



Dear Homeowner:

Thank you for your interest in our homeowner rehabilitation program.

Please complete the application and submit all supporting documentation listed on the application checklist. Once we have received all of the information required from you, we will begin processing your application and loan request.

Please refer to the enclosed overview regarding each step you can expect throughout the process.

Please note, these funds are available on a first come first serve basis and are restricted to the program rules and regulations.

The Wisconsin Partnership for Housing Development, Inc. is a nonprofit organization that administers this housing rehabilitation deferred loan program for Rock County. We are eager and happy to provide you with any assistance completing the application, or answer any questions you might have about the program or process.

Please contact me with any questions you may have. I look forward to assisting you with your housing rehabilitation needs.

Sincerely,

A handwritten signature in blue ink, appearing to read "Heather Boggs".

Heather Boggs
Program Administrator
Wisconsin Partnership for Housing Development, Inc.



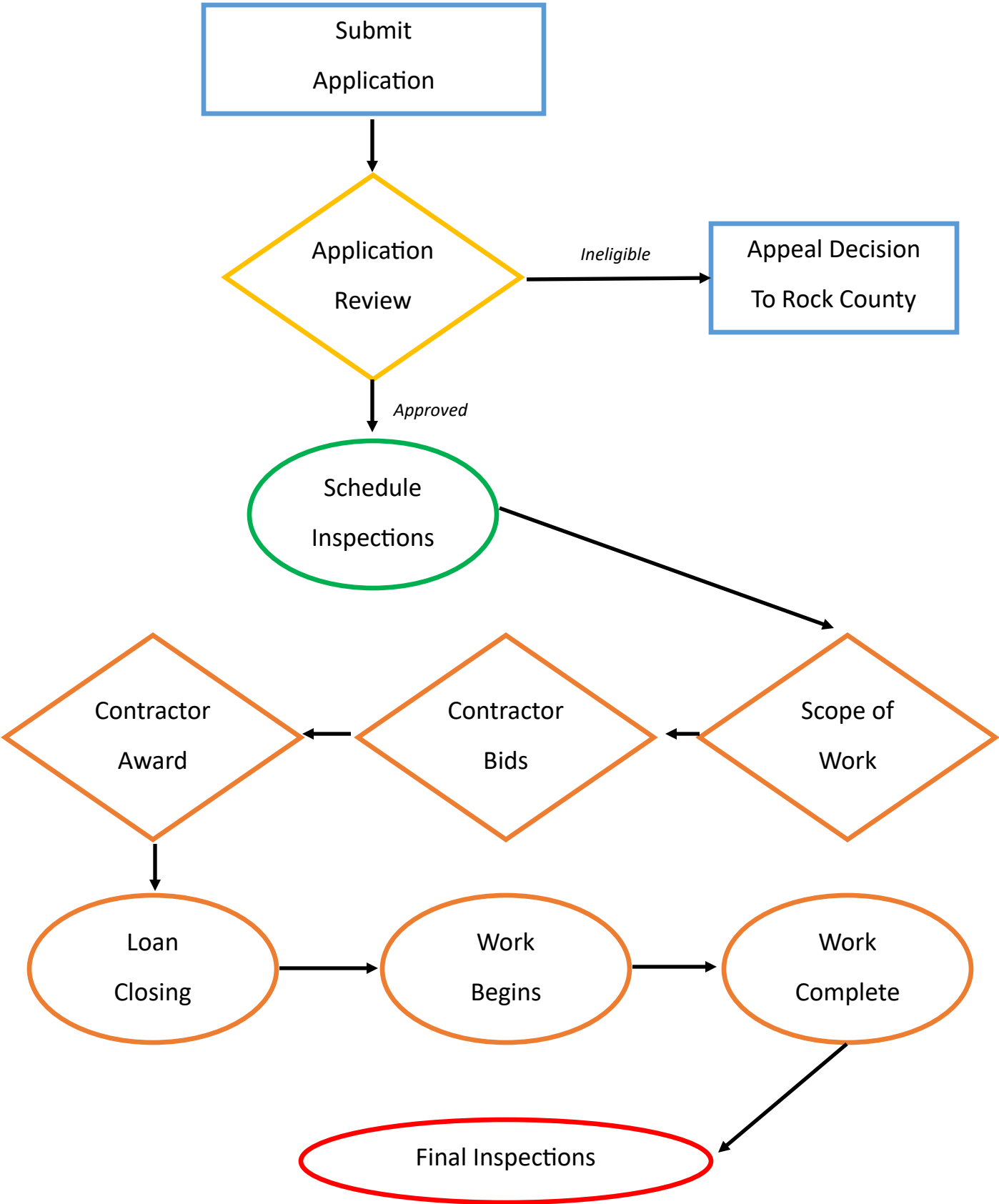
HOME OWNER REHABILITATION DEFERRED LOAN PROGRAM

