

Home Rehabilitation Application Instructions:

- 1) Complete & submit the “Home Rehabilitation Application” Form to the City of Tomah-CDBG office using option provided above.
- 2) Provide copy of:
 - a) Property Title or Deed
 - b) Property Appraisal, if completed within the last 5 years
 - c) Property Tax Bill
 - d) Mortgage billing statements which states monthly principle, interest & escrow payment due & outstanding mortgage principle balance
 - e) Property Insurance policy coverage and cost of coverage
 - f) Details list of work items to be completed upon approval of loan application include a copy of all estimates obtained from contractors
- 3) Provide Social Security cards for all household/family member(s).
- 4) Provide Driver License and/or State ID for adult household/family member(s)
- 5) **Income:** Submit proof of income from all sources, including income received by minors. For example, if you:
 - a. Are employed, submit 3 consecutive check stubs from each job or a statement from your employer showing the number of hours you work per week and your rate of pay.
 - b. Receive child support - submit a 12 month printout from the child support office.
 - c. Receive Social Security/SSI (State and Federal), submit a copy of the award letter showing the amount you currently receive. Call 800-772-1213 to request a copy if you no longer have your last letter
 - d. Receive pensions, annuity or IRA income, submit a statement showing the amount and frequency of payment.

Assets: Submit a copy of your last checking and/or savings account statement, a copy of any certificates of deposit, life insurance policies, stocks, bonds, mutual funds and a copy of any other asset you have.

Income Tax Papers: Submit a copy of most recent Federal and State tax return filed by all household members age 18 or older.

Other Loans, credit card bills, medical expenses, judgements etc: Submit written documentation of other household debt

If you have any questions, please contact Rachel Muehlenkamp at the Tomah Housing Office at (608) 374-7455 or via e-mail at tomahpha@tomahonline.com.

EQUAL OPPORTUNITY HOUSING

Accommodation to address the needs of disabled individuals may be requested by contacting Tomah Public Housing Authority, 819 Superior Avenue, Tomah, WI 54660 or by calling (608) 374-7455 or e-mail tomahpha@tomahonline.com

CITY OF TOMAH - HOMEOWNER REHABILITATION PROCESS OVERVIEW

1. **Homeowner submits an application along with all documents required for processing**
Applications will not be processed until all of the required documents have been submitted to the Administrator.
2. **Administrator determines if the homeowner is income eligible**
Verification of all income and assets will be completed via third party or check stubs and statements, and income taxes. Income includes gross income plus interest or earnings from any type of asset such as savings and checking accounts, investment accounts, bonds, other property etc.
3. **Administrator determines if the property is eligible**
The administrator will take into consideration the following items:
 - a. How much equity you have in your property by looking at how much you owe on the property compared to the market value that is listed on the property tax statement.
 - b. Mortgage balance(s) and whether you are current in making payments.
 - c. Confirm that property taxes are paid. All applicants with delinquent property taxes must satisfy that debt before any loan is approved. Emergency loans may be excepted.
 - d. The applicant is responsible for clearing any liens, judgments, title ownerships, or payment of taxes in order to be eligible to proceed.
 - e. Properties must be owner occupied and must be the owner's principal place of residence.
 - f. If there is a land contract, the land contract holder must sign the loan. The land contract must be legally binding and properly recorded.
 - g. If the occupant has a life estate, all owner(s) of the property must sign the loan.
4. **Initial appointment with the administrator**
Applicant will receive a thorough explanation of the program and acknowledge the procedures and costs associated with proceeding with the loan. An appointment for the inspection will be scheduled at this time.
5. **Inspection and specification preparation**
The building inspector meets with the homeowner to inspect the property and determine which rehab work the homeowner wants and what will be recommended. The program requires that repairs that affect the occupant's health and safety must be addressed and all code violations will be given top priority. Other types of repairs cannot be completed unless all health and safety repairs are also addressed. No cosmetic work or new construction is permitted unless the new construction is for overcrowding or handicap accessibility. No work may begin on the project until the mortgage has been signed and recorded and the contract(s) between the homeowner and contractor have been signed. Funds cannot be used to reimburse you for work that has already been completed.
6. **If the project includes lead-based paint work, soil testing for a septic system, asbestos or mold remediation, additional inspections will be required**
These items may require special testing procedures in order to complete the inspection process. These tests will be conducted by a company that is specialized and certified in that area of work.
7. **Homeowner obtains bids for the rehab work**
Homeowners are expected to obtain three bids for each area of work. All bids must be mailed, delivered in person, emailed, or faxed to the grant administrator
8. **Review of bids and loan approval**
 - a. **Bids reviewed and contractors selected** -The homeowner reviews the bids with the Administrator. The homeowner may choose the lowest, reasonable, and responsible bid or a bid that is within 10% of the lowest, reasonable, and responsible bid. The homeowner may select any contractor he or she chooses, but if he/she does not want to choose the contractor with the lowest bid or the bid within 10% of the lowest bid, the homeowner must escrow the difference. The homeowner must escrow the difference at the time the loan is signed.
 - b. **Loan approval** - The Administrator will take into consideration the overall condition of your property compared to the market value. There must be sufficient equity in the home to cover the existing liens and the home repair loan. If the bids for all of the work would have a **negative equity effect** or exceed 120% of the after- rehab value, then some of the repairs may be eliminated from the scope of work. The repairs will be prioritized according to code violations and health and safety repairs. Those repairs must be completed before other work will be approved. The administrator will estimate the increase in market value (no more than 35% of the repairs cost) as a result of the home repairs and take this into consideration when calculating equity.

