

**SOUTHERN HOUSING REGION**  
**RENTER-OCCUPIED REHABILITATION PROGRAM**

For office use only: APPLICATION NUMBER: _____ DATE: _____
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OWNER'S NAME(S) \_\_\_\_\_

ADDRESS (of property to be rehabilitated): \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S TELEPHONE NUMBER: \_\_\_\_\_

OWNER'S EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF APARTMENTS IN THE HOUSE:      Current: \_\_\_\_ Proposed: \_\_\_\_

NAMES OF ALL OWNERS AS THEY APPEAR ON THE DEED:  
 \_\_\_\_\_  
 \_\_\_\_\_

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?**

<b>Apartment #1</b>	
<b>Apartment #2</b>	
<b>Apartment #3</b>	
<b>Apartment #4</b>	
<b>Interior Common Areas</b>	
<b>Exterior</b>	

**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)		

**\*\*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.**

	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.

<b>Apartment #1</b>	<b>Apartment #2</b>
Name:	Name:
Mailing address:	Mailing address:
City, State, Zip:	City, State, Zip:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Email address:	Email address:

<b>Apartment #3</b>	<b>Apartment #4</b>
Name:	Name:
Mailing address:	Mailing address:
City, State, Zip:	City, State, Zip:
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** (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 year, please attach a copy of your appraisal.**

**HOMEOWNERS INSURANCE**

Name of Insurance Co.: \_\_\_\_\_ Name of Agent: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Phone Number of agent: \_\_\_\_\_  
Address 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 also understand that I am required to supply proof of insurance annually, including any changes in insurance.
- 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 \$525 in project review fees. These fees are included in the loan.

**COUNTY RENTAL UNIT LOCATED IN? \_\_\_\_\_ (You MUST complete)**

**Please attach copies of the following:**

- 1. Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments.**
- 2. A copy of your most recent property tax bill or a recent appraisal.**
- 3. Copy of your homeowner's insurance policy.**

<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	Alene Bolin, Sauk County Committee Member
Lois Schepp, Columbia County Committee Member	Nicole Hill, Walworth County Committee Member
Nate Olson, Dodge County Committee Member	Jay Shambeau, Washington County Committee Member
Ben Wehmeier, Jefferson County Committee Member	Kari Justmann, Housing Team Leader
Andy Buehler, Kenosha County Committee Member	Susan Maier, Housing Program Specialist
Andrew Struck, Ozaukee County Committee Member	Sue Koehn, Housing Program Specialist
Julie Anderson, Racine County Committee Member	Stacy Griswold, Housing Program Assistant
Colin Byrnes, Rock County Committee Member	

<b>If yes, list name of person and disclose the nature of the relationship:</b>	

**APPEAL PROCESS**

Any 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 Program Administrator. If the applicant appeals the Program Administrator's decision, the CDBG Housing Committee will review the appeal. If the applicant would like to appeal the CDBG Housing Committee's decision, the applicant may appeal to DOA/DEHCR. DOA/DEHCR will review for consideration and a written response will follow to the applicant. DOA/DEHCR's determination on the appeal is final.

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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 permission.

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.

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

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

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

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

**Return application to:**  
 Southern Housing Region  
 CDBG Housing Program  
 201 Corporate Drive  
 Beaver Dam, WI 53916

Phone: 800-552-6330 Fax: 920-887-4250 Email: sgriswold@msa-ps.com