CITY OF PORTAGE
OWNER OCCUPIED
REHABILITATION PROGRAM

Please complete the entire application and return it to our office along with all applicable documentation.

How did you hear about the program? (circle all that apply)

Newspaper Radio Local Newsletter Utility Bill Tax Bill
Website Facebook Other: _____

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
_____YES _____NO (YOU MUST CHECK ONE)

NOTE: A TYPICAL PROJECT OF ROOFING, SIDING AND WINDOWS MAY COST APPROXIMATELY $25,000 - $30,000. Effective immediately, all lead-based paint hazard repairs will be granted to eligible applicants and those costs will not need to be paid back.

The actual cost of each project will vary depending on the scope of work and the size of the home. The program cannot reimburse for work that has already been done.

You must income qualify for the program and there must be enough equity in the home to complete all the repairs. If you have questions regarding your available equity, please contact us prior to submitting the application.

Return application to:

City of Portage
CDBG Rehabilitation Program
C/O Sue Koehn
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: skoehn@msa-ps.com

CITY OF PORTAGE
OWNER REHAB PROGRAM APPLICATION

Office Use Only: Application Number _____ Date Received _____

All information contained in this application is strictly confidential.
Please fill out all pages (front and back).

Applicants Name: _____ Age _____

Co-Applicants Name: _____ Age _____
(Note: If you have a fiancé' or significant other living with you, please list here.

Current Street Address: _____
Street Address City State Zip

Mailing Address: (if different) _____
Street Address City State Zip

Phone Number: (Home): _____ (Work): _____ (Cell): _____

Email Address: _____

May we contact you via email? (*circle one*) Yes No

May we contact you at work? (*circle one*) Yes No

TOTAL NUMBER OF PEOPLE LIVIING IN THE HOME: _____

LIST ALL PEOPLE WHO LIVE IN THE HOME AT LEAST 50 % OF THE TIME (INCLUDING CHILDREN):

Name	Disabled?	Full-Time Student?	Birth Date	Relationship to You
	☐ Yes ☐ No	☐ Yes ☐ No		Self
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		

You are not required to answer the questions below. If you choose not to answer them, please check here._____

Sex of Applicant: _____Male _____Female
Head of Household: _____Male _____Female
Marital Status of Applicant: ____Single ___Married ___Divorced ___Separated ___Widowed

Racial/Ethnic Background, Check One:

_____ White
_____ Black/African American
_____ Asian
_____ American Indian/Alaskan Islander
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic
_____ American Indian/Alaskan Native & White
_____ Asian & White
_____ Black/African American & White
_____ American Indian/Alaskan Native & Black/African American
_____ Balance of Other

Is this your primary residence? ☐ Yes ☐ No Are the property taxes paid up to date? ☐ Yes ☐ No

What type of property is this?

☐ Single Family ☐Multi-Family (# of units_____) ☐ Mobile Home (MUST be tied down and MUST own the land home is on)

Name(s) on Property Title	Date of Purchase	Year Property Built (YOU **MUST** PUT APPROXIMATE YEAR)

LIST ALL DEBT AGAINST PROPERTY (Example: Mortgages, Land Contract, Lines of Credit, Judgments)

Name of Lender	Loan Number	Original Amount	Balance Due	Term (# of years)	Interest Rate	Type of Loan (WHEDA, VA, Land Contract, Bank, etc.)

**If your home was purchased within the last year, please attach a copy of your appraisal.

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

Address of agent: _____

In order to be eligible, your income must be below the following limits for Columbia County:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	$45,850	$52,400	$58,950	$65,450	$70,700	$75,950	$81,200	$86,400

IMPROVEMENTS NEEDED (Check all that apply)

☐	Roof	☐	Insulation	☐	Interior Walls
☐	Exterior/Siding/Painting	☐	Furnace	☐	Water Heater
☐	Plumbing	☐	Foundation	☐	Doors
☐	Wiring/Electrical	☐	Windows	☐	Porch
☐	Chimney Repair	☐	Other (explain)		

****Only work that is considered essential and necessary will be permitted. All Lead Based Paint Hazards will need to be corrected. Hazards will be determined upon an initial project assessment of your entire home. All Lead Based Paint hazard repair costs will be granted and will not be included in your loan.**

COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE FOR ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD

Circle Y for Yes, N for No	**Income Source**	**Documentation Required**
1. Y N Start Date: _____ Start Date: _____ Start Date: _____	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation Employer: _____ Phone #:_____ Fax #: _____ Email address:_____ Mailing address:_____ Employer: _____ Phone #:_____ Fax #: _____ Email address:_____ Mailing address:_____ Employer: _____ Phone #:_____ Fax #: _____ Email address:_____ Mailing address:_____	Will need most recent **3 months** of check stubs _____ Name _____ Name _____ Name
2. Y N	Self employed (Describe type of business) _____	Will need copies of last 3 years of Federal Income Tax Form 1040 and applicable Schedules
3. Y N	Unemployment benefits and/or Worker's Compensation.	Will need most recent 3 months of check stubs
4. Y N	Social Security, Supplemental Security Income (SSI) or Disability.	Send benefit statement

