

**Sauk County
CDBG HOUSING PROGRAM
APPLICATION FOR RENTER-OCCUPIED REHABILITATION**

APPLICATION NUMBER: _____ DATE: _____

NAME(S): _____

ADDRESS (of property to be rehabilitated): _____

OWNER'S ADDRESS: _____

TELEPHONE NUMBER: _____

NUMBER OF APARTMENTS IN THE HOUSE: Current: _____ Proposed: _____

NAMES OF ALL OWNERS AS THEY APPEAR ON THE DEED:

Is there presently a mortgage or land contract on the property? _____

If so, how much is owned and who holds the mortgage or land contract?

\$ _____

Name *Address*

DATE PROPERTY ACQUIRED: _____

AGE OF STRUCTURE: _____

CURRENT OCCUPANCY:

Vacant(V), rented (R), or Owner-occupied (O)

Apartment #1	Apartment #2	Apartment #3	Apartment #4

If rented, Name of Tenant:

Apartment #1 _____

Apartment #2 _____

Apartment #3 _____

Apartment #4 _____

	Apt #1	Apt #2	Apt #3	Apt #4
Monthly Rent				
Utilities Included? - YES/NO				
Number of People				
Number of Bedrooms				

What Improvements do you most want on your property?

Apartment #1	
Apartment #2	
Apartment #3	
Apartment #4	
Interior Common Areas	
Exterior	



I have received a copy of the pamphlet "Protect Your Family From Lead In Your Home".

YES _____ NO _____

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
 _____ YES _____ NO (YOU MUST CHECK ONE)

CONFLICT OF INTEREST

Do you have family or business ties to any of the following people? Yes _____ No _____

Sue Koehn, Housing Program Specialist	Kari Justmann, Housing Team Leader
Stacy Griswold, Housing Program Assistant	Thomas Fleming, Committee Member
Marty Krueger, County Board Chair	John "Jack" Schluter, Committee Member
Julie Alibrando, Committee Member	Rebecca DeMars, County Clerk
Myron LaRowe, Committee Member	Steven Bach, Committee Member
Tommy Lee Bychinski, Committee Member	Pat Yanke, Committee Member
Lynn Horkan, Accounting	Jilline Dobratz, Administrative Analyst
Kathryn Schauf, Administrative Coordinator	Kerry Beghin, Accounting

If yes, disclose the nature of the relationship:

Names of covered persons	Relationship

I certify that the above information is true and correct to the best of my knowledge. I authorize the CDBG Program and its agents to contact any of the sources identified to confirm the above information. I understand that, except as authorized in this paragraph, the CDBG Program will keep all information contained in this application strictly confidential and will not release it to any other party without my written authorization.

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.

(Signature)

(Date)

(Signature)

(Date)

Attach copies of:

- ___ Full and complete description of the property as shown on your deed, mortgage or land contract and a copy of your most recent property tax bill or a recent appraisal.
- ___ Copy of your homeowner's insurance policy.

FOR OFFICE USE ONLY:

Tenant eligibility: Submitted _____ O.K.'d _____

Are all apartments eligible with acceptable rents? _____

Return to:

Sauk County Housing Program, Sue Koehn, 201 Corporate Drive, Beaver Dam, WI 53916
Phone: 1-800-552-6330 Fax: 1-920-887-4250 Email: skoehn@msa-ps.com