

City of Madison HOUSING REHABILITATION SERVICES PROGRAM APPLICATION



Name of Borrower(s) _____

Is borrower or spouse elderly, handicapped or disabled? _____

Address _____

Do you own and occupy the above property? _____ How long have you owned the above property? _____

Phone Numbers: HOME _____ WORK _____ EXTENSION _____

E-mail Address _____

Social Security Numbers: _____ -- -- _____ -- -- _____

Date of birth _____

OFFICE USE ONLY

Date _____

Census Tract _____

Aldermanic District _____

Target / Rehab _____

Verification Sent _____

Credit Report _____

Appraisal _____

Inspection _____

Approved _____

By _____

Transferred _____

MORTGAGE	LAND CONTRACT
Original Purchase Price \$ _____	Name of Seller _____
Original Mortgage \$ _____	Address of Seller _____
Outstanding Balance \$ _____	Is the Land Contract recorded? _____
<input type="checkbox"/> VA <input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> Other	Does the Land Contract have a 90-day right of redemption? _____
	<i>Please include a copy of the Land Contract with this Application</i>

BORROWER(S) & DEPENDENT(S) NAME	RELATION TO BORROWER	AGE	SEX	EMPLOYER & ADDRESS	YRS	POSITION	WAGES: Weekly/Yearly	VER.
TOTAL WAGES								

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

OFFICE USE ONLY

Total Other Income \$ _____

Total Wage Income \$ _____

TOTAL ALL INCOME \$ _____

ALLOWANCES AGAINST INCOME
(Installment Loan Only)

1. Child Care\$ _____

2. Medical Expense in excess of 3% of Total Income\$ _____

3. Child Support Payments\$ _____

4. Alimony Payments\$ _____

OFFICE USE ONLY

\$400 Elderly - _____

(\$480 x _____ Minors/H/D) - _____

Total Miscellaneous Allowances - _____

Total Adjustments - _____

Total Annual Income Less Adjustments... \$ _____

LIQUID ASSETS - (Savings, Checking, Bonds, Stocks, Other Real Estate Owned, etc.)

TYPE	BANK & ADDRESS	AMOUNT	ACCOUNT NO.

Amount Available
\$ _____

Excess Liquid Asset

MONTHLY HOUSING EXPENSE

OFFICE USE ONLY

1st Mortgage
 (Lender - _____) **MONTHLY PAYMENT**
 (Name & Address) _____
 (Loan Number _____) \$ _____

2nd Mortgage
 (Lender - _____)
 (Name & Address) _____
 (Loan Number _____) \$ _____

Hazard Insurance Annual Monthly
 (Company _____) Premium \$ _____ Escrow \$ _____

Property Taxes Annual Monthly
 Premium \$ _____ Escrow \$ _____

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

OTHER LIABILITIES (Car, Charge Cards, Credit Union, Finance Companies, etc.)

TYPE	LENDER	ACCOUNT NO.	BALANCE	MONTHLY PAYMENT	VER.

Have you ever defaulted on a loan that resulted in a Judgement or Foreclosure? _____ Have you ever filed for bankruptcy? _____ When? _____
 Have you ever been divorced? _____ If so, when? _____ Decree final? _____ Who owns house? _____

PROPERTY INFORMATION

Number of residential units? 1 _____ 2 _____ 3 _____ 4 _____ Age of Building _____ Number of Stories _____
 Type of Siding: Wood _____ Aluminum _____ Composition _____ Brick _____ Other _____
 Number of Bedrooms: _____ Dining Room? _____ Living Room? _____ Bath _____ 1/2 Bath _____ Other _____
 Garage: Attached _____ Detached _____ Built-in _____ How many car _____
 Type of Heat: Gas _____ Oil _____ Forced Air _____ Hot Water _____ Steam _____ Central Air Conditioning _____
 Unpaid Special Assessments: Sidewalk _____ Tree Removal _____ Unpaid Water Bill _____
 Do you share the driveway with the adjoining owner? _____ What is your estimate of the value of the property? _____
 Are there outstanding work orders from the City Building Inspection Division? Yes _____ No _____
 How did you hear about the loan program? _____
 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

Name(s)

Signature(s)

Address

City State Zip Code

Date Submitted

MINORITY CODE: The following information is required for statistical purposes so HUD may determine the degree to which its programs are utilized by minority families. Please put an "X" next to the race and ethnicity which 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