Rehabilitation Deferred Loan Program Guidelines

Purpose:	The purpose of this program is to provide easy access to rehab funds for low to moderate income households who are in need of modest home repairs (not to exceed \$24,999).																
Eligible Households:	<p>Eligible recipients must have total household income equal to or less than 80% of the area median income adjusted by household size. The current income limits are listed below:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>1 person</th> <th>2 people</th> <th>3 people</th> <th>4 people</th> <th>5 people</th> <th>6 people</th> <th>7 people</th> <th>8 people</th> </tr> </thead> <tbody> <tr> <td>\$40,900</td> <td>\$46,750</td> <td>\$52,600</td> <td>\$58,400</td> <td>\$63,100</td> <td>\$67,750</td> <td>\$72,450</td> <td>\$77,100</td> </tr> </tbody> </table>	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people	\$40,900	\$46,750	\$52,600	\$58,400	\$63,100	\$67,750	\$72,450	\$77,100
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Eligible Properties:	Owner-occupied, single-family attached or detached units (condominium). The property must be located in Rock County, <u>outside</u> the cities of Janesville and Beloit. Property must not exceed HUD's after rehab maximum fair market value for Rock County, which is currently \$170,000 .																
Eligible Repairs:	<p>Priority repairs activities include repairs to mechanical or structural items that present an imminent health and safety problem, such as:</p> <ul style="list-style-type: none"> ➤ roofs ➤ mechanical systems (i.e., furnaces and hot water heaters) ➤ plumbing, water or water/sewer laterals in disrepair ➤ windows in disrepair ➤ foundations ➤ siding ➤ improvements to the interior of the home in bathrooms and kitchens ➤ any accessibility improvements 																
Loan Terms:	0% deferred loan due upon sale or transfer of home or non-owner occupancy																
Loan Terms, Senior Plus Program:	For homeowners age 55 years or older, one half of the total rehab loan is forgiven at the end of 5 years. The remaining half is due upon sale or transfer of home, or non-owner occupancy.																
Max/Min Loan Amounts:	\$24,999/\$1,000																
Fees:	\$30 check payable to Register of Deeds, due at closing, for each mortgage to be recorded																
Administrator:	<p>Wisconsin Partnership for Housing Development 821 E Washington Ave, Ste 200W, Madison, WI 53703 Contact person: Heather Boggs 608.258.5560 X32 info@wphd.org</p>																

Rock County Homeowner Rehab Deferred Loan Program:

Process Overview





HOME OWNER REHABILITATION DEFERRED LOAN PROGRAM

Application Checklist

Applicant(s):

Address:

PLEASE FORWARD COPIES OF ALL APPLICABLE ITEMS LISTED BELOW:

- _____ All pages of the attached application – completed, signed and dated
- _____ 2 months of most recent paycheck stubs in sequential order
- _____ If you are self-employed, your past two years of tax returns (including Schedule C) and a current year-to-date income/expense report
- _____ SSI, SSDI Award Letter for the current year
- _____ Pension/Retirement statement reflecting gross payment amount and schedule
- _____ Child support verification (a copy of the Court Order, or a current payment history)
- _____ 6 months of current checking bank statements
- _____ The most current statement for savings accounts, money markets, IRAs, CDs, etc.
- _____ Copy of current Homeowners Insurance Policy declarations page
- _____ Property tax bill showing Fair Market Value
- _____ Copy of most recent mortgage bill stating your current balance



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

ELIGIBILITY APPLICATION

Applicant Information			
Name of Applicant			
Name of Co-Applicant			
Street Address			
City/Zip Code			
Home Phone		E-mail Address	
This information will not be used to discriminate against, exclude from participation in, or deny benefits to any applicant on the grounds of race, color, religion, sex, age handicap or national origin (optional).			
APPLICANT		CO-APPLICANT	
Are you a United States citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity	Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity	Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race			
American Indian or Alaskan Native	<input type="checkbox"/>		<input type="checkbox"/>
Asian	<input type="checkbox"/>		<input type="checkbox"/>
Black or African American	<input type="checkbox"/>		<input type="checkbox"/>
White	<input type="checkbox"/>		<input type="checkbox"/>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

Home is located in: City Town Village of _____

Home is located in Rock County: Yes No

Year house built (approximate): _____

Number of bedrooms: _____

Date home was purchased: _____

Do you own other real estate property? _____ Yes _____ No

If yes, provide address of property	
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Household members: (List all individuals living in the home, including applicant and co-applicant)

Name	Relationship	Date of Birth	Social Security Number

Do any members of the household have a physical disability? ___Yes ___No

Are there any pregnant women or children under the age of 6 living in the home? ___Yes ___No

<u>INCOME DATA</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>	<u>OTHER MEMBERS</u>	<u>TOTAL</u>
Gross Pay/Commissions	\$_____ /month	\$_____	\$_____	\$_____ /month
Business Income	_____	_____	_____	_____
AFDC/Social Services	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Pension/Disability	_____	_____	_____	_____
Alimony/Child Support	_____	_____	_____	_____
Other (Specify):	_____	_____	_____	_____
TOTAL	\$_____ /month	\$_____	\$_____	\$_____ /month