5. Y N	Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies. If yes, list sources and whose name is on account: 1)_____ 2)_____	Send most recent documentation $_____ $_____
6. Y N	Income from real or personal property i.e.: interest or dividends	$_____
7. Y N	Alimony/spousal maintenance payments.	Will need most recent 3 months of check stubs
8. Y N	I am entitled to receive Child Support Payments. **If yes, then answer the following**: ☐ I am currently receiving child support payments. (check one) ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ I am not receiving any child support payments but it is court ordered that I do.	Will need last 3 months of what you have received **and** copy of court order $_____ $_____
9. Y N	Income from a source other than those listed above. If yes, list sources: 1)_____ 2)_____	Will need last 3 months of what you have received $_____ $_____

Circle Y for Yes, N for No	**Assets**	Cash Value/Balance	
10. Y N	Checking account(s). If yes, list bank(s) and the location(s): 1)_____ Interest Rate:_____ 2)_____ Interest Rate:_____	Will need last 6 months bank statements OR a signed statement from bank with 6 month average balance.	**Name on Account** _____ _____
11. Y N	Savings account(s). If yes, list bank(s)and the location(s): 1)_____Interest Rate:_____ 2)_____Interest Rate:_____	Will need most current bank statement $_____ $_____	**Name on account** _____ _____
12. Y N	Certificates of Deposit (CD) or Money Market Accounts If yes, list source/bank names and location: 1)_____Interest Rate:_____ 2)_____Interest Rate:_____ 3)_____Interest Rate:_____	Need documentation $_____ $_____ $_____	**Name on account** _____ _____ _____

13. Y N	Real Estate-Do you own rental property or land? If yes, list location and mortgage holder: 1)_____ 2)_____	$_____ $_____	Please send copy of property tax statement
14. Y N	Stocks, Bonds, or Treasury Bills. If yes, list source/bank names and location on next page: 1)_____Interest Rate:_____ 2)_____Interest Rate:_____	$_____ $_____	**Name on account** _____ _____
15. Y N	IRA/Lump Sum Pension/Retirement/Keogh/401(k) Account, etc. If yes, list source/bank names & addresses or contact info on next page: 1)_____Interest Rate:_____ 2)_____Interest Rate:_____	Need documentation $_____ $_____	**Name on account** _____ _____
16. Y N	Whole Life Insurance Policy. If yes, how many policies ____ List sources: 1)_____Interest Rate:_____ 2)_____Interest Rate:_____	Need documentation $_____ $_____	**Name on account** _____ _____
17. Y N	Income from assets or sources other than those listed above. If yes, list type(s) below 1)_____ 2)_____	Need current documentation $_____ $_____	

PLEASE ALSO INCLUDE A COPY OF THE FOLLOWING:

1) **Copy of most recent property tax bill**

2) **Copy of your homeowner's insurance policy**

3) **Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments**

4) **Copy of your most recent Federal Income Taxes along with any schedules. If you do not file taxes, please sign here:_____**

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE. Read and initial statements below:

____ I understand the Housing Rehab funds are offered as a loan payable upon resale or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note that I can pay any or all of the balance any time prior to resale of transfer of property.

____ I understand the City of Portage will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, the City of Portage 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 that I am required to supply proof of insurance annually, any changes in insurance, and confirm annually that this is my primary residence.

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

____I authorize the City of Portage to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility.

____I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to the City of Portage

____ Failure to comply with these conditions could result in the withdrawal of the City of Portage participation or the recall of the full amount of the City of Portage loan plus interest.

____ I understand there is a $50 - $100 fee for a title search, a $30 fee to record your mortgage and $525 in project review fees. These fees are included in the loan.

____ I understand if a loan closing has not been done for my project within 12 months of the income verification, my income will need to be re-verified to ensure I still income qualify.

____ I understand that if the awarded bid is $50,000 or more, my project will need approval from the Department of Administration.

CONFLICT OF INTEREST

Do you have any family or business ties to any of the following people? Yes____ No____

Rick Dodd, Mayor	Shawn Murphy, City Administrator
Jean Mohr, Finance Director	Tammy O'Leary, Deputy Clerk/Treasurer
Dennis Nachreiner, Finance Committee Chairperson	Rita Maass, Finance Committee Member
Mark Hahn, Finance Committee Member	Jeffrey Monfort, Finance Committee Member
Martin Havlovic, Finance Committee Member	Michael Oszman, CDA Committee Member
Hank Egan, CDA Committee Member	Nina Bortz, CDA Committee Member
James Grothman, CDA Committee Member	David Gunderson, CDA Committee Member
Allan Radant, Finance Committee Member	Eric Shimpach, Council Member
Mike Charles, Council Member	Doug Klapper, Council Member
Marie Moe, Clerk	James Grothman, CDA Member
Becky Ness, Adm. Assistant/Deputy Clerk	Carrianne Engelhart, Administrative Assistant
Sue Koehn, Housing Program Specialist	Kari Justmann, Housing Team Leader
	Stacy Griswold, Housing Program Assistant
If yes, disclose the nature of the relationship:	

Names of covered person	

APPEAL PROCESS

Any applicant may appeal the decision of the CDBG Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request to the Program Administrator. If the applicant appeals the Program Administrator's decision, the CDBG Housing Committee will review the appeal. If the applicant would like to appeal the CDBG Housing Committee's decision, the applicant may appeal to DOA/DEHCR. DOA/DEHCR will review for consideration and a written response will follow to the applicant. DOA/DEHCR's determination on the appeal is final.

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