



HOME OWNER EMERGENCY REPAIR DEFERRED LOAN PROGRAM

PROGRAM GUIDELINES

Purpose:	The purpose of this program is to provide access to rehab funds for low to moderate income households who are in need of emergency home repairs.																
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"> <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>\$48,350</td> <td>\$55,250</td> <td>\$62,150</td> <td>\$69,050</td> <td>\$74,600</td> <td>\$80,100</td> <td>\$85,650</td> <td>\$91,150</td> </tr> </tbody> </table>	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people	\$48,350	\$55,250	\$62,150	\$69,050	\$74,600	\$80,100	\$85,650	\$91,150
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\$48,350	\$55,250	\$62,150	\$69,050	\$74,600	\$80,100	\$85,650	\$91,150										
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.																
Eligible Repairs:	Emergency repairs that represent an imminent threat to health and safety , such as furnace failure or septic system failure. The emergency must be documented by a licensed contractor or an inspector.																
Loan Terms:	0% deferred loan due upon sale or transfer of home or non-owner occupancy																
Max/Min Loan Amounts:	\$15,000/\$1,000																
Administrator:	<p>Wisconsin Partnership for Housing Development 821 E Washington Ave, Ste 200W, Madison, WI 53703 Contact person: Holly Odeja 608.258.5560 X304 hollyodeja@wphd.org</p>																



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
- _____ A completed and signed Income/Asset Worksheet **for each household member age 18 and older**, including the applicant and co-applicant.
- _____ A completed and signed Zero Income Certification **for any household member age 18 and older** claiming zero income and/or assets.
- _____ 3 months of most recent paycheck stubs in sequential order for each position held
- _____ 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, Veteran's Benefits, etc. - Award Letters 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, consecutive statements for each checking account
- _____ The most current statement for savings accounts, money markets, IRAs, CDs, etc.
- _____ Copy of current Homeowners Insurance Policy declarations page
- _____ Copy of most recent mortgage bill stating your current balance



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**
Eligibility Application

Date Received: _____
Application Number: _____

Applicant Information

Name of Applicant			
Name of Co-Applicant			
Street Address			
City/Zip Code			
Phone Number		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.

APPLICANT		CO-APPLICANT	
Are you a United States citizen or qualified alien? (answer required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States citizen or qualified alien? (answer required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity (answer optional)	Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity (answer optional)	Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (answer optional)			
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 home was built: _____ Year home was purchased: _____

Name(s) on property title: _____

Type of Property: : Single Family Multi Family (# of units: _____) Other: _____

Is this home your primary residence? Yes No

HOUSEHOLD MEMBERS: (List all individuals living in the home at least 50% of the time, including applicant, co-applicant and children)

Name	Relationship to You	Date of Birth	Full-Time Student? (yes or no)	Social Security Number
	Self/Applicant			

Do any members of the household have a disability? Yes No

Are there any pregnant women or children under the age of 6 living in the home? Yes No

LIST ALL DEBT AGAINST THE PROPERTY: including first mortgage, subsequent mortgages, land contracts, lines of credit, judgements, etc.

Name of Lender	Original Amount	Current Balance	Term of Loan	Interest Rate	Loan Type

Are property taxes paid up to date? Yes No

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

HOMEOWNERS INSURANCE:

Company Name	
Agent Name	
Agent Address	
Agent Phone & Email	
Policy Number	
Expiration Date	

REPAIRS NEEDED: Briefly describe the repairs needed on your home in the space below. Only work that is considered essential and necessary will be permitted, per the program guidelines.

Initial each item below to indicate your understanding:

_____ I understand program funds are offered as a loan payable upon sale or transfer of the property. The loan will be secured by a mortgage and note that I can pay at any time without penalty.

_____ I understand Wisconsin Partnership for Housing Development, Inc. (WPHD) or other third party companies will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on inspection, WPHD and/or Rock County reserves the right to deny funding.

