

## City of Madison HOUSING REHABILITATION PROGRAM Application



Name of Borrowe	r							OFFICE USE ONLY
Social Security Number Date of birth							-	Date
Name of Co-Borrower								Census Tract
Name of Co-Borro	-	Aldermanic District						
Social Security Number Date of birth								Target/Rehab
Is borrower or Co		Verification Sent						
		Credit Report						
Address		Appraisal						
Do you own AND	_	Inspection						
Phone Numbers: HOME WORK								Approved
E mail Adduses								Ву
E-man Addi ess								Transferred
Borrower & Dependent Names	RELATION TO BORROWER	AGE	SEX	Employer & Addi	RESS	YRS	Position	WAGES: Weekly & Yearly
					TOTAL WAGES			
	OTHER FA curity, Retireme Alimony, Child	ent, Re	nt, Unempl	oyment Compensation,	AMOUNT		MON	EKLY/ NTHLY/ ARLY
	LIQU	ID AS	SETS - (Sav	ings, Checking, Bonds, Stocks, Otho	er Real Estate Owi	ned, etc	.)	
ТҮРЕ			BANK	C & ADDRESS	AMOUNT		ACCO	OUNT NO.
	•				•			

MONTHLY HOUSIN				
		Monthly Paymen		
Outstanding Balance S		her:		
Lender				
(Name & Address)				
2 <sup>nd</sup> Mortgage		Monthly Paymen	t \$	
	FHA □ Conventional □ Ot	her:		
Outstanding Balance	<b>\$</b>			
Lender(Name & Address)				
Hazard Insurance Co.	mpany			
Annual Premium \$			ow \$	
Property Taxes		M 41 F	o.	
Annual Premium \$		Monthly Escr	ow \$	
TOTAL MONTHLY	PRINCIPAL, INTEREST, TAXE	S & INSURANCE	\$	
	•	Charge Cards, Credit Union, Finance		MONTHLY
TYPE	LENDER	ACCOUNT NO.	BALANCE	PAYMENT
List work and repairs	you want done.			
		CERTIFICATION		
permission for the City		pplication is true and complete to the b mation herein given. I/We also acknow Rehabilitation Loan is made.		
		ou are seeking approval of a development		
loans, TIF or similar as	sistance), then you likely are subject	its, or if you are seeking assistance from to to Madison's lobbying ordinance, sec. on. Failure to comply with the lobbying	. 2.40, MGO. You are req	juired to register and report your
"Immediate family" me	ember of a City employee, official o	icial, City board or committee member board/committee member means a sport of his or her support from the City emp	ouse, a registered domesti	ic partner, or a relative by marriage
□ YES □ NO			<i>,</i>	
Borrower Name (Print	t) Bo	rrower Signature	Date	
Co-Borrower Name (F	Print) Bo	rrower Signature	Date	
Address (House Numb	er, Street Name, City, State, Zip Co	de)		
MINORITY CODE, TL	e following information is required for	statistical purposes so HUD may determine	e the decree to which minor	rity families utilize its programs
Please check next to the r	ace and ethnicity that applies to the he	ad of household. This information will not	be used in determining you	r eligibility.
	☐ Black or African American ☐ ☐ Hispanic ☐ Non-Hispanic	American Indian or Alaska Native [	⊔ Asian □ Native Ha	waiian or Other Pacific Islander

2 Last Updated 9/16/2021



# 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

3 Last Updated 9/16/2021

### 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 <a href="mailto:homeloans@cityofmadison.com">homeloans@cityofmadison.com</a> or call 608-266-4719

4 Last Updated 9/16/2021