



WAUSAU/HOME RENTAL REHABILITATION PROGRAM APPLICATION

All information provided is confidential, ownership, management, financial and tenant information is required by program for eligibility.

Applicant(s) Name: _____

Mailing Address: _____

Rental Property Address: _____

Home Phone: _____ Work Phone: _____

SS# or Fed Id #: _____

Property Owners as shown on deed:

Mortgage (land contract) Holder:

Name: _____ Amount: \$ _____

Other liens or judgements on property:

_____ Amount: \$ _____

_____ Amount: \$ _____

Please provide a copy of the following:

- Copy of latest property tax bill
- Proof of Insurance
- Copy of Deed
- * Property cash flow documentation
- * Mortgage balance documentation

I certify that the information in this application is correct and accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of co-applicant

Date

RENTAL UNIT INFORMATION

RENTAL UNIT	# OF BEDROOMS	CURRENT RENT	PREVIOUS RENT IF CHANGED IN THE LAST 12 MONTHS	Months Vacant in last 12 mo
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____
#5	_____	_____	_____	_____
#6	_____	_____	_____	_____

Unit #	Length of Tenure	Family Name	Phone #
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____
#5	_____	_____	_____
#6	_____	_____	_____

Utilities Paid by Owner

#1 _____
 #1 _____
 #1 _____
 #1 _____
 #1 _____
 #1 _____

Utilities Paid by Tenant

#1 _____
 #1 _____
 #1 _____
 #1 _____
 #1 _____
 #1 _____