Treasurer	Traci Stanford, Deputy Clerk/Treasurer
Ben Borchert, Committee Chairperson	Jesse DeFosse, Committee Member
Mike Freel, Committee Member	Shaun Tofson, Committee Member
Lisa Delmore, Committee Member	Joan Ragan, Committee Member
John Campbell, Committee Member	Sue Koehn, Housing Program Specialist
Kari Justmann, Housing Team Leader	Stacy Griswold, Housing Program Assistant
If yes, list the name and disclose nature of the relationship:	

APPEAL PROCESS

Any applicant may appeal the decision of the Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request. If the Program Administrator again determines the applicant to be ineligible, the Community Development Authority will hear the appeal.

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 City of Wisconsin Dells to obtain verification of any information contained in this application from any source named herein. We have given our permission to the City of Wisconsin Dells 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 City of Wisconsin Dells and will be used for no other purpose.

(Signature of applicant)

Date: _____

(Signature of applicant)

Date: _____