

Date _____ Time _____



City of Wausau
Homeowner Rehabilitation Program
APPLICATION FOR DEFERRED PAYMENT LOAN

To the applicant: The information on this form will be used to determine your eligibility for a Homeowner Rehabilitation Loan. The undersigned applicant/applicants first duly sworn on oath deposes and says:

HOUSEHOLD INFORMATION

Name of Applicant _____
(First) (Middle) (Last)

Social Security Number _____ DOB _____

Spouse/co-applicant _____
(First) (Middle) (Last)

Social Security Number _____ DOB _____

Address _____ Home Phone _____

City _____ Zip _____ Work Phone _____

INCOME INFORMATION

Income means any amount received from, but not limited to, the following sources by any resident:

Any Public Assistance including but not limited to Welfare, AFDC, Social Security, SSI and Unemployment Compensation. Salaries including commissions, bonuses, overtime pay and tips.

Pensions and Annuities, Estate or Trust Income, Rental Income, payments received from properties being sold on Land Contract, Alimony and Child Support.

VA Educational Grants, Gains from sale of property or securities, Business Profit for self employed individuals, including farmers.

List all residents of your household, include yourself. Include their name, age and income if any.

- Incomes listed should include all income which your household can reasonably expect to receive during the next 12 months.
- “Resident” means any person, other than a renter, living in the household for at least 9 months of the year.

Household Member	Relationship to Applicant	Age & DOB	Income Sources and Amounts
			Source _____ Address/phone _____ Length/employment _____ Weekly/monthly income _____
			Source _____ Address/phone _____ Length/employment _____ Weekly/monthly income _____
			Source _____ Address/phone _____ Length/employment _____ Weekly/monthly income _____
			Source _____
			Source _____
			Source _____
			Source _____
			Source _____

ANTICIPATED ANNUAL INCOME					
Family Members	Wages/Salaries	Benefits/Pensions	Public Assistance	Other Income	Asset Income
					Enter the greater of Lines 2 or 3 on Assets Chart in E.
Totals	A.	B.	C.	D.	E.
Enter the total of items from A. through E. This is Annual Income					

Total annual gross household income of _____ for a household of _____.

Income Limit _____.

The verified gross household income is the income which is used to determine eligibility for the deferred payment loan.

LIQUID ASSET INFORMATION

List the cash value of assets held by all residents of your household. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

ASSETS (i.e checking/savings/money market accounts, CDs etc.)			
Banking Institute	Asset Description	Current Cash Value of Assets	Actual Income from Assets
1. Net Cash Value of Assets.....			
2. Total Actual Income from Assets.....			
3. If Net Cash Value is greater than \$5,000, multiply line by 2% (passbook rate) and enter results here; otherwise, leave blank			

Asset descriptions include, but not limited to: Checking & Savings Accounts, Securities or US Savings Bonds, Redemption value of life insurance policy, 401K's, Mutual Funds, and any other investments.

Current market value of real estate, excluding the property to be improved and up to 2 surrounding acres. If you own property which is being sold under a land contract sales agreement, list the amount of which is owed to you and the amount which you owe on the property.

- A. Owed to you by _____ \$ _____
- B. You owe to _____ \$ _____
- C. Difference \$ _____

Primary personal automobile(s):

Year _____ Make _____ Value \$ _____

Year _____ Make _____ Value \$ _____

LIABILITY INFORMATION – HOMEOWNERS

List all financial obligations that are recorded against the property. (Mortgage, liens, delinquent taxes).

To Whom Indebted (Name and Address)	Purpose	Present Balance	Monthly Payment	Closing Date	Interest Rate	Loan Type
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Escrow for property taxes? _____

TOTALS \$ _____ \$ _____

PROPERTY INFORMATION - Provide the following information about the property that you wish to improve with the rehabilitation funds.

- Assessed Value \$ _____ Purchase price \$ _____
Appraised Value \$ _____ Date of Appraisal _____
- ___ 1 Family ___ Duplex ___ Triplex ___ Fourplex
- Years in residence _____
- Age of the House _____
- Land Contract (Title Holder) _____
- Life Estate (Title Holder) _____
- Homeowner's Insurance Company _____
- Agent _____
- Is the property located in the flood plain as defined by the Department of Housing and Urban Development Federal Insurance Administration Map? _____ If so, do you have flood insurance? _____
- Homeowner's Insurance Policy _____ Dated _____ Dwelling coverage _____
- Property Tax Bill _____
- Income Taxes _____
- Verification of Income _____

CERTIFICATION BY APPLICANT(S)

The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a loan under the City of Wausau Housing Rehabilitation Program and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifies that he/she is the owner of the property described in this application and that the rehabilitation loan proceeds will be used only for the work and materials necessary to meet the rehabilitation standards, as applicable, which are prescribed for the property described in this application. If the Rehabilitation Staff determines that the rehabilitation loan proceeds will not or are not used for the purpose described, the applicant agrees that the proceeds shall be returned forthwith, in full, to the Government, and acknowledges that, with respect to such proceeds so returned, he/she shall have no further interest, right or claim.

The applicant covenants and agrees that he/she will comply with all the City of Wausau Housing Rehabilitation Program terms and conditions described in the Housing Rehabilitation Program Guidelines.

