

Emergency Assistance Program Owner-Occupied Rehabilitation Program

Attached is an application for the Southern Housing Region Emergency Assistance Program. You must complete the entire application and return it to our office along with all applicable documentation. You will not be added to the application list until a complete application is submitted.

| | |
|---|---|
| ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN? | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO (YOU MUST CHECK ONE) |

In order to be eligible, your income must be below the following limits for the county you live in:

| Household Size | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Columbia | \$42,500 | \$48,600 | \$54,650 | \$60,700 | \$65,600 | \$70,450 | \$75,300 | \$80,150 |
| Dodge | \$41,850 | \$47,800 | \$53,800 | \$59,750 | \$64,550 | \$69,350 | \$74,100 | \$78,900 |
| Jefferson | \$42,750 | \$48,850 | \$54,950 | \$61,050 | \$65,950 | \$70,850 | \$75,750 | \$80,600 |
| Ozaukee | \$43,300 | \$49,500 | \$55,700 | \$61,850 | \$66,800 | \$71,750 | \$76,700 | \$81,650 |
| Sauk | \$38,200 | \$43,650 | \$49,100 | \$54,550 | \$58,950 | \$63,300 | \$67,650 | \$72,050 |
| Washington | \$43,300 | \$49,500 | \$55,700 | \$61,850 | \$66,800 | \$71,750 | \$76,700 | \$81,650 |

Return application to:

Emergency Assistance Program
CDBG Rehabilitation Program
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: skoehn@msa-ps.com



You are not required to answer the questions below. If you choose not to answer them, please check here._____

Sex of Applicant: _____ Male _____ Female

Head of Household: _____ Male _____ Female

Marital Status of Applicant: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Racial/Ethnic Background, Check One:

- | | |
|--|---|
| _____ White | _____ American Indian/Alaskan Native & White |
| _____ Black/African American | _____ Asian & White |
| _____ Asian | _____ Black/African American & White |
| _____ American Indian/Alaskan Islander | _____ American Indian/Alaskan Native & Black/African American |
| _____ Native Hawaiian/Other Pacific Islander | _____ Balance/Other |
| _____ Hispanic | |

Is this your primary residence? Yes No

What type of property is this?

Single Family Multi-Family (# of units _____) Mobile Home (MUST be tied down and MUST own the land home is on)

Other _____

| Name(s) on Property Title | Date of Purchase | Year Property Built (YOU <u>MUST</u> PUT APPROXIMATE YEAR) |
|---------------------------|------------------|--|
| | | |

Is the dwelling in a 100 year floodplain? Yes No

Are you on a private well? Yes No

If yes, has it been tested since the flood waters have receded? Yes No

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

FLOOD INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

EXPLAIN DAMAGES:

**FUNDS APPLIED FOR AND/OR RECEIVED FROM
(Check all that apply)**

| | Applied | | Dollar Amount | | Pending | | Denied | | Appealing |
|-------------------------------------|---------|--|---------------|--|---------|--|--------|--|-----------|
| FEMA | | | | | | | | | |
| Small Business Administration (SBA) | | | | | | | | | |
| Individual and Family Grant (IFG) | | | | | | | | | |
| State/Local | | | | | | | | | |
| Banks | | | | | | | | | |
| Insurance | | | | | | | | | |
| Federal Home Loan Bank | | | | | | | | | |
| Other | | | | | | | | | |

PLEASE SUBMIT:

- 1) Documentation from FEMA stating you have or have not received funds through them. If you have received funds through FEMA, please submit documentation as to what work was covered.
- 2) Documentation from your insurance company stating if you have received funds from them. If you have received funds from your insurance company, please submit documentation as to what work was covered.
- 3) Documentation / receipts for work already completed.
- 4) Estimates for work to be done.
- 5) Copy of your homeowner's insurance policy and flood insurance policy if applicable
- 6) Copy of most recent property tax bill

COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY

| <p>Circle Y for Yes, N for No</p> | <p>Income Source</p> | <p>Documentation Required</p> |
|---|---|---|
| <p>1. Y N</p> | <p>Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation</p> <p>Employer: _____ Phone #: _____</p> <p>Fax #: _____ Email address: _____</p> <p>Mailing address: _____</p> <p>Employer: _____ Phone #: _____</p> <p>Fax #: _____ Email address: _____</p> <p>Mailing address: _____</p> <p>Employer: _____ Phone #: _____</p> <p>Fax #: _____ Email address: _____</p> <p>Mailing address: _____</p> | <p>Will need most recent 3 months of check stubs</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Name</p> |
| <p>2. Y N</p> | <p>Self employed (Describe type of business)</p> <p>_____</p> | <p>Will need copies of last 3 years of Federal Income Tax Form 1040 and applicable Schedules</p> |
| <p>3. Y N</p> | <p>Unemployment benefits and/or Worker's Compensation.</p> | <p>Will need most recent 3 months of check stubs</p> |
| <p>4. Y N</p> | <p>Social Security, Supplemental Security Income (SSI) or Disability.</p> | <p>Send benefit statement</p> |
| <p>5. Y N</p> | <p>Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies.</p> <p>If yes, list sources and whose name is on account:</p> <p>1) _____</p> <p>2) _____</p> | <p>Send most recent documentation</p> <p>\$ _____</p> <p>\$ _____</p> |
| <p>6. Y N</p> | <p>Income from real or personal property i.e.: interest or dividends</p> | <p>\$ _____</p> |
| <p>7. Y N</p> | <p>Alimony/spousal maintenance payments.</p> | <p>Will need most recent 3 months of check stubs</p> |
| <p>8. Y N</p> | <p>I am entitled to receive Child Support Payments.</p> <p>If yes, then answer the following:</p> <p><input type="checkbox"/> I am currently receiving child support payments. (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> I am not receiving any child support payments but it is court ordered that I do.</p> | <p>Will need last 3 months of what you have received and copy of court order</p> <p>\$ _____</p> <p>\$ _____</p> |

| | | |
|--------|--|---|
| 9. Y N | Income from a source other than those listed above. If yes, list sources: 1) _____ 2) _____ | Will need last 3 months of what you have received \$ _____ \$ _____ |
|--------|--|---|

| Circle Y for Yes, N for No | Assets | Cash Value/Balance | |
|----------------------------------|--|--|---|
| 10. Y N | Checking account(s). If yes, list bank(s) and the location(s): 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____ | Will need last 6 months bank statements OR a signed statement from bank with 6 month average balance. | Name on Account _____ _____ |
| 11. Y N | Savings account(s). If yes, list bank(s) and the location(s): 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____ | Will need most current bank statement \$ _____ \$ _____ | Name on account _____ _____ |
| 12. Y N | Certificates of Deposit (CD) or Money Market Accounts If yes, list source/bank names and location: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____ 3) _____ Interest Rate: _____ | Need documentation \$ _____ \$ _____ \$ _____ | Name on account _____ _____ |
| 13. Y N | Real Estate-Do you own rental property or land? If yes, list location and mortgage holder: 1) _____ 2) _____ | \$ _____ \$ _____ | Please send copy of property tax statement |
| 14. Y N | Stocks, Bonds, or Treasury Bills. If yes, list source/bank names and location on next page: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____ | \$ _____ \$ _____ | Name on account _____ _____ |
| 15. Y N | IRA/Lump Sum Pension/Retirement/Keogh/401(k) Acct, etc. If yes, list source/bank names & addresses or contact info on next page: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____ | Need documentation \$ _____ \$ _____ | Name on account _____ _____ |

| | | | |
|---------|--|--|--|
| 16. Y N | Whole Life Insurance Policy. If yes, how many policies ____ List sources: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____ | Need documentation \$ _____ \$ _____ | Name on account _____ _____ |
| 17. Y N | Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____ | Need current documentation \$ _____ \$ _____ | |

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE. Read and initial statements below:

- I understand the Southern Housing Region EAP funds are offered as a grant and will not be required to be repaid.
- I understand the Southern Housing Region EAP will inspect the property to determine what, if any, repairs are necessary.
- I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.
- I authorize the Southern Housing Region EAP to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility.
- I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to the Southern Housing Region EAP.
- Failure to comply with these conditions could result in the withdrawal of the Southern Housing Region EAP participation or the recall of the full amount of the Southern Housing Region EAP funds.
- I understand there are project review fees which are included in the grant amount.
- This is the only CDBG EAP application submitted for the property described in this application.

APPEAL PROCESS

Any applicant may appeal the decision of the CDBG Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request to the Program Administrator. If the applicant appeals the Program Administrator's decision, the CDBG Housing Committee will review the appeal. If the applicant would like to appeal the CDBG Housing Committee's decision, the applