



# City of Madison HOUSING REHABILITATION PROGRAM Application



OFFICE USE ONLY
Date
Census Tract
Aldermanic District
Target/Rehab
Verification Sent
Credit Report
Appraisal
Inspection
Approved
By
Transferred

Name of Borrower \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of Co-Borrower \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_

Is borrower or Co-Borrower:  Elderly  Handicapped  Disabled *(check all that apply)*

Address \_\_\_\_\_

Do you own AND occupy the above property?  Yes  No

Phone Numbers: HOME \_\_\_\_\_ WORK \_\_\_\_\_

E-mail Address \_\_\_\_\_

BORROWER & DEPENDENT NAMES	RELATION TO BORROWER	AGE	SEX	EMPLOYER & ADDRESS	YRS	POSITION	WAGES: Weekly & Yearly
					<b>TOTAL WAGES</b>		

OTHER FAMILY INCOME - Source Social Security, Retirement, Rent, Unemployment Compensation, Alimony, Child Support, Veterans' Benefits, etc.	AMOUNT	WEEKLY/ MONTHLY/ YEARLY

LIQUID ASSETS - (Savings, Checking, Bonds, Stocks, Other Real Estate Owned, etc.)			
TYPE	BANK & ADDRESS	AMOUNT	ACCOUNT NO.

**MONTHLY HOUSING EXPENSE**

1<sup>st</sup> Mortgage..... Monthly Payment \$ \_\_\_\_\_  
 VA  FHA  Conventional  Other: \_\_\_\_\_

Outstanding Balance \$ \_\_\_\_\_

Lender \_\_\_\_\_  
 (Name & Address)

2<sup>nd</sup> Mortgage..... Monthly Payment \$ \_\_\_\_\_  
 VA  FHA  Conventional  Other: \_\_\_\_\_

Outstanding Balance \$ \_\_\_\_\_

Lender \_\_\_\_\_  
 (Name & Address)

Hazard Insurance Company \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_ Monthly Escrow \$ \_\_\_\_\_

**Property Taxes**

Annual Premium \$ \_\_\_\_\_ Monthly Escrow \$ \_\_\_\_\_

TOTAL MONTHLY PRINCIPAL, INTEREST, TAXES & INSURANCE..... \$ \_\_\_\_\_

OTHER LIABILITIES (Car, Charge Cards, Credit Union, Finance Companies, etc.)				
TYPE	LENDER	ACCOUNT NO.	BALANCE	MONTHLY PAYMENT

**List work and repairs you want done.**

**CERTIFICATION**

*I/We hereby certify that the information contained in this application is true and complete to the best of our knowledge and belief. Further, we give our permission for the City of Madison to verify all of the information herein given. I/We also acknowledge the receipt of the Housing Rehabilitation Services Program's Terms and Conditions under which a Housing Rehabilitation Loan is made.*

**NOTICE REGARDING LOBBYING ORDINANCE:** If you are seeking approval of a development that has over 40,000 gross square feet of non-residential space, or a residential development of over 10 dwelling units, or if you are seeking assistance from the City with a value of over \$10,000 (this includes grants, loans, TIF or similar assistance), then you likely are subject to Madison's lobbying ordinance, sec. 2.40, MGO. You are required to register and report your lobbying. Please consult the City Clerk for more information. Failure to comply with the lobbying ordinance may result in fines of \$1,000 to \$5,000.

Are any of the borrowers a City employee, elected City official, City board or committee member or an immediate family member of the aforementioned? "Immediate family" member of a City employee, official or board/committee member means a spouse, a registered domestic partner, or a relative by marriage, adoption or lineal descent who receives more than one-half of his or her support from the City employee, official or board/committee member.

