



**HOME OWNER REHABILITATION
DEFERRED LOAN PROGRAM**

Application Checklist

Applicant(s):

Address:

PLEASE FORWARD COPIES OF ALL APPLICABLE ITEMS LISTED BELOW:

If not applicable, state N/A

- _____ All 5 pages of attached application – completed and signed
- _____ \$75.00 application fee (check should be payable to Waukesha County)
- _____ **2 full months** of recent paycheck stubs in sequential order
- _____ SSI, SSDI Award Letter (**Must be for Current Year**), if applicable
- _____ Pension/Retirement verification (**Must be for Current Year**), if applicable
- _____ Child support verification (**Must be for Current Year**), if applicable
- _____ **6 months** of checking account statements
- _____ **1 month** current statement for savings account, money market, certificate of deposit
- _____ **1 month** current statement for retirement, 401(k) accounts
(**You MUST provide verification/statements for all household assets**)
- _____ Copy of Homeowners Insurance Policy (Declaration page)
- _____ Property tax bill showing Fair Market Value
***All property taxes must be current**
- _____ Copy of most recent mortgage bill stating your current mortgage balance
***Mortgage account must NOT show any late payments in the last 12 months**

_____ **IF YOUR HOME IS IN A TRUST OR YOU HAVE A REVERSE MORTGAGE, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM**



ELIGIBILITY APPLICATION

All information contained in this application is strictly confidential.

Applicants Name: _____ Age: _____

Co-Applicants Name: _____ Age: _____

Current Address: _____ Phone: _____

Email address: _____ Can we contact you via email (circle one) Yes No

Home is located in: ___City ___Town ___Village of _____

Home is located in county of: ___Jefferson ___Ozaukee ___Washington ___Waukesha

Year house built: _____ Number of bedrooms: _____

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.

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: _____ American Indian or Alaskan Native _____ Asian
 _____ Black or African American _____ Native Hawaiian or other Pacific Islander
 _____ White _____ Other (specify): _____

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

Household members: **(List all individuals living in the home, including self)**

Name:	Age:	Social Security No.: (adults only)

Please list the income of all persons living in the home. Income includes gross wages, salaries, commissions, net income from self-employment, net income from rental properties, Social Security, SSI, Pensions, AFDC, Alimony, Child Support and any other benefit income.

Name of Household Member	Name of Employer or Source of Income	Start Date	Monthly Gross Income

PROPERTY STATUS (CHECK ONE):

Paid Off _____ Mortgage _____ 2nd Mortgage or Home Equity _____

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

Date home was purchased: _____

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

If Yes, Street Address _____ City _____ State _____ Zip _____

Have you ever received other HOME funds or the C-CAP, LLC down payment assistance grant?

_____ Yes _____ No

IMPROVEMENTS NEEDED (Check all that apply):

<input type="checkbox"/>	Roof	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Bath/Kitchen Updates	<input type="checkbox"/>	Accessibility
<input type="checkbox"/>	Exterior/Siding/Painting	<input type="checkbox"/>	Furnace	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	Other (please explain below)
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Exterior Doors	<input type="checkbox"/>	
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Porch	<input type="checkbox"/>	
<input type="checkbox"/>	Chimney Repair	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Water/Sewer Lateral	<input type="checkbox"/>	

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 Waukesha County. The HOME Consortium 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.

I/we authorize a Lead Hazard Review of my/our property. I/we agree that results will be used to determine the scope of my project.

Signature _____

Date _____

Signature _____

Date _____

For more information call Debbie Narus at:

262.896.8170(direct)

dnarus@waukeshacounty.gov

Return completed Application and all applicable items on the Application Checklist to:

Waukesha County Parks and Land Use
Attn: Debbie Narus
515 W. Moreland Blvd., Room AC320
Waukesha, WI 53188



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BORROWER AUTHORIZATION

I/We, _____, Applicant, and _____,

Co-applicant, who reside at _____

hereby authorize the release of all pertinent information to Waukesha County for use in determining my/our eligibility for a rehabilitation loan offered through the HOME Consortium.

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

Signature of Applicant

Date Signed

Signature of Co-Applicant

Date Signed



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Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools* 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.

Printed Name of Recipient

Date

Signature of Recipient

Date