



City of Madison

HOUSING REHABILITATION PROGRAM

Application



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 \_\_\_\_\_

OFFICE USE ONLY

\_\_\_\_\_

Date

\_\_\_\_\_

Census Tract

\_\_\_\_\_

Aldermanic District

\_\_\_\_\_

Target/Rehab

\_\_\_\_\_

Verification Sent

\_\_\_\_\_

Credit Report

\_\_\_\_\_

Appraisal

\_\_\_\_\_

Inspection

\_\_\_\_\_

Approved

\_\_\_\_\_

By

\_\_\_\_\_

Transferred

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

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.





# 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
- ☐ 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, stock, bond accounts, etc. (non-retirement)

**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