The applicant covenants and agrees that he/she has knowledge of the City of Wausau Housing Rehabilitation Program Repayment Agreement and that he/she will sign the Repayment Agreement upon project approval.

Verification of any of the information contained in this application may be obtained from any source named herein.

I (We) hereby consent to authorize the Community Development Department, after the giving of reasonable notice, to enter the improved property for the purpose of determining that the proposed improvements have been completed.

The solicitation of qualified contractors will be done by Community Development; however, homeowners are allowed to solicit additional bids if they wish. The selection of the contractor will be a joint decision between Community Development and the homeowner. Acceptance of materials used is the applicant's responsibility. The Community Development Department does not guarantee the material or workmanship of the work performed.

If applicable, the applicant agrees that he/she will purchase flood insurance for:

1. The value of the rehabilitation improvement for the life of the rehabilitation improvement or
2. The value of the rehabilitation improvement for the life of the loan, whichever comes first.

The life of the rehabilitation improvements, as determined by the Housing Subsidy Agency, is six years from the date of project approval.

MARITAL PROPERTY STATEMENT:

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.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender’s compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the below information, please check the box below. (Lender must review the below material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

Borrower:

I do not wish to furnish this information

Ethnic background:

Hispanic Other

Race:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black
- Balance/Other

Sex:

Male Female

Co-Borrower:

I do not wish to furnish this information

Ethnic background:

Hispanic Other

Race:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black
- Balance/Other

Sex:

Male Female

THESE QUESTION APPLY TO BOTH APPLICANT AND CO-APPLICANT

If “yes” answer is given to a question in this column, please explain on an attached sheet.

	Applicant Yes or No	Co-Applicant Yes or No
Have you ever received public assistance?	_____	_____
Are there any outstanding judgments against you?	_____	_____
Have you been declared bankrupt within the past 7 years?	_____	_____
Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	_____	_____
Are you a party to a law suit?	_____	_____
Are you obligated to pay alimony, or child support, or separate maintenance?	_____	_____
Are you a Veteran?	_____	_____
Are you a U.S. Citizen?	_____	_____
If “no” are you a qualified alien?	_____	_____

Any applicant who makes a false statement regarding his/her employment, assets, or any other relevant information in this application could be subject to prosecution for the crime of False Swearing and subject to a penalty of up to \$10,000.00 and up to five years imprisonment, or both.

Applicant Signature

Date of Application

Co-Applicant Signature

Date of Application

I (We) have received the EPA "Protect Your Family From Lead In Your Home" pamphlet on the above-mentioned date.

Initial

Initial

CONFLICT OF INTEREST:

Do you have family or business ties to any of the following people? If so, please identify relationship next to name listed.

Name of employee	Relationship to employee
Brad Lenz	
Travis Lepinski	
Sara Marquardt	
Chris Schock	
Tammy Stratz	
Ann Werth	

SIGNATURE OF PREPARER IF OTHER THAN BORROWER

I (We) certify that the statements have herein are based upon information given to me (us) by the borrower(s) and are accurate to the best of my (our) knowledge and belief.

Prepared By: _____

Representing: _____

LEAD RISK ASSESSMENT

This is to acknowledge that have been made fully aware of the Lead Risk Assessment cost. I have also been informed that if I decide **not** to continue with the Homeowner Rehabilitation Program loan, I will be responsible for the cost of the service.

Name (Please print) _____

Signature _____ Date _____

Address _____

FLOOD PLAIN QUESTIONNAIRE

1. Have you had problems with flooding in this house? _____ If yes, when?

2. To the best of your knowledge, has there been flooding prior to your ownership?
_____ If yes, when? _____
3. Where does the electrical service enter the house? _____

4. Where are the meters, etc? _____
5. Where is the furnace located? _____
6. Is there a basement? _____ Cellar? _____ Crawlspace? _____
7. Does the basement have a sump pump? _____
8. Are the basement walls waterproofed? _____
9. Are the basement walls reinforced to resist water pressure? _____
10. Do you have watertight _____ Doors, _____ Bulkheads, _____ Shutters in the
basement and/or on the first floor? _____
11. Is the house elevated in relation to the immediate surroundings? _____
12. Are there man-made barriers in the area that would hinder flood waters? _____
13. Have measures been taken to resist flotation or lateral movement? _____

APPROVAL OF APPLICATION

The undersigned has examined the application for Community Development Block Grant Rehabilitation Loan described herein, including supporting data, and finds that the application meets the requirements of the Community Development Block Grant Rehabilitation Program, as amended, and satisfies the rules and regulations issued by the City of Wausau, Wisconsin, pertaining to the Community Development Block Grant Loan Program.

Signature

Date

Title



GENERAL AUTHORIZATION

I hereby authorize the **Community Development Department** to verify my past and present employment, earnings records, bank accounts, loan applications & documents, stock holdings, and any other asset balances needed to process my community development loan application.

I further authorize **Community Development Department** to order a credit report and verify all other credit information, including past and present mortgage, landlord references and the City of Wausau Water Works. It is understood that a photocopy of this document shall also serve as an authorization to provide the information requested.

The information obtained is only to be used in the processing of my community development loan application.

Signature of Applicant

Date

Signature of Applicant

Date