PRESENT EMPLOYMENT

APPLICANT

Company Name _____
 Street Address _____
 City/State/Zip _____

Employment From _____ to _____
 Supervisor _____

CO-APPLICANT

Company Name _____
 Street Address _____
 City/State/Zip _____

Employment From _____ to _____
 Supervisor _____

OTHER EMPLOYMENT

Company Name _____
 Street Address _____
 City/State/Zip _____

Employment From _____ to _____
 Supervisor _____

EXISTING DEBT OF PROPERTY TO BE REHABILITATED

Original Amount of 1st Mortgage \$_____ Current Balance \$_____

Name of Lender _____
 Street Address _____

City/State/Zip _____

List other mortgages or liens, including equity loans or lines of credit

Original Amount \$ _____ Current Balance \$ _____

Name of Lender _____

Street Address _____

City/State/Zip _____

Are property taxes paid up to date? _____ Yes _____ No If no, Delinquent Amount \$ _____

Have you ever declared bankruptcy? _____ Yes _____ No If yes, please provide date: _____

Have you ever received other HOME, CDBG, or Lead Hazard funds for the rehab or purchase of your home? _____ Yes _____ No

Briefly describe the repairs or improvements you wish to complete:

I/we certify that all information supplied in this Eligibility Application, and all information provided relating to such application, is given for the purpose of obtaining a rehabilitation loan, and is true and complete to the best of my/our knowledge. Verification of information may be made from any and all sources. I/we agree to provide, upon request, documentation on all income sources to the Wisconsin Partnership for Housing Development, Inc., Rock County or the U.S. Department of Housing and Urban Development. I/we agree to comply with all terms, conditions and requirements as a condition of such loan, and understand that any willful misrepresentation may result in criminal prosecution. I/we certify the property for which we are requesting a rehabilitation loan is my/our primary residence.

Signature _____ Date _____

Signature _____ Date _____

Return completed Application and all applicable items on the Application Checklist to:

Wisconsin Partnership for Housing Development, Inc.
821 E Washington Ave, Ste 200W
Madison, WI 53703
Email: info@wphd.org
Fax: 608.258.5565

Program Administrator: Wisconsin Partnership for Housing Development, Inc.
821 E Washington Ave, Ste 200W, Madison, WI 53703
phone: 608.258.5560 • fax: 608.258.5565 • info@wphd.org



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

BORROWER AUTHORIZATION

I/We, _____, Applicant, and _____,

Co-applicant, who reside at _____

hereby authorize the release of all pertinent information to the Wisconsin Partnership for Housing Development, Inc. for use in determining my/our eligibility for a rehabilitation loan offered through Rock County.

This authorization entitles:

- All financial institutions in which I/we have/had business transactions
- Places of employment
- Any other organization having access to pertinent information

to release said information to the Wisconsin Partnership for Housing Development, Inc. when a written request is supplied along with a copy of this document.

Signature of Applicant

Date

Signature of Co-Applicant

Date



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family from Lead in Your Home* informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Signature of Applicant

Date

Signature of Co-Applicant

Date



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

Conflict of Interest Disclosure

Do you have family¹ or business ties to any of the following people? YES NO

- Any employee of Rock County
- Any elected Rock County Official
- Any member of the Rock County Housing Authority
- Any member of the Rock County Planning and Development Committee
- Any employee of the Wisconsin Partnership for Housing Development
- Any Board member of the Wisconsin Partnership for Housing Development

Signature of Applicant

Date

Signature of Co-Applicant

Date

¹ For these purposes, family includes: spouse, fiancée, children, children-in-law, brothers, brother-in-law, sisters, sister-in-laws, parents, parent-in-laws.



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

Authorization to Pull Credit Report

By signing below, I/we hereby authorize Wisconsin Partnership for Housing Development to pull my/our consumer credit report(s) as administrator of the Rock County Home Owner Rehabilitation Deferred Loan Program.

I/we understand this credit report will be retained on file and the information will not be disclosed without my prior written consent.

Signature of Applicant

Date

Signature of Co-Applicant

Date



**HOME BUYER DOWN PAYMENT ASSISTANCE
DEFERRED LOAN PROGRAM**

CERTIFICATION OF MARITAL STATUS

In order to comply with the provisions of the Wisconsin 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:
 - a. Spouse's Name _____
 - b. Spouse's Address _____
3. **Notice to married applicants:** No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to s. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under s. 766.59, or court decree under s. 766.70 to Wisconsin Statutes adversely affects the creditor unless the creditor is furnished a copy of the document prior to the credit transaction or has actual knowledge of it adverse provisions at the time the obligation is incurred.
If you wish to have a marital property agreement, unilateral statement or court decree considered in connection with your application, you may enclose a copy of it with this form.

By signing below, hereby certify that the information provided above is accurate.

Signature of Applicant

Date

Signature of Co-Applicant

Date