Applicants who disagree with the administrator's calculations for determining equity may appeal the decision by providing a market analysis by a licensed Real Estate Agent or an appraisal by a licensed Appraiser. These documents must be no more than six months old and should take into consideration the repairs being considered.

9. Administrator will request a title search on the property

A Title search will confirm ownership and reveal debts against the property. When the title search reveals unusual information, a legal opinion of ownership or financial obligation is requested of legal counsel.

10. Loan Closing

a. Lending documents will be executed

Mortgages and Promissory Notes are recorded with the County Register of Deeds. Loans are deferred with no interest or payments until you no longer own or occupy the property as your primary place of residence. The mortgage information is forwarded to the homeowner's insurance carrier and a certificate of insurance is kept on file. Participants must keep their property insured as long as they have the home repair mortgage.

b. Contract(s) signed

The homeowner enters into a written contract(s) with the contractor(s). Contractors are given 90 days to complete the work. Sometimes the timeline is extended if the work cannot be done within 90 days due to weather restrictions. A good example might be the replacement of a septic system. The contract is between the homeowner and the contractor, not the Grantee or Administrator. The homeowner is ultimately responsible for supervising and monitoring the contractors and the quality of their work.

11. Payments and inspection of completed work

Payment request forms and lien waivers will be submitted to the Administrator by the contractor(s) signifying part or all of the work completed. The building inspector will schedule an appointment with the homeowner to determine if the work has been completed satisfactorily. The homeowner will be asked to sign the payment request signifying their acceptance of the work and approving the amount to be paid to the contractor. Approved payments will be made directly to the contractor.

12. Loan closure

Participants are provided with important information about their loan when the rehab is complete. They are reminded that as a condition of the mortgage, they must carry liability insurance on the property to cover at least the home repair mortgage and property taxes must be kept current. Periodic examinations are made on all loans to verify insurance coverage and tax payments. Notices are sent to homeowners when violations in the terms of the mortgage are discovered.

13. Loan repayment

The loan is due in full when the homeowner no longer owns or occupies the property.

14. Loan default

When a homeowner has been found to be in violation of the terms of the mortgage, a notice is sent with procedures for remedy. All attempts are made to resolve the situation with the homeowner. Remedy of the violation or repayment of the loan is the preferred way to settle and all reasonable ways that still meet the requirements set forth by the State are considered. When a reasonable solution cannot be reached with the homeowner, advice is sought with the legal counsel and the Loan Committee.

15. Subordinations

When a homeowner wishes to refinance a superior mortgage and does not intend to pay off the CDBG mortgage, their refinancing lender will most likely require that the CDBG mortgage subordinate or allow the refinancing lender to be in a superior position to the CDBG mortgage. It is important to tell the lender about the CDBG mortgage when you apply for a refinance loan. The CDBG loans do not automatically subordinate and you will be required to submit a request for subordination.

16. Grievance Procedure

All applicants or participants have the right to file an appeal/grievance when there is a disagreement or dissatisfaction with a decision by our agency. The appeal process is initiated by filing a written letter regarding the grievance within fifteen (15) business days of the service decision.

