

## **City of Berlin CDBG Program**

### **Homeowner Rehabilitation Application**

**OFFICE USE ONLY:** Application Number \_\_\_\_\_ Date Received \_\_\_\_\_

Applicant Name (Last, First, MI)			Co-Applicant Name (Last, First, MI)		
Phone Number			Best Way to Contact You <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Email			County Property is Located		
Property Street Address			City/Town/Village		Zip Code
Mailing Address (if different)			City/Town/Village		Zip Code
Is dwelling in a floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO	Age of Home	Primary Residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is property a Historical Site or is it eligible to become one? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How did you hear about the CDBG Program?					

LIST NAMES OF ALL PROPERTY OWNERS AS SHOWN ON DEED OR LAND CONTRACT:	PROPERTY HELD IN: <input type="checkbox"/> DEED <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/> OTHER
MORTGAGE IS: <input type="checkbox"/> Current <input type="checkbox"/> Delinquent <input type="checkbox"/> In Foreclosure <input type="checkbox"/> For Sale. Mark all that apply.	

FAIR MARKET VALUE OF PROPERTY	AMOUNT OWED (loans/liens against property)	OWED TO	EQUITY

**REHABILITATION NEEDS** (Please list all home repairs needed):

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**CONFLICT OF INTEREST**

Names of Covered Persons				
City of Berlin				
Susie Thom Committee Member	Lindsey Kemnitz Committee Member	Jodie Olson City Administrator	Richard Schramer Mayor	Matt Chier City Attorney
Council Members: Bobbie Erdmann, Jim Lehr, Kristian Boeck, Josh Nighbor, Ron Harke, and Joel Brussel				

Do you have family or business tie to any of the individuals listed above? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if yes, circle which of the covered persons)

If **yes**, disclose the nature of the relationship. \_\_\_\_\_

CHECK/CIRCLE DATA WHICH APPLIES		
Race/Ethnicity of Head of Household <i>(optional)</i>	Size of Household <i>(required)</i>	Head of Household <i>(optional)</i>
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White/Caucasian <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Balance/Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Do not wish to disclose	____ Person(s)  (Who live in the home at least 6 months out of the year)	<input type="checkbox"/> Female  <input type="checkbox"/> Elderly (>62)  <input type="checkbox"/> Person with disability or handicap

## HOUSEHOLD INFORMATION

List all people who live in the home at least 50% of the time (including children)

Name	Birthdate	Disabled?	Full-Time Student?	Relationship to You
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Self
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## HOMEOWNER'S INSURANCE INFORMATION

Name of Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Phone Number of Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## INCOME & ASSET INFORMATION

When sending in your application, please include the following supporting documents:

- ☐ Copy of most recent property tax bill. An appraisal will be accepted if done within the last 2 years
- ☐ Copy of your Homeowner's Insurance declarations page(s)
- ☐ Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments
- ☐ Each working household member's most recent Federal Income Tax Form (NOT W-2's). If you are self-employed, make sure to include all schedules
- ☐ Any additional documentation, listed on next page

PLEASE ANSWER THE FOLLOWING QUESTIONNAIRES COMPLETELY. FAILURE TO DO SO WILL RESULT IN DELAY OF APPLICATION PROCESSING. **All adult members (18 years and older) living in the household must have their income documented below.**

Income Source	Whom It Pertains To	Documentation Needed	Does Not Apply
Employer: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040)	<input type="checkbox"/> N/A
Employer: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040)	<input type="checkbox"/> N/A
Employer: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040)	<input type="checkbox"/> N/A
Self Employed (Describe type of Business) _____		<input type="checkbox"/> Most Recent Federal Income Tax Form <input type="checkbox"/> All Schedules	<input type="checkbox"/> N/A
Unemployment Benefits and/or Worker's Compensation		<input type="checkbox"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A
Social Security Payments		<input type="checkbox"/> Current benefit statement	<input type="checkbox"/> N/A
Supplemental Security Income (SSI)		<input type="checkbox"/> Current benefit statement	<input type="checkbox"/> N/A
Income from real or personal property		<input type="checkbox"/> Proof of Amount	<input type="checkbox"/> N/A
Alimony/spousal maintenance payments		<input type="checkbox"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A