YES  NO

\_\_\_\_\_  
 Borrower Name (Print) Borrower Signature Date

\_\_\_\_\_  
 Co-Borrower Name (Print) Borrower Signature Date

\_\_\_\_\_  
 Address (House Number, Street Name, City, State, Zip Code)

**MINORITY CODE:** The following information is required for statistical purposes so HUD may determine the degree to which minority families utilize its programs. Please check next to the race and ethnicity that applies to the head of household. This information will not be used in determining your eligibility.

**RACE:**  White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander

**ETHNICITY:**  Hispanic  Non-Hispanic



# City of Madison

## Rehabilitation Loan Program

This notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration or administration of the rehabilitation loan for which you have applied. Financial records involving your transaction will be available to HUD without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required or permitted by law.

### Applicant's permission to verify

This is to certify that we have given our permission to the City of Madison to request and receive information required to verify employment, mortgages, deeds of trust, savings accounts, credit accounts, and all other information necessary to complete our application for a Housing Rehabilitation loan.

\_\_\_\_\_  
Print Name (Borrower)

\_\_\_\_\_  
Print Name (Co-borrower)

\_\_\_\_\_  
Signature (Borrower)

\_\_\_\_\_  
Signature (Co-borrower)

\_\_\_\_\_  
Borrower Social Security #

\_\_\_\_\_  
Co-borrower Social Security #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Date

**Please read, sign, and return this form along with the completed application to:**  
City of Madison-Community Development Division  
215 Martin Luther King Jr Blvd, Ste 300  
P.O. Box 2627  
Madison WI 53701-2627

## MADISON REHABILITATION PROGRAM APPLICATION

### CHECKLIST

- Loan Application form
- Permission to Verify form
- Most recent Mortgage Statement
- Homeowner's Insurance Declaration Page
- Copy of last year's federal tax return form, all schedules and W-2's (2 years, if self -employed)
- 2 months most recent paycheck stubs
- Copy of social security, disability and pension awards letters
- Any other income you may receive, you must supply documentation
- 6 month's checking account statements
- Most recent statement for all other saving(s), retirement(s), stock(s), bond account(s), etc.
- Most recent Mortgage Statement(s)

**Mail above information to:**

City of Madison – CDD  
PO Box 2627  
Madison WI 53701-2627

Any questions, email [homeloans@cityofmadison.com](mailto:homeloans@cityofmadison.com) or call 608-266-4719

# 1

## SUBMIT LOAN APPLICATION

Please make sure to submit all documents requested on the application. Incomplete information may delay your application. Applications will go through an initial processing review, which includes obtaining a copy of your credit report.



# 2

## FINANCIAL REVIEW

Your application will be assigned to a Community Development Specialist who will review your application and determine your financial eligibility for the program. If you qualify for a loan through the program, the Specialist will contact you to set up an inspection. The inspection typically takes up to an hour.



# 3

## TECHNICAL ASSISTANCE

The Specialist will work with you to help develop a scope of eligible work. A scope of work clearly defines what needs to be done during the rehabilitation project.



# 4

## BIDDING PROCESS

The homeowner is responsible in obtaining bids from licensed contractors for the project. You will select the contractor you wish to hire for your project. City of Madison will perform a review of the contractor that you select to make sure that the contractor is licensed and qualified to perform the work.



# 5

## LOAN REVIEW

Your application, scope of work and selected contractor will be presented to the Community Development Supervisor for final approval. You will be notified by the Specialist when completed. If you submit a complete application and diligently work to obtain bids, the time frame from application to approval is about 45 days.



# 6

## LOAN CLOSING

If you have been approved for a Rehab Loan, the Specialist will send your Closing Package to First American Title Company. The title company will work with you to schedule a loan closing. Loan documents are recorded. The loan funds are held by the title company in an escrow account to pay contractors.



# 7

## START REHAB!

The Specialist will continue to work with you and your contractor to have contracts signed and work begun. The Specialist also assists you by verifying work is done correctly at the time you approve payments to contractors. Work should be completed within 90 days of loan closing. Extensions may be approved for weather related delays.