City of Tomah – Community Block Grant, Community Development, Housing Authority
 City Hall Annex – 107 E Milwaukee St, Tomah WI 54660
Mailing Address: 819 Superior Avenue, Tomah, WI 54660
 (608) 374-7455, Fax (608) 374-7458; e-mail tomahpha@tomahonline.com

HOME REHABILITATION APPLICATION: This form must be filled out completely. If something does not apply to you mark the space with NA. Return your completed application to the address listed above. All adult members of the household must sign below certifying the information that pertains to them. If additional space is needed, submit information on a separate sheet of paper. If you have any questions contact our office at (608) 374-7455 or e-mail tomahpha@tomahonline.com. (rev. 04/20/2020)

PLEASE PRINT

Head of Household Name:	Is Home within City of Tomah?:	Yes	Or	No
Street Address of Home:	City:	Zip:		
Phone Number:	e-mail Address:			
1. A copy of Property Title or Deed showing current Property Owner(s) must be submitted with this loan application				
2. Was the Home Appraised within the last 5 year? Yes or No If yes, provide copy of Appraisal with application.				
3. Age of Home/Property Structure (i.e. Year Home/Structure was built)				
4. Provide a copy of most recent Tax Return for all household members 18 years of age or older.				
5. If child support is paid by any household member please provide legal document that states amount paid for last 12 months.				

HOUSEHOLD List ALL persons who will be living in your home. List Head of Household first.

Legal Name of each household member	Date of Birth	Age	Relationship to Head of Household	Social Security Number		
			Head of Household			
Other Occupants of Home	Date of Birth	Age	Relationship to Head of Household	Social Security Number	Is Rent Paid?	If yes, monthly rent is?
						\$
						\$

Yes No Has any adult household member ever used any name or Social Security Number(s) other than the one listed above (i.e. maiden name)? If yes, provide other SSN and/or Name(s) and explain why they were used. _____

INCOME: List below ALL household income for persons 18 years of age or older.

Family Member Name	Name of Employer or UC Agency	Address				Annual Income	Monthly Income
		Street	City	St	Zip		
						\$	\$
						\$	\$
Family Member Name	Name of Pension, Social Security Agency or Company	Address				Annual Income	Monthly Income
		Street	City	St	Zip		
						\$	\$
						\$	\$
Family Member Name	Name of Child Support, Alimony or W-2 Agency	Address				Annual Income	Monthly Income
		Street	City	St	Zip		
						\$	\$
						\$	\$
Other	List All Other Income Sources:	self employment, rental income, interest, dividends, etc.....				Annual Income	Monthly Income
						\$	\$
						\$	\$
TOTAL INCOME						\$	\$

ASSETS List assets of all household members

Check Acct #	Bank/Credit Union	Address	Account Balance	
			\$	
Saving Acct #	Bank/Credit Union	Address	Account Balance	
			\$	
CD #'s	Bank/Credit Union	Address	Account Balance	
			\$	
Stocks & Bonds	Agency	Address	Account Balance	
			\$	
Savings Bonds			Account Balance	
			\$	
Retirement Fund	Agency	Address	Account Balance	
			\$	
Mutual/Trust Fund	Agency	Address	Account Balance	
			\$	
Annuities/Life Ins.	Agency	Address	Account Balance	
			\$	
Real Estate	Owner	Address	Property Value	
			\$	

MONTHLY HOUSING EXPENSES

Mortgage(s)	Lender Name, Address & Phone Number	Original Loan Date	Original Loan Amount	Current Loan Balance	Monthly Payment
1 st Mortgage			\$	\$	\$
2 nd Mortgage 3 rd Mortgage			\$	\$	\$
Homeowner Insurance	Insurance Agent, Company, Address & Phone Number			Annual Premium	Monthly Premium
				\$	\$
				\$	\$
Property Taxes				Annual Cost	Monthly Cost
Standard Taxes				\$	\$
Special Assessment				\$	\$
Utilities				Annual Cost	Monthly Cost
Water & Sewer				\$	\$
Gas				\$	\$
Electricity				\$	\$
Other Specify				\$	\$
Other	List other Housing Expenses			Annual Cost	Monthly Cost
				\$	\$
					\$
	Total Monthly Housing Expenses				\$
	% of Monthly Income Used for Housing Expenses				%
	% of Monthly Income Used for PITI				%

Yes No Have you ever been obligated on a home loan or home improvement loan, which resulted in foreclosure, deed lieu of foreclosure or judgement? If yes, what year did this occur? _____
 What was the Address of the foreclosed Property? _____
 What was the Lender's Name and Address? _____

OTHER LOANS, CREDIT CARD BILLS, MEDICAL EXPENSES, JUDGEMENTS, ETC.