_____ I understand I must carry homeowner’s insurance on the property and keep the policy in force during the life of the loan. I also understand I am required to supply proof of insurance annually, any changes of insurance, and confirm annually that the property is my primary residence.

_____ I understand that if I make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry criminal and civil penalties.

_____ I authorize WPHD and/or Rock County to verify all information given by me about my property, income, employment, credit background, and any other required information to determine my eligibility. I further authorize all custodians of my records to release information to WPHD and/or Rock County for this purpose.

_____ I understand that failure to comply with these conditions could result in the recall of the full amount of the loan, plus interest.

_____ I understand that if a loan closing has not been completed for my project within six months of the income verification date, my income will have to be re-verified to ensure I still qualify.

_____ I understand that if the project cost estimate is \$35,000 or more, my project will need approval from Rock County, and possibly State of Wisconsin Department of Administration.

I/we certify that all information supplied in this application, and all information provided relating to such application, is given for the purpose of obtaining financial assistance through Rock County Planning & Development, 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 financial assistance is my/our primary residence.

Applicant _____ Date _____

Co-applicant _____ 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
Questions: 608.258.5560 x304

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 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 home 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. and/or Rock County Planning & Development when a written request is supplied along with a copy of this document.

Name of Applicant: _____

Signature of Applicant

Date

Name of Co-Applicant: _____

Signature of Co-Applicant

Date



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

LEAD HAZARD REVIEW

Please initial the items below to indicate your understanding:

_____ I authorize a Lead Hazard Review of my property. I agree that the results will be used to determine the scope of my project.

_____ 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.

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 or separated:

- 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, I hereby certify that the information provided above is accurate.

Signature of Applicant

Date

Signature of Co-Applicant

Date

**Rock County Planning & Development
Wisconsin Partnership for Housing Development, Inc.**

Conflict of Interest Addendum

Please indicate the nature of any relationship you have with the following people. Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

Wisconsin Partnership for Housing Development, Inc.		Relationship Type		
Name	Position	None	Business	Personal (list relationship)
Todd Mandel	Executive Director			
Heather Boggs	Program Manager			
Holly Odeja	Housing Program Associate			
Tyler Goedtke	Construction Manager			
Hal Bergan	Board Member			
Melissa Busse	Board Member			
Carla Cross	Board Member			
Marissa Downs	Board Chair			
Dan Kroetz	Board Member			
David Ritchay	Board Member			
Gina Stilp	Board Member			
Mike Waters	Board Treasurer			
William Wigchers	Board Vice Chair			

Rock County		Relationship Type		
Name	Position	None	Business	Personal (list relationship)
Andrew Baker	Director of Planning and Land Conservation			
Ilana Eisenberg	Administrative Professional III			
Billy Bob Grahn	Housing Authority Citizen Member			
Katie Udell	Housing Authority Citizen Member			
Vacant	Housing Authority Citizen Member			
Beaver, Mary	County Board Member			
Bobzien, Mark	County Board Member			
Bomkamp, Ron	County Board Member			
Bostwick, Richard	County Board Member			
Brien, Tom	County Board Member			
Clasen, Tricia	County Board Member			
Crary, Janelle	County Board Member			
Cullen, Chris	County Board Member			
Davis, Wes	County Board Member			

Homan, Dave	County Board Member			
Knudson, Brian	County Board Member			
Leavy, Kevin	County Board Member			
Mawhinney, Mary	County Board Member			
Peer, Lou	County Board Member			
Pennycook, Lori	County Board Member			
Rashkin, Yuri	County Board Member			
Schneider, Kim	County Board Member			
Schulz, Kathy	County Board Member			
Stevens, Genia	County Board Member			
Sutterlin, RJ	County Board Member			
Sweeney, Alan	County Board Member			
Tillman, Barbara	County Board Member			
Towns, Debi	County Board Member			
Whitledge, April	County Board Member			
Wilson, William (Bill)	County Board Member			
Winter, Connie	County Board Member			
Woodman, Ron	County Board Member			
Zajac, Jeremy	County Board Member			
Zoril, Mike	County Board Member			

Applicant Signature

Date

Co-applicant Signature

Date

INCOME / ASSET QUESTIONNAIRE: To be completed by all household members 18 years of age and older. Mark each item “yes” or “no” and provide the required information.

