

SOUTHERN HOUSING REGION
RENTER-OCCUPIED REHABILITATION PROGRAM

For office use only:

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 owed 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

What Improvements do you most want on your property?

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

****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)		

	Apt #1	Apt #2	Apt #3	Apt #4
Monthly Rent				
Utilities Included – Yes/No				
Number of People				
Number of Bedrooms				

Complete the information below for all rented units.

Apartment #1	Apartment #2
Name:	Name:
Mailing address:	Mailing address:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Email address:	Email address:

Apartment #3	Apartment #4
Name:	Name:
Mailing address:	Mailing address:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Email address:	Email address:

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



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

YES _____ NO _____ (please check one)

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: _____

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 in monthly installment payments or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note and there is no pre-payment penalty.
- ☐ I understand the Southern Housing Region 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 Region 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.
- ☐ Failure to comply with these conditions could result in the withdrawal of the Southern Housing Region participation or the recall of the full amount of the Southern Housing Region 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.

COUNTY RENTAL UNIT LOCATED IN? _____
(You MUST complete)

Attach copies of the following:

- _____ Full and complete description of the property as shown on your deed, mortgage or land contract.
- _____ Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments.
- _____ A copy of your most recent property tax bill or a recent appraisal.
- _____ Copy of your homeowner's insurance policy.
Ins. Co.: _____ Name of Agent: _____
Policy #: _____ Phone # of agent: _____

CONFLICT OF INTEREST
Do you have any family or business ties to any of the following people? Yes_____ No_____
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

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.

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.

Date: _____

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