## 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:

- 1. Do you live within the city limits of the City of Appleton? Yes No
- 2. Do you own the property listed on the application and is the property title in the applicant and co-applicant's name only?
  Yes No
- 3. Do you live in the property listed on the application? Yes No
- 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.]
  Yes No
- 5. Are all court-ordered judgments against you paid off? Yes No
  You can check to see if you have any court-ordered judgments by going to: <a href="http://wcca.wicourts.gov">http://wcca.wicourts.gov</a>

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- 6. Are you up-to-date on all mortgage payments for the property?
  Yes No
- 7. Is your income below the Income Limits based on your family size (See Below)?
  Yes No
  Your <u>current gross</u> monthly income (from all sources) must be under the following, based on your household size:
  Household Size Monthly Income

| Household Size     | Monthly Income      |
|--------------------|---------------------|
| 1 Person           | \$ 3995             |
| 2 Person           | \$ 4565             |
| 3 Person           | \$ 5135             |
| 4 Person           | \$ 5705             |
| 5 Person           | \$ 6165             |
| 6 Person           | \$ 6625             |
| 7 Person           | \$ 7075             |
| 8 Person           | \$ 7535             |
| More than 8 People | Contact the Housing |
|                    | Coordinator         |
|                    |                     |

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If you answered "No" to any of the above questions, you <u>do not</u> 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.

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**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 <u>copies</u> 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 2020 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-Application         White         Black/African American         Asian         American Indian/Alaskan Native         Native Hawaiian/Other Pacific Islander         American Indian/Alaskan Native & White | ant):<br>Asian & White<br>Black/African American & White<br>Am. Indian/Alaskan Native & Black/African Am.<br>Other Multi-Racial<br>Check If Also Hispanic |
| MARITAL STATUS:<br>Single Married Div   | vorced Widowed  |
| HOUSEHOLD INFORMATION:<br>Number of Adults in Household:  | Number of Children in Household:  |

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

|   | <u>Name</u>  | Date of Birth             |                                   |  |  |  |  |  |
|---|--|---------------------------|-----------------------------------|--|--|--|--|--|
| Member:   |  |                           | _                                 |  |  |  |  |  |
| Member:   |  |                           | _                                 |  |  |  |  |  |
| Member:   |  |                           | _                                 |  |  |  |  |  |
| Member:   |  |                           | _                                 |  |  |  |  |  |
| Member:   |  |                           | _                                 |  |  |  |  |  |
| Member:   |  |                           | _                                 |  |  |  |  |  |
| Member:   |  |                           | _                                 |  |  |  |  |  |
| Member:   |  |                           | _                                 |  |  |  |  |  |
| •   | Do you have any other household members not listed above? Yes No<br>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          |  |                           |                                   |  |  |  |  |  |
| <b>INCOME</b><br>Household's c  | ombined/total annual income:   | No                        | o. of working adults              |  |  |  |  |  |
| In addition to monthly amou   |  | do you receive any of the | following sources of income (list |  |  |  |  |  |
| -   | SSI/SSD/SS _   |                           | Unemployment                      |  |  |  |  |  |
| Retirement  | Part-time/Tem  | 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): \$ |  |                           |                                   |  |  |  |  |  |
| Stocks and box<br>CD/Money M  | of the amount in each of the formula         nds:       \$         saving         arket:       \$         ents:       \$ | s: \$ Ch<br>plan: \$ IR   | ecking: \$                        |  |  |  |  |  |

#### **PROPERTY INFORMATION:**

| Do you have a land sales contract? | <b>Yes</b> |       |
|------------------------------------|------------|-------|
| 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 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 <u>www.appleton.org</u> for additional information on what repairs qualify):

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

Applicant Signature

**Co-Applicant Signature** 

For additional information on The Homeowner Rehabilitation Loan Program, visit the City of Appleton web site: <u>www.appleton.org</u> (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 29, 2021**. 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.

Date

Date