

**Application For
City of Appleton
Homeowner Rehabilitation Loan Program**



Before you apply for the Homeowner Rehabilitation Loan Program, complete this checklist to see if you qualify:

- | <p>1. Do you live within the city limits of the City of Appleton? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you own the property listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Do you live in the property listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have at least \$5000 of equity in your home (Assessed Value minus Amount Owed = Equity)? [If you answer no to this question, please contact the Housing Coordinator prior to applying for the program.]
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are all court-ordered judgments against you paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No
You can check to see if you have any court-ordered judgments by going to:
http://wcca.wicourts.gov</p> | <p>6. Are you up-to-date on all mortgage payments for the property?
<input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Is your income below the Income Limits based on your family size (See Below)?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Your <u>current gross</u> monthly income (from all sources) must be under the following, based on your household size:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Household Size</u></th> <th style="text-align: left;"><u>Monthly Income</u></th> </tr> </thead> <tbody> <tr><td>1 Person</td><td>\$ 3487</td></tr> <tr><td>2 Person</td><td>\$ 3983</td></tr> <tr><td>3 Person</td><td>\$ 4483</td></tr> <tr><td>4 Person</td><td>\$ 4979</td></tr> <tr><td>5 Person</td><td>\$ 5379</td></tr> <tr><td>6 Person</td><td>\$ 5779</td></tr> <tr><td>7 Person</td><td>\$ 6175</td></tr> <tr><td>8 Person</td><td>\$ 6575</td></tr> <tr><td>More than 8 People</td><td>Contact the Housing Coordinator</td></tr> </tbody> </table> | <u>Household Size</u> | <u>Monthly Income</u> | 1 Person | \$ 3487 | 2 Person | \$ 3983 | 3 Person | \$ 4483 | 4 Person | \$ 4979 | 5 Person | \$ 5379 | 6 Person | \$ 5779 | 7 Person | \$ 6175 | 8 Person | \$ 6575 | More than 8 People | Contact the Housing Coordinator |
|--|---|-----------------------|-----------------------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|--------------------|---------------------------------|
| <u>Household Size</u> | <u>Monthly Income</u> | | | | | | | | | | | | | | | | | | | | |
| 1 Person | \$ 3487 | | | | | | | | | | | | | | | | | | | | |
| 2 Person | \$ 3983 | | | | | | | | | | | | | | | | | | | | |
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| More than 8 People | Contact the Housing Coordinator | | | | | | | | | | | | | | | | | | | | |

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If you answered “No” to any of the above questions, you do not qualify for the Homeowner Rehabilitation Loan Program. *Please do not fill out the application.*

If you have any questions, contact the City of Appleton Housing Coordinator, Laura Bonnet, at (920) 832-6007.

Application For City of Appleton Homeowner Rehabilitation Loan Program

PLEASE READ: This application is required to determine eligibility for all applicants of the Homeowner Rehabilitation Loan Program. It must be filled out completely and returned along with copies of the following listed documents:

- 1-5 pictures that best describe the work that needs to be done on the home (include at least 1 of the exterior of home and any unusual or particularly bad circumstances)
- Most recent mortgage statements, including any home equity loans or other liens against the property, showing principal balance, last payment date, and unpaid balances;
- Copy of your mortgage note showing the rate and term of your current mortgage;
- A signed copy of your full 2016 Federal Income Tax Return showing all line items and attachments;
- Copy of current Homeowners Insurance Policy showing dates and amount of coverage;
- Verification of all assets – other real estate owned, stocks, bonds, investment accounts, checking and savings accounts, etc.;
- For **ALL** persons in household with income, provide the following (do not submit bank statements as proof of income):
 - Last 4 weeks of pay stubs showing year-to-date income and salary info
 - If self-employed, submit 3 months of profit and loss statements
 - Child support – Printout showing last 12 months (must be from child support agency)
 - SSI, SSDI, etc.: - Statement showing monthly amount (must be from Social Security Office)
 - Unemployment – Statement showing weekly amount (provide last 4 weeks)
 - Pensions (or other retirement income)—Statement showing monthly amount
 - Any Other Income

APPLICANT INFORMATION

Property Address: _____

Applicant: First Name _____ M.Initial _____ Last Name _____

Spouse/Co-Applicant: First Name _____ M.Initial _____ Last Name _____

Home Phone: _____ **Daytime Phone:** _____

E-mail: _____

RACIAL STATUS (for Applicant/Co-Applicant):

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Am. Indian/Alaskan Native & Black/African Am. |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Check If Also Hispanic |

MARITAL STATUS:

Single _____ Married _____ Divorced _____ Widowed _____

HOUSEHOLD INFORMATION:

Number of Adults in Household: _____ Number of Children in Household: _____

For all members of the household (including applicant/co-applicant), list name and date of birth below:

	<u>Name</u>	<u>Date of Birth</u>
Member:	_____	_____
Member:	_____	_____
Member:	_____	_____
Member:	_____	_____
Member:	_____	_____
Member:	_____	_____
Member:	_____	_____
Member:	_____	_____

Do you have any other household members not listed above? Yes No
Is any member of your household disabled? Yes No

LEAD POISONING PRECAUTIONS

Are there any pregnant women living in the home? Yes No
Are there any pregnant women or children under the age of 6 who visit the home on a regular basis (not including those who live there)? Yes No

INCOME

Household's combined/total annual income: _____ No. of working adults _____

In addition to wages from your primary job, do you receive any of the following sources of income (list monthly amounts):

Child support _____ SSI/SSD/SS _____ Unemployment _____
Retirement _____ Part-time/Temp position _____ Veteran's benefits _____
Other (specify source and amount) _____

ASSETS

The City of Appleton may request you to provide verification of this information at any time.

List the value of all real estate owned *not* including the property you live in: \$ _____

Amount owed on real estate listed above (*not* including the property you live in): \$ _____

List the value of the amount in each of the following investments/accounts:

Stocks and bonds: \$ _____ Savings: \$ _____ Checking: \$ _____
CD/Money Market: \$ _____ 401(k) plan: \$ _____ IRA Plan: \$ _____
Other investments : \$ _____

PROPERTY INFORMATION:

Do you have a land sales contract? Yes No

Is this a single-family home? Yes No

Is this an owner-occupied duplex? Yes No

Do you rent any rooms in the home? Yes No

If yes, how many? _____

Monthly income from rental: \$_____

Current principal balance owed on mortgage(s) for property you live in (include amount of all liens):
\$_____

How long have you owned this home? _____

List repairs you would like to have done (Please refer to the City of Appleton web site at www.appleton.org for additional information on what repairs qualify):

I agree that the information submitted on this Homeowner Rehabilitation Loan Program Application is correct.

Applicant Signature

Date

Co-Applicant Signature

Date

For additional information on The Homeowner Rehabilitation Loan Program, visit the City of Appleton web site: www.appleton.org (go to "Residents" tab and then click on "Housing Rehab Loan") or contact the Housing Coordinator, Laura Bonnet, at: (920) 832-6007.

PLEASE NOTE:

This form and all documents must be received by **4:00 PM on Friday, October 20, 2017**. Return to the City of Appleton - Community Development Department, 100 North Appleton Street, Appleton, WI 54911

Failure to submit all of the above information may result in a delay or denial of your application.

You may be required to provide additional information if you have been selected to continue with the application process. All applications will be reviewed by the end of November. **You will be notified of the status of your application by the end of December.**