Household Member Name: _____

Income Source	Yes	No
<p>Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses and/or other compensation.</p> <p>Employer: _____ Address: _____ Supervisor’s Name: _____ Supervisor’s Phone: _____ Supervisor’s Email: _____</p> <p>Pay Rate: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Other: _____</p> <p>Pay Schedule: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____</p> <p>Gross Annual Income: \$ _____</p> <p>Start Date: _____</p> <p>(If you have more than one employer, provide the information listed above for each employer on a separate page.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Self Employment</p> <p>Describe type of business: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Unemployment Benefits or Worker’s Compensation</p> <p>Gross Monthly Amount: \$ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Social Security, Supplemental Security Income (SSI), or Disability</p> <p>Gross Monthly Amount: \$ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Periodic payments from trusts, annuities, inheritance, retirement accounts or pensions, insurance policies, etc.</p> <p>Source of Funds: _____</p> <p>Gross Monthly Amount: \$ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

Income Source (continued)	Yes	No
Income from real or personal property, i.e. interest or dividends	<input type="checkbox"/>	<input type="checkbox"/>
Alimony or spousal support payments Gross Amount: \$ _____ Frequency Received: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Child support payments Gross Amount: \$ _____ Frequency Received: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ <input type="checkbox"/> I am court ordered to receive child support payments, but I do not receive any. Date of last payment received: _____	<input type="checkbox"/>	<input type="checkbox"/>
Income from a source other than those listed above: Source: _____ Gross Amount: \$ _____ Frequency Received: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Asset Type	Yes	No
Checking Accounts Bank Name: _____ Interest Rate: _____ Bank Name: _____ Interest Rate: _____	<input type="checkbox"/>	<input type="checkbox"/>
Savings Accounts Bank Name: _____ Interest Rate: _____ Bank Name: _____ Interest Rate: _____	<input type="checkbox"/>	<input type="checkbox"/>
Certificates of Deposit (CDs) or Money Market Accounts Bank Name: _____ Interest Rate: _____ Bank Name: _____ Interest Rate: _____	<input type="checkbox"/>	<input type="checkbox"/>

Asset Type (continued)	Yes	No
Real Estate, Rental Properties, or Land Property Address: _____	<input type="checkbox"/>	<input type="checkbox"/>
Stocks, Bonds, or Treasury Bills Bank Name: _____ Interest Rate: _____ Bank Name: _____ Interest Rate: _____	<input type="checkbox"/>	<input type="checkbox"/>
IRA, Lump Sum Pension, or Retirement Accounts Source: _____ Balance: \$ _____ Source: _____ Balance: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Income from assets or sources other than those listed above: Source: _____ Amount: \$ _____ Frequency Received: <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

I/we certify that all information supplied in this application, and all information provided relating to such application, is given for the purpose of obtaining financial assistance through Rock County Planning & Development, 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 financial assistance is my/our primary residence.

Household Member Signature

Date



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

CERTIFICATION OF ZERO INCOME

NAME: _____

ADDRESS: _____

I certify that I do not individually receive income or have not received income in the past 12 months from any of the following sources outlined below:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal property;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Veteran's benefits;
- Supplemental Security Income; and
- Any other source not named above.

Please check all that apply:

- There is no imminent change expected in my financial status or employment status during the next 12 months.
- I am currently looking for employment. I have been unemployed since _____.
- I filed for unemployment compensation on and am awaiting a response.
- I am currently a full-time student. My expected graduation date is: _____.
- I currently have an offer of employment. My expected start date is: _____.
- I am currently an unpaid apprentice or intern. My expected completion date is _____.

I certify that the information provided above is true, complete, and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the Rock County Homeowner Rehab Program. I will fully cooperate with the Administrator and/or County to obtain or provide any necessary documents to confirm the information provided.

Signature

Date