

**RETURN APPLICATION TO:**

Winneconne Community Development  
30 S. First Street  
Winneconne, WI 54986



## Village of Winneconne Home Rehabilitation Assistance Program Application

**Directions:** Homeowners who reside in the Village of Winneconne may apply for financial assistance with home rehabilitation. Homeowners must be income eligible, the project must qualify for rehabilitation need per program guidelines, and funding must be available.

Complete the full application including all attachments. Failure to complete all sections may delay the process. Submitting an application does not automatically qualify you for assistance. If you are married, it is required that your spouse be listed as the co-applicant.

**Please print clearly.**

Address rehab work to be completed at: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

Applicant First, Middle and Last Name \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: Home/cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:    Single    Separated    Married    Widowed    Divorced

Co-Applicant First, Middle and Last Name \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: Home/cell \_\_\_\_\_ Work \_\_\_\_\_

**Include all other individuals who reside at this address a minimum of SIX months per year:**

First, Middle and Last Name	Age	Date of Birth	Relationship	Full Time Student (yes/no)

**WISCONSIN MARITAL PROPERTY ACT CREDIT APPLICATION FORM**

In order to comply with the provisions of the WI Marital Property Act, it is necessary for you to provide the following information:

- 1. Marital Status:  Married     Unmarried     Legally Separated (Date of Decree)\_\_\_\_\_
- 2. If married: Spouses full name:\_\_\_\_\_
   
Spouse's full mailing address:\_\_\_\_\_
- 3. 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.

**INCOME AND EMPLOYMENT HISTORY - Complete for ALL household members**

What is your TOTAL GROSS monthly household income?                    \$ \_\_\_\_\_

Indicate total income from all sources before taxes. State who is receiving income in your household:

\$ _____ SSI	\$ _____ UNEMPLOYMENT COMPENSATION
\$ _____ SOCIAL SECURITY	\$ _____ WORKMAN'S COMPENSATION
\$ _____ VETERAN'S BENEFITS	\$ _____ CHILD SUPPORT/ALIMONY
\$ _____ PENSION/RETIREMENT	\$ _____ INTEREST/DIVIDENDS
\$ _____ TANF / W2	\$ _____ OTHER: _____
\$ _____ RENTAL INCOME	\$ _____ OTHER: _____

<u>(WAGES)</u>	<u>(EMPLOYER)</u>	<u>(ADDRESS)</u>	<u>(# OF YEARS EMPLOYED)</u>
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____

Any other income or public benefits:\_\_\_\_\_

Are you currently a party to a lawsuit, or have reason to believe you will be in the next 12 months:    Yes    No

Are you a United States Citizen or Qualified Alien:    Yes    No

Are you presently delinquent or in default on any debt, loans, mortgage, credit, financial obligations?    Yes    No

**ASSET INFORMATION**

Household member      Bank      Checking/Savings      Current Amount

Bank Account 1: \_\_\_\_\_

Bank Account 2: \_\_\_\_\_

Bank Account 3: \_\_\_\_\_

Bank Account 4: \_\_\_\_\_

Bank Account 5: \_\_\_\_\_

Retirement / 401k / Investment / Property Ownership (provide details): \_\_\_\_\_

\_\_\_\_\_

Any other assets: \_\_\_\_\_

**CREDIT / DEBT INFORMATION**

Monthly Mortgage Amount: \_\_\_\_\_ Total owed on mortgage: \_\_\_\_\_

List all loans (bank, payday, school, vehicle, home, etc), charge accounts, credit cards, judgments, or government debt:

(household member)      (type of debt)      (current: Y/N)      (total owed)      (monthly requirement)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

Total Debt: \_\_\_\_\_ Total Monthly Requirement: \_\_\_\_\_

Other Debt information \_\_\_\_\_

**By signing this application, I/we the undersigned, indicate and agree to:**

1. That the information provided is full, true and complete to the best of my/our knowledge and that any intentional misrepresentation or withholding of relevant information will remove my/our application from consideration.
2. That I/we have no objections to inquiries being made by the Housing Authority or it's agents for the purpose of verifying the information provided herein..
3. I/we intend to occupy the property as my/our principal residence
4. That all household income of any/all household members that are/will be living in the household has been disclosed.
5. The property will not be used for any illegal or prohibited purpose or use;
6. The Housing Authority, its agents, successors, and assigns will rely on the information contained in the application. I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change.