Loan(s)	Lender Name, Address & Phone Number	Original Loan Date	Original Loan Amount	Current Loan Balance	Monthly Payment
Auto			\$	\$	\$
List Other Loans			\$	\$	\$
Credit Cards	Company, Address & Phone Number			Current Balance	Monthly Payment
				\$	\$
				\$	\$
Medical Cost	Company, Address & Phone Number			Current Balance	Monthly Payment
				\$	\$
Other (Specify)	Company, Address & Phone Number			Current Balance	Monthly Payment
				\$	\$
				\$	\$

LIST OF REQUESTED REHABILITATION WORK ITEMS - If available include copies of cost estimates

Wisconsin Marital Property Act Credit Application Form: In order to comply with the provision of the Wisconsin Property Act, it is required that you provide the following information:

1. Martial Status:
 Married _____ Legally Separated Date of Decree _____ Unmarried _____

If married provide: Spouse's name: _____

Spouse's address: _____

Notice to Applicant: No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time the obligation is incurred.

If you wish to have a marital property agreement, unilateral statement or court decree considered in connection with your application, you must submit a copy with your application.

I/We do hereby swear and attest that all the information above about me/us is true, complete and correct. I/We also understand that any change in household members or household income can affect my/our eligibility.

Head of Household _____ Date _____

Spouse or Other Adult _____ Date _____

Spouse or Other Adult _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Further, Wisconsin law and municipal codes also provide for prosecution of such behavior.

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HOME REHABILITATION APPLICANT: Conflict of Interest Certification -

This form must be filled out completely. All adult members of the household must sign below certifying the information that pertains to them. If additional space is needed, submit information on a separate sheet of paper. If you have any questions contact our office at (608) 374-7455 or via e-mail tomahpha@tomahonline.com. (rev. 04/20/2020)

PLEASE PRINT

Head of Household Name:		
List name of all Adult Household members:		
Street Address of Home:	City:	Zip:
Home Phone Number:	Alternate Phone Number:	

DECLARATION of CONFLICT OF INTEREST: Elected/Appointed Officials, municipal employees or consultants involved in the decision-making processes of City of Tomah CDBG programs are not eligible to receive funds/assistance through this program either for themselves, or for those with whom they have family or business ties, during their tenure or for one year thereafter.

Below list of involved positions/individuals:

Mayor	Alderspersons	Community Development Block Grant Committee
Mike Murray	Adam Gigous	Rick Murray
	Shawn Zabinski	Pete Peterson
	Jeff Cram	Robert Keene
City Personnel	Richard Yarrington	Richard Yarrington
– City Administrator	Travis Scholze	Megan Jensen
Penny Precour-Berry – City Attorney	Lamont Kiefer	Lamont Kiefer
	Donna Evans	
	Dean Peterson	

In review and determination of eligibility of any City of Tomah: CDBG Programs loan application Applicant must declare if there may be a conflict of interest as definite above, and upon review the Applicant maybe found not eligible if said conflict of interest is determine to exist.

List below all individuals who you or any household member may have known family or business ties as stated above. If NONE so state by writing in “NONE”

Names of covered persons	Relationship/Explanation

I/We do hereby swear and attest that all the information above about me/us is true, complete and correct.

Head of Household _____	Date _____
Spouse or Other Adult _____	Date _____
Spouse or Other Adult _____	Date _____

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Tomah Public Housing Authority, Tomah, Wisconsin any information or materials needed to complete verifications for Rental Rehabilitation, Community Block Grant, Low Income Public Housing, or Section 8 Rent Assistance, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Dept. of Housing and Urban Development (HUD) in administrating and enforcing program rules and policies.

INFORMATION COVERED

I understand that based on program policies and requirements all household members previous or current information may be needed to determine program eligibility. Inquiries and verifications that may be requested, include but are not limited to:

Identity	Employment, Income & Assets
Verification of Marital Status	Medical and/or Childcare Expenses
Residences and Rental Activity	Criminal Activity
Credit History	

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the information includes but are not limited to:

Current and/or Previous Landlords	Veterans Administration
Public Housing Agencies	Retirement Systems
Human Services/Welfare Agencies	State Unemployment Agencies
Clerk of Courts	Schools and Colleges
Banks and other Financial Institutions	Credit Providers & Credit Bureaus
Social Security Administration	Medical and Childcare Providers
Law Enforcement Agencies	Support and/or Alimony Providers/Agencies
Utility Companies	Current and/or Previous Employers
U.S. Postal Service	

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Housing Authority and will stay in effect for fifteen (15) months from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)

Spouse or Other Adult _____ Date _____
(signature)

This information pertain to non-citizens who declare eligible immigration status (EIS) which includes the following categories:

Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a) (15) or 101(a) (20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by 101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a) (15) of the INA (8 U.S.C. 1101(a) (20) and 1101(a) (15), respectively [immigrant status]. This category includes a non-citizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

Permanent Resident under 249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under IHA 249].

Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a) (7) of the INA (U.S.C. 1153 (a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d) (5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d) (5) of the INA 1253(h).

Amnesty under 245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].