Asset Source	Address	Cash Value/Balance	Whom It Pertains To	Does Not Apply
Checking Account With: _____ With: _____				<input type="checkbox"/> N/A
Savings Account With: _____ With: _____				<input type="checkbox"/> N/A
Certificates of Deposit or Money Market Accounts				<input type="checkbox"/> N/A
Revocable Trust description: _____				<input type="checkbox"/> N/A
Real Estate (if you own rental property or other land list location and mortgage holder and send a copy of the property tax statement)				<input type="checkbox"/> N/A
Stock Bonds or Treasury Bills				<input type="checkbox"/> N/A
IRA/Pension/Retirement/Keogh 401K Account (even if not eligible to receive it yet)				<input type="checkbox"/> N/A
Whole Life Insurance Policy				<input type="checkbox"/> N/A
More than \$500 cash on hand				<input type="checkbox"/> N/A
Items held as an investment (antique car, coin collection, etc.) _____				<input type="checkbox"/> N/A
Safe Deposit Box Contents: _____				<input type="checkbox"/> N/A
Disposed of assets (gave away money/assets) for less than fair market value in the past 2 years (i.e. land or 2 <sup>nd</sup> home)				<input type="checkbox"/> N/A
Other _____				<input type="checkbox"/> N/A

# **CITY OF BERLIN COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

## Lead-Based Paint Pamphlets Receipt Form

I have received a copy of the EPA pamphlets entitled "Protect Your Family From Lead in Your Home" and "Renovate Right".

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(Signature of Applicant)

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(Date)

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(Signature of Applicant)

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(Date)

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### **MARITAL PROPERTY AGREEMENT**

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.

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### **PRIVACY AND DISCLOSURE NOTICE**

We may collect non-public personal information about you from the following sources:

- Information that you provide to us, such as on the application or other forms
- Information about your transaction with us or others
- Information from others, such as real estate appraisers and employers

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products and services. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your non-public personal information.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices described in this notice.

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**APPLICANT'S STATEMENT AND RELEASE**

IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

This is an owner occupied property. 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 or transfer of property.

I understand my property will be assessed to determine if the house meets or can meet decent, safe and sanitary conditions. Based on the assessment, the City of Berlin CDBG Program reserves the right to deny funding.

I understand I must be carrying homeowners insurance on the property, and keep the policy in force during the life of the loan.

I understand the contract is between me (us) and the contractor and it is my responsibility to ensure that the work is done, and done correctly. This is not the responsibility of the administrator, or the City of Berlin CDBG Program.

I/we understand if I/we intentionally make false statements or conceal any information in an attempt to obtain this loan; it is in violation of federal and state laws that carry severe criminal and civil penalties.

I/we authorize the City of Berlin CDBG Program agents to verify all information give by me about my property, income, employment, and assets to determine my eligibility.

I/we authorize and direct all custodians of my records, including my insurance company, employer, public and private agencies, banks, financial institutions, or credit data service to release information to the City of Berlin CDBG Program.

Are you a United States Citizen or a Qualified Alien?     ☐ Yes    ☐ No

By my signature, I certify that I have read and understand all statements in this application and all information I have given is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

## GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the City of Berlin CDBG Program the requested information listed below:

1. Previous and past employment history including employer, period employed, title of position, income and hours worked.
2. Disability payments, social security and pension funds.
3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.

This information will be for the confidential use of the City of Berlin CDBG Office in determining my/our eligibility for a mortgage loan or to confirm information I/we have supplied. Please complete the attached verification request.

A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed release of information form will be kept on record with the City of Berlin CDBG Office.

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTICE TO BORROWERS: This notice to you is required by the Right to Financial Privacy Act of 1978. The Department of Housing and Urban Development, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD, FHA or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.