**Additional Loan Agreements:**

1. The loan requested by this application will be secured by a mortgage or deed of trust on the property purchased with the assistance of this application;
2. In the event payments on the loan indicated in this application become delinquent, The Housing Authority, its agents, successors, and assigns may, in addition to all their other rights and remedies, report my name and account information to a credit reporting agency;
3. Ownership of the loan may be transferred to successors or assigns of The Housing Authority and Village of Winneconne without notice to me and/or the administration of the loan account may be transferred to an agent, successor, or assign of The Housing Authority and Village of Winneconne without prior notice to me.
4. The Housing Authority and Village of Winneconne, agents, successors, and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

**Certification: I certify that the information provided in this application is true and correct as of the date of my signature on this application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information in this application may result in civil liability and/or criminal prosecution.**

\_\_\_\_\_  
Applicant PRINT NAME

\_\_\_\_\_  
Applicant SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant PRINT NAME

\_\_\_\_\_  
Co-Applicant SIGNATURE

\_\_\_\_\_  
Date

**PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:**

1. Proof of income from **all sources**. For example, if **all/any adults**:
  - A. are **employed**, bring 3 most recent paycheck stubs from **each** job or a statement from your employer of the number of hours you work per week and your rate of pay - include a 3 month tip print out if applicable. If you receive a retirement (401k, 403b), you must provide a printout.
  - B. receive **child support**, bring a current 12 month printout from the child support office.
  - C. receive **Social Security/SSI** (both State and Federal), bring a copy of the award letter or a print out from the Social Security office. You are able to obtain an immediate printout through [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount), which you can print and bring to the appointment.
2. Six (6) MONTHS of checking and/or savings account bank statements, a copy of any stocks or bonds and a copy of any other assets you may have.
3. Last one (1) year of Federal and State Tax Returns, W2s and 1099s
4. Records of existing debts owed, including (but not limited to) car loan, credit card balances, school loans, judgment balances owed, or other debts.
5. Copy of most recent **award letter** from public assistance office (**Food Stamps / W-2**) if applicable that details benefits such as food stamps, medical assistance etc.
6. Most recent mortgage loan statement (if any)
7. Copy of Driver's License or state ID

**FAIR HOUSING ACT INFORMATION FORM**

The following information is requested in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so. The Housing Authority and the Village of Winneconne may neither discriminate on the basis of this information, nor on the basis of whether or not you choose to furnish it. Under Federal regulations we are required to note race and gender on the basis of visual observation or surname even if you do not choose to supply such information.

	<b>Applicant</b>	<b>Co-Applicant</b>
Race/National Origin	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> American Indian/Alaskan Native & White
	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American
	<input type="checkbox"/> Other/Multi-racial	<input type="checkbox"/> Other/Multi-racial
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Male
	<input type="checkbox"/> Female	<input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino

