

# **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)

**PLEASE NOTE: A TYPICAL PROJECT OF ROOFING, SIDING AND WINDOWS WILL COST APPROXIMATELY \$25,000 - \$30,000. PLEASE SUBMIT THE COMPLETED APPLICATION ONLY IF YOU ARE WILLING TO TAKE A LOAN OUT AGAINST YOUR HOME FOR THAT AMOUNT OR HIGHER. (The loan amount may vary depending on the scope of work and the size of home.)**

## **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](mailto: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
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Mailing Address: (if different)

Street Address	City	State	Zip
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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):**

[illegible]

**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 <b>MUST</b> 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 electric 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)**

<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)		

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	\$40,400	\$46,200	\$51,950	\$57,700	\$62,350	\$66,950	\$71,550	\$76,200
Dodge	\$36,500	\$41,700	\$46,900	\$52,100	\$56,300	\$60,450	\$64,650	\$68,800
Jefferson	\$38,750	\$44,250	\$49,800	\$55,300	\$59,750	\$64,150	\$68,600	\$73,000
Kenosha	\$38,100	\$43,550	\$49,000	\$54,400	\$58,800	\$63,150	\$67,500	\$71,850
Ozaukee	\$39,350	\$44,950	\$50,550	\$56,150	\$60,650	\$65,150	\$69,650	\$74,150
Racine	\$38,500	\$44,000	\$49,500	\$54,950	\$59,350	\$63,750	\$68,150	\$72,550
Rock	\$33,750	\$38,550	\$43,350	\$48,150	\$52,050	\$55,900	\$59,750	\$63,600
Sauk	\$37,700	\$43,100	\$48,500	\$53,850	\$58,200	\$62,500	\$66,800	\$71,100
Walworth	\$39,500	\$45,150	\$50,800	\$56,400	\$60,950	\$65,450	\$69,950	\$74,450
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	<p>Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation</p> <p>Employer: _____ Phone #: _____</p> <p>Fax #: _____ Email address: _____</p> <p>Mailing address: _____</p> <p>Employer: _____ Phone #: _____</p> <p>Fax #: _____ Email address: _____</p> <p>Mailing address: _____</p> <p>Employer: _____ Phone #: _____</p> <p>Fax #: _____ Email address: _____</p> <p>Mailing address: _____</p>	<p>Will need most recent 3 months of check stubs</p> <p>_____</p> <p>Homeowner name</p> <p>_____</p> <p>Homeowner name</p> <p>_____</p> <p>Homeowner name</p>
2. Y N	<p>Self employed (Describe type of business)</p> <p>_____</p>	<p>Will need copies of last 3 years of Federal Income Tax Form 1040 and applicable Schedules</p>
3. Y N	<p>Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home.</p>	<p>\$ _____</p>
4. Y N	<p>Unemployment benefits and/or Worker's Compensation.</p>	<p>Will need most recent 3 months of check stubs</p>
5. Y N	<p>Veteran's Administration, GI Bill, or National Guard/Military benefits/income.</p>	<p>Send most recent benefit statement</p>
6. Y N	<p>Social Security payments.</p>	<p>Send benefit statement</p>
7. Y N	<p>Income from family members age 17 and under (example: Social Security, Trust Fund disbursements, etc.)</p>	<p>Send most recent benefit statement</p>
8. Y N	<p>Supplemental Security Income (SSI).</p>	<p>Send most recent benefit statement</p>
9. Y N	<p>Disability or death benefits other than Social Security.</p>	<p>Send most recent benefit statement</p>
10. Y N	<p>Public Assistance (examples: TANF, AFDC, W2)</p>	<p>Send most recent documentation</p>

11. Y N	<p>Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies.</p> <p>If yes, list <b>sources</b> and whose <b>name</b> is on account:</p> <p>1) _____</p> <p>2) _____</p>	<p>Send most recent documentation</p> <p>\$ _____</p> <p>\$ _____</p>
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><b>If yes, then answer the following:</b></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><b>Check one:</b></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 <b>and</b> 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	Checking account(s). If yes, list bank(s) and the location(s):  1)_____ Interest Rate:_____  2)_____ Interest Rate:_____	Will need last 6 months bank statements <b>OR</b> a signed statement from bank with 6 month average balance.	<b>Name on Account</b>  _____  _____

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

25. Y N	Items held as an investment (antique car, coin collection, stamp collection, jewelry, etc.) If yes, list items:	Need documentation	
	1) _____	\$ _____	
	2) _____	\$ _____	
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 2 <sup>nd</sup> home)	Need current documentation	
		\$ _____	
28. Y N	Income from assets or sources other than those listed above. If yes, list type(s) below	Need current documentation	
	1) _____	\$ _____	
	2) _____	\$ _____	

**For every item marked “yes” on the Questionnaire, provide the following information:**

Question Number	<b>Name on Asset</b> and Name of company, financial institution or source	Mailing address, <b>telephone and fax number</b> 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.
- 4) Copy of your most recent Federal Income Taxes along with any schedules.



**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 or 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 also understand that I am required to supply proof of insurance annually, any changes in insurance, and confirm annually that this is my primary residence.
- ☐ 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.

<b>CONFLICT OF INTEREST</b>	
<b>Do you have any family or business ties to any of the following people? Yes_____ No_____</b>	
Vern Gove, County Board Chairperson	
Lois Schepp, Lead County Committee Coordinator	
John Tramburg, Columbia County Committee Member	
Nate Olson, Dodge County Committee Member	
Ben Wehmeier, Jefferson County Committee Member	
Andy Buehler, Kenosha County Committee Member	
Kirsten Johnson, Ozaukee County Committee Member	
Julie Anderson, Racine County Committee Member	
Colin Byrnes, Rock County Committee Member	
Renae Fry, Sauk County Committee Member	
David Bretl, Walworth County Committee Member	
Jay Shambeau, 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:**


## APPEAL PROCESS

An applicant may appeal the decision of the CDBG Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request to the Appeal Committee. If the applicant appeals the Appeal Committee's decision, the full CDBG Housing Committee will review the appeal. If an agreement cannot be reached at the local level, the Department of Administration will make the final decision.

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.

\_\_\_\_\_  
(Signature of applicant)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of applicant)

Date: \_\_\_\_\_