

City of Berlin CDBG Program

Renter Unit Rehabilitation Application

Rental Rehabilitation Applications must be completed for each building you wish to take a loan out on

OFFICE USE ONLY: Application Number _____ Date Received _____			
Applicant Name (Last, First, MI)		Rental Company Name	
Applicant Street Address		City/Town/Village	Zip Code
Mailing Address (if different)		City/Town/Village	Zip Code
Phone Number		Best Way to Contact You <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Email		County Property is Located	
Rental Unit Street Address		City/Town/Village	Zip Code
Is dwelling in a floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO	Age of Home	<input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Rental Unit	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?			

REHABILITATION NEEDS (Please list all home repairs needed):

Do you have any peeling or chipping paint in the rental unit(s)? YES NO

Are you requesting handicapped access work? YES NO

LIST NAMES OF ALL PROPERTY OWNERS AS SHOWN ON DEED OR LAND CONTRACT:	PROPERTY HELD IN: <input type="checkbox"/> FEE SIMPLE <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.	

EQUITY INFORMATION

Is there currently a mortgage, lien, land contract, or other debt against this property?

Yes _____ No _____

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

CONFLICT OF INTEREST

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

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. _____

Are you a United States Citizen or a Qualified Alien? YES NO

HOMEOWNER'S INSURANCE INFORMATION

Name of Insurance Company: _____

Address of Insurance Company: _____

Name of Agent: _____ Phone Number of Agent: _____

Policy Number: _____ Expiration Date: _____

APARTMENT INFORMATION

Apartment Number or Letter	Name(s) on Lease	Total Number of People	Number of Bedrooms	Monthly Rent	Utilities Included
					<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

GROSS MONTHLY INCOME: Income includes, but is not necessarily limited to, income from all gross wages, salaries, commissions; net income from self-employment, net income from the operation of real property; interest and dividend income; social security, SSI, pensions, AFDC, alimony, child support, and other benefit income.

Tenant(s) income will be used to determine income eligibility. Property owner will be required to keep rents at the HUD affordable level.

CENTRAL HOUSING REGION COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

Referral Consent Form

According to federal regulations a community with a Community Development Block Grant Revolving Loan Fund (CDBG-RLF) that has funds available is required to obligate them to homeowner projects before we can use the Central Housing Region CDBG funds in that community.

Below is the release form to be filled out and returned with the application stating that we (CHR-CDBG) have your acknowledgement and permission to send your application over to the appropriate community with an RLF account, Weatherization Assistance Program (WAP) or Wisconsin's Home Energy Assistance Program (WHEAP).

You have the right to decline your information being referred. If you choose to decline your application to be sent over to the appropriate community with available RLF funds, your application will be in a frozen status until the money in that CDBG-RLF is used up. If this should take more than 6 months, then a new application will need to be filled out.

You have the right to decline your information being referred to WAP or WHEAP.

Please check all appropriate box(s) and sign below:

- Central Housing Region CDBG has my/our permission to send our application and supporting documents over to any **appropriate community with RLF funds available.**
- Central Housing Region CDBG does *not* have my/our permission to send our application and supporting documents over to any **appropriate community with RLF funds available.** I/We acknowledge my/our application will be in a frozen status until the money in that CDBG-RLF is used up. If it should take more than 6 months, I/we acknowledge a new application will need to be filled out.
- Central Housing Region CDBG has my/our permission to send our application and supporting documents over to **WHEAP or WAP.**
- Central Housing Region CDBG does *not* have my/our permission to send our application and supporting documents over to **WHEAP or WAP.**

(Signature)

(Date)

(Signature)

(Date)

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.

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.

APPLICANT'S STATEMENT AND RELEASE

IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

I understand the Housing Rehab funds are offered as a 1.5% interest loan payable in monthly installments for up to 5 years or upon resale or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note.

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 given by me about my property.

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.

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: _____