Applicant: I do not wish to furnish this information

Co-Applicant: I do not wish to furnish this information

**Applicant Print Name:** \_\_\_\_\_

## HOME REHABILITATION QUESTIONS

**Applicant Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Approximate Fair Market Value:** \_\_\_\_\_

**Approximate Mortgage Loan Balance:** \_\_\_\_\_

**Homeowner's Insurance Agency and Phone:** \_\_\_\_\_

**Answer all of the questions below to the best of your ability.**

1. Approximate age of your home / unit: \_\_\_\_\_

2. Is your property currently insured?    Yes        No

3. Are there any delinquent property taxes?    Yes        No

4. Is this property owner-occupied?    Yes        No

5. Is this property your primary residence?    Yes        No

6. If this is a rental property, how many units are there? \_\_\_\_\_

7. Is this property currently on the market for sale?    Yes        No

8. Are you currently in foreclosure or late on your mortgage payments?    Yes        No

9. Is your home currently owned under a land contract or lease to purchase agreement?    Yes        No

10. Is your home historic, or could it be considered historic?    Yes        No

11. Is your home located in a floodplain?    Yes        No

12. Is your home located along a riverbank?    Yes        No

13. Is your home located within 1,000 feet of an interstate or US highway?    Yes        No

14. Is your home located in a wetland area?    Yes        No

15. Do you get your water from a private well or municipal source? \_\_\_\_\_

16. Do you have a private onsite waste water treatment system or public waste water treatment system? \_\_\_\_\_

17. Is your home in a residentially zoned area?    Yes        No

18. Is anyone in your home disabled or have a medical condition that is aggravated by conditions in the house?    Yes    No

    a. Can you obtain a medical doctor's certification of the illness or disability?    Yes    No

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

Justin Mitchell, Home Program Coordinator; Susan van Houwelingen, HA Director; Mitch Foster, Winneconne Administrator; Luann Ziebell, Housing Authority Accountant; John Rogers, Ed Fischer; John Bartow; Chris Ruetten; Terri Kasuboski, Winneconne CDBG Review Committee members.

If yes, detail relationship: \_\_\_\_\_

## DESIRED REHABILITATION / HOME MODIFICATIONS

Please describe the areas of your home MOST in need of repair/rehabilitation, in order of need (attach additional pages if necessary). Failure to provide sufficient details may result in a delay in rehabilitation services. The program has a cap of \$24,500 per application.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

**Additional Details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had any previous home repair/rehabilitation performed on this property with community development block grant funds? YES NO

If YES, which home repairs? \_\_\_\_\_

Are you working with another organization to address any of the above needed repairs? YES NO

If YES, which organization(s) \_\_\_\_\_



**Privacy & Disclosure Notice**

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

- Information that you provide to us, such as on applications or other forms;
- Information about your transaction with us or others; and
- Information from others, such as credit bureaus, 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 or 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 as described in this notice.

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE**

Each of the undersigned hereby acknowledges the receipt of completed copies of the Privacy Notice.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## ACKNOWLEDGEMENT OF LOAN CLOSING COSTS

There is no fee to submit this application.

Verifications, letter report, inspection, and other fees are assessed as part of the application process. **The cost for these services will be included in the CDBG program to the owner.** The services include:

- Letter Report Fee \$45
- Initial Housing Quality Standards (HQS) Assessment \$75
- Interim HQS Assessment(s) (if necessary) \$75
- Final HQS Assessment \$75
- Lead-Based Paint Risk Assessment (if necessary) \$200
- Lead-Based Paint Clearance (if necessary) \$150
- Asbestos Assessment (if necessary) \$150
- Recording Fee \$30

If you withdraw your application or we are unable to proceed because of inadequate equity, judgments, liens, or unpaid taxes, before the loan is closed but after the costs are incurred, you will be expected to reimburse the CDBG program for the inspection fee, title search, and any other costs incurred to the point of withdraw. A copy of the bill will be given to you for your records. Signing this form is your acknowledgement and agreement to pay for the services charged.

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

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

# Household Income Limits

Household Size	Maximum 80% CMI
1	\$39,850
2	\$45,550
3	\$51,250
4	\$56,900
5	\$61,500
6	\$66,050
7	\$70,600
8	\$75,150

2018

	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
30% LIMITS	14950	17100	19250	21350	23100	24800	26500	28200
VERY LOW INCOME	24900	28450	32000	35550	38400	41250	44100	46950
60% LIMITS	29880	34140	38400	42660	46080	49500	52920	56340
LOW INCOME	39850	45550	51250	56900	61500	66050	70600	75150

