



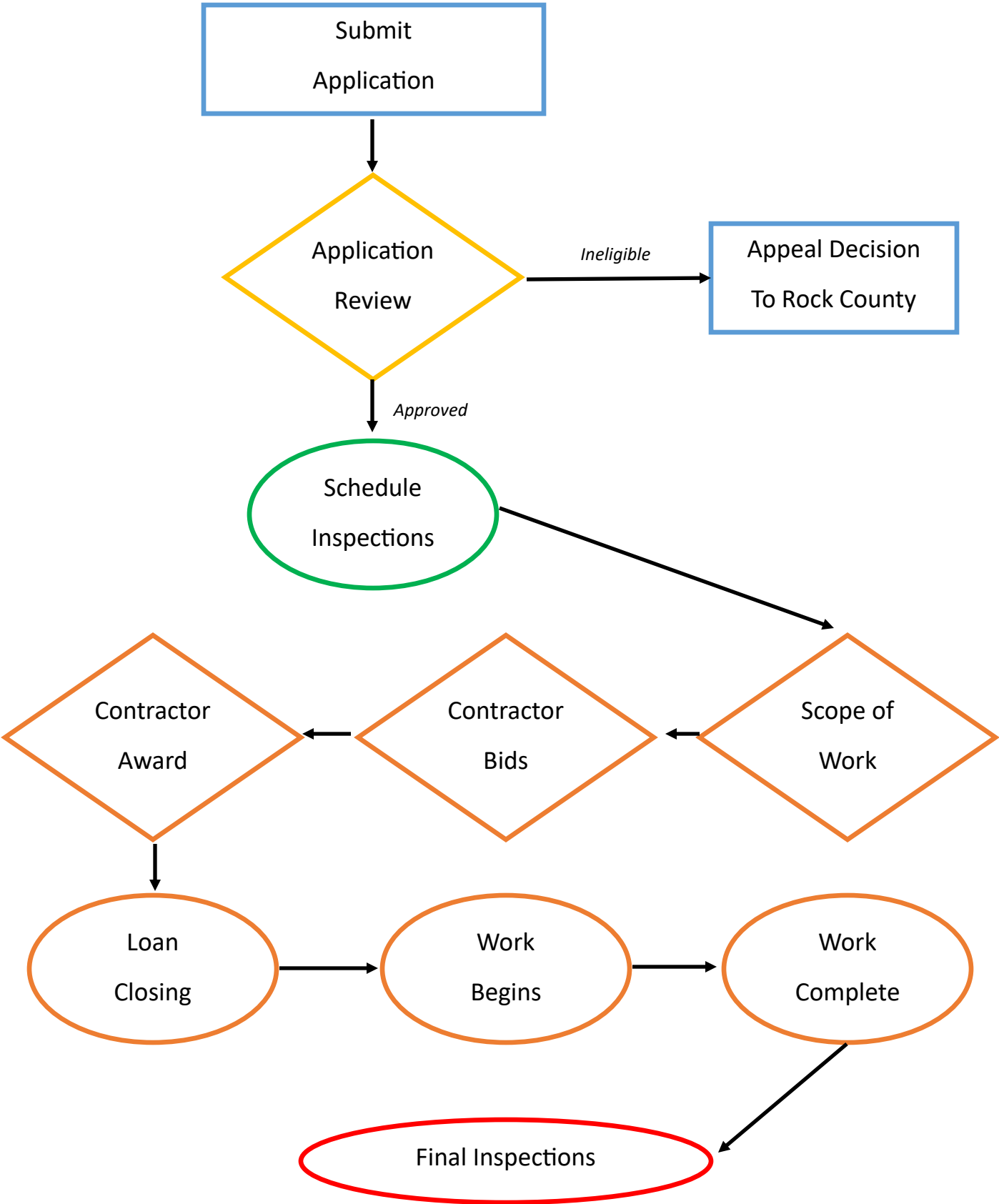
## HOME OWNER REHABILITATION DEFERRED LOAN PROGRAM

### Rehabilitation 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 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;"> <tr> <td>1 person</td> <td>2 people</td> <td>3 people</td> <td>4 people</td> <td>5 people</td> <td>6 people</td> <td>7 people</td> <td>8 people</td> </tr> <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> </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
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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. Property must not exceed HUD's after rehab maximum fair market value for Rock County, which is currently <b>\$170,000</b> .																
Eligible Repairs:	<p>Priority repairs activities include repairs to mechanical or structural items that present an imminent health and safety problem, such as:</p> <ul style="list-style-type: none"> <li>➤ roofs</li> <li>➤ mechanical systems (i.e., furnaces and hot water heaters)</li> <li>➤ plumbing, water or water/sewer laterals in disrepair</li> <li>➤ windows in disrepair</li> <li>➤ foundations</li> <li>➤ siding</li> <li>➤ improvements to the interior of the home in bathrooms and kitchens</li> <li>➤ any accessibility improvements</li> </ul>																
Loan Terms:	0% deferred loan due upon sale or transfer of home or non-owner occupancy																
Loan Terms, Senior Plus Program:	For homeowners age 55 years or older, one half of the total rehab loan is forgiven at the end of five years. The remaining half is due upon sale or transfer of home, or non-owner occupancy.																
Max/Min Loan Amounts:	\$35,000/\$1,000																
Fees:	\$30 check payable to Register of Deeds, due at closing, for each mortgage to be recorded																
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>																

# Rock County Homeowner Rehab Deferred Loan Program:

## Process Overview





## HOME OWNER REHABILITATION DEFERRED LOAN PROGRAM

### Application Checklist

Applicant(s):

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Address:

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**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**

<b>Applicant Information</b>			
Name of Applicant			
Name of Co-Applciant			
Street Address			
City/Zip Code			
Home Phone		E-mail Address	
<b>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).</b>			
<b>APPLICANT</b>		<b>CO-APPLICANT</b>	
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	
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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):	_____	_____	_____	_____
<b>TOTAL</b>	<b>\$_____ /month</b>	<b>\$_____</b>	<b>\$_____</b>	<b>\$_____ /month</b>

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 \_\_\_\_\_

**List other mortgages or liens, including equity loans or lines of credit**

Original Amount      \$ \_\_\_\_\_      Current Balance      \$ \_\_\_\_\_

Name of Lender      \_\_\_\_\_

Street Address      \_\_\_\_\_

City/State/Zip      \_\_\_\_\_

Are property taxes paid up to date?    \_\_\_\_\_ Yes    \_\_\_\_\_ No    If no, Delinquent Amount \$ \_\_\_\_\_

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

Briefly describe the repairs needed on your home:

I/we certify that all information supplied in this Eligibility Application, and all information provided relating to such application, is given for the purpose of obtaining a rehabilitation loan, 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 a rehabilitation loan 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](mailto:info@wphd.org)  
Fax: 608.258.5565  
Questions: 608.258.5560 x32



**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 family<sup>1</sup> 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

<sup>1</sup> 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