



HOME OWNER REHABILITATION DEFERRED LOAN PROGRAM

Emergency Rehab Deferred Loan 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" style="margin-left: auto; margin-right: auto;"> <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>\$40,900</td> <td>\$46,750</td> <td>\$52,600</td> <td>\$58,400</td> <td>\$63,100</td> <td>\$67,750</td> <td>\$72,450</td> <td>\$77,100</td> </tr> </tbody> </table>	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people	\$40,900	\$46,750	\$52,600	\$58,400	\$63,100	\$67,750	\$72,450	\$77,100
1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people										
\$40,900	\$46,750	\$52,600	\$58,400	\$63,100	\$67,750	\$72,450	\$77,100										
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																
Fees:	\$30 check payable to Register of Deeds, due at closing, for the mortgage recording fee																
Administrator:	<p>Wisconsin Partnership for Housing Development 821 E Washington Ave, Ste 200W, Madison, WI 53703 Contact person: Heather Boggs 608.258.5560 X32 info@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
- _____ 2 months of most recent paycheck stubs in sequential order
- _____ 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 Award Letter 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 checking bank statements
- _____ 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

Applicant Information			
Name of Applicant			
Name of Co-Applicant			
Street Address			
City/Zip Code			
Home Phone		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 (optional).			
APPLICANT		CO-APPLICANT	
Are you a United States citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a United States citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity	Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity	Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race			
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 house built (approximate): _____

Number of bedrooms: _____

Date home was purchased: _____

Is this home your primary residence? _____ Yes _____ No

Do you own other real estate property? _____ Yes _____ No

If yes, provide address of property	
-------------------------------------	--

Household members: (List all individuals living in the home, **including applicant and co-applicant**)

Name	Relationship	Date of Birth	Social Security Number

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

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

<u>INCOME DATA</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>	<u>OTHER MEMBERS</u>	<u>TOTAL</u>
Gross Pay/Commissions	\$ _____ /month	\$ _____	\$ _____	\$ _____ /month
Business Income	_____	_____	_____	_____
AFDC/Social Services	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Pension/Disability	_____	_____	_____	_____
Alimony/Child Support	_____	_____	_____	_____
Other (Specify):	_____	_____	_____	_____
TOTAL	\$ _____ /month	\$ _____	\$ _____	\$ _____ /month

PRESENT EMPLOYMENT

APPLICANT

Company Name _____
 Street Address _____
 City/State/Zip _____

Employment From _____ to _____
 Supervisor _____

CO-APPLICANT

Company Name _____
 Street Address _____
 City/State/Zip _____

Employment From _____ to _____
 Supervisor _____

OTHER EMPLOYMENT

Company Name _____
 Street Address _____
 City/State/Zip _____

Employment From _____ to _____
 Supervisor _____

EXISTING DEBT OF PROPERTY TO BE REHABILITATED

Original Amount of 1st Mortgage \$ _____ Current Balance \$ _____

Name of Lender _____
 Street Address _____
 City/State/Zip _____



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

BORROWER AUTHORIZATION

I/We, _____, Applicant, and _____,

Co-applicant, who reside at _____

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 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. when a written request is supplied along with a copy of this document.

Signature of Applicant

Date

Signature of Co-Applicant

Date



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

Confirmation of Receipt of Lead Pamphlet

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. I received this pamphlet before the work began.

Signature of Applicant

Date

Signature of Co-Applicant

Date



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

Conflict of Interest Disclosure

Do you have family¹ or business ties to any of the following people? YES NO

- Any employee of Rock County
- Any elected Rock County Official
- Any member of the Rock County Housing Authority
- Any member of the Rock County Planning and Development Committee
- Any employee of the Wisconsin Partnership for Housing Development
- Any Board member of the Wisconsin Partnership for Housing Development

Signature of Applicant

Date

Signature of Co-Applicant

Date

¹ For these purposes, family includes: spouse, fiancée, children, children-in-law, brothers, brother-in-law, sisters, sister-in-laws, parents, parent-in-laws.



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

Signature of Applicant

Date

Signature of Co-Applicant

Date