

CITY OF RHINELANDER
OWNER OCCUPIED
REHABILITATION PROGRAM

Attached is an application for the City of Rhinelander 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.

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

City of Rhinelander
CDBG Rehabilitation Program
C/O Kari Justmann
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: kjustmann@msa-ps.com

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 MUST 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.) |
|----------------|-------------|-----------------|-------------|-------------------|---------------|---|
| | | | | | | |
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| | | | | | | |

****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 electrical 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 Oneida County:

| Household Size | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| | \$33,750 | \$38,550 | \$43,350 | \$48,150 | \$52,050 | \$55,900 | \$59,750 | \$63,600 |

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.

| <p>Circle Y for Yes, N for No</p> | <p>Income Source</p> | <p>Documentation Required</p> |
|---|---|---|
| <p>1. Y N</p> | <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> |
| <p>2. Y N</p> | <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> |
| <p>3. Y N</p> | <p>Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home.</p> | <p>\$ _____</p> |
| <p>4. Y N</p> | <p>Unemployment benefits and/or Worker's Compensation.</p> | <p>Will need most recent 3 months of check stubs</p> |
| <p>5. Y N</p> | <p>Veteran's Administration, GI Bill, or National Guard/Military benefits/income.</p> | <p>Send most recent benefit statement</p> |
| <p>6. Y N</p> | <p>Social Security payments.</p> | <p>Send benefit statement</p> |
| <p>7. Y N</p> | <p>Income from family members age 17 and under (example: Social Security, Trust Fund disbursements, etc.)</p> | <p>Send most recent benefit statement</p> |
| <p>8. Y N</p> | <p>Supplemental Security Income (SSI).</p> | <p>Send most recent benefit statement</p> |
| <p>9. Y N</p> | <p>Disability or death benefits other than Social Security.</p> | <p>Send most recent benefit statement</p> |
| <p>10. Y N</p> | <p>Public Assistance (examples: TANF, AFDC, W2)</p> | <p>Send most recent documentation</p> |

| | | |
|---------|--|--|
| 11. Y N | Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies. If yes, list sources and whose name is on account: 1) _____ 2) _____ | Send most recent documentation \$ _____ \$ _____ |
| 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 | I am entitled to receive Child Support Payments. If yes, then answer the following: <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 <input type="checkbox"/> I am not receiving any child support payments but it is court ordered that I do. Check one: <input type="checkbox"/> I am not pursuing the payments for the following reasons: _____ <input type="checkbox"/> I am making efforts to collect the child support owed to me. Please list the efforts you are making: _____ | Will need last 3 months of what you have received and copy of court order \$ _____ \$ _____ |
| 15. Y N | Section 8 rental assistance | Will need last 3 months of what you have received \$ _____ |
| 16. Y N | Income from a source other than those listed above. If yes, list sources: 1) _____ 2) _____ | Will need last 3 months of what you have received \$ _____ \$ _____ |

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 OR a signed statement from bank with 6 month average balance. | Name on Account _____ _____ |

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

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

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

| Question Number | Name on Asset and Name of company, financial institution or source | Mailing address, telephone and fax number of company, financial institution or source |
|-----------------|---|--|
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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 of transfer of property.
- I understand the City of Rhinelander will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, the City of Rhinelander 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.
- I authorize the City of Rhinelander 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 City of Rhinelander
- Failure to comply with these conditions could result in the withdrawal of the City of Rhinelander participation or the recall of the full amount of the City of Rhinelander loan plus interest.
- I understand there is a \$50 - \$100 fee for a title search, a \$30 fee to record your mortgage and \$500 in project review fees. These fees are included in the loan.

CONFLICT OF INTEREST

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

| | |
|--------------------------------------|---------------------------------|
| Kris Hanus, Mayor | Austyn Zarda, Clerk |
| Councilmember, Committee Member | Councilmember, Committee Member |
| Robbie Davister, Committee Member | Citizen, Committee Member |
| Kari Justmann, Housing Team Leader | Wendi Bixby, Finance Director |
| Barbara Skibinski, Program Assistant | |

If yes, disclose the nature of the relationship:

| Names of covered person | |
|--------------------------------|--|
| | |
| | |

APPEAL PROCESS

An applicant may appeal the decision of the Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request. If the Program Administrator again determines the applicant to be ineligible, the CDBG Housing Committee will hear 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 City of Rhinelander to obtain verification of any information contained in this application from any source named herein. We have given our permission to the City of Rhinelander 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 City of Rhinelander and will be used for no other purpose.

(Signature of applicant)

Date: _____

(Signature of applicant)

Date: _____