

**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 _____

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

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

MORTGAGE

Original Purchase Price \$ _____
 Original Mortgage \$ _____
 Outstanding Balance \$ _____

VA FHA Conventional Other

LAND CONTRACT

Name of Seller _____
 Address of Seller _____
 Is the Land Contract recorded? _____
 Does the Land Contract have a 90-day right of redemption? _____

Please include a copy of the Land Contract with this Application

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)	OFFICE USE ONLY
1. Child Care\$ _____	\$400 Elderly - _____
2. Medical Expense in excess of 3% of Total Income\$ _____	(\$480 x _____ Minors/H/D)..... - _____
3. Child Support Payments\$ _____	Total Miscellaneous Allowances..... - _____
4. Alimony Payments\$ _____	Total Adjustments..... - _____
	Total Annual Income Less Adjustments... \$ _____

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

				Excess Liquid Asset
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MONTHLY HOUSING EXPENSE				OFFICE USE ONLY
1st Mortgage			MONTHLY PAYMENT	
(Lender - _____)	(Name & Address)			
(Loan Number _____)			\$ _____	
2nd Mortgage				
(Lender - _____)	(Name & Address)			
(Loan Number _____)			\$ _____	
Hazard Insurance		Annual Premium \$ _____	Monthly Escrow \$ _____	
(Company _____)				
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	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 _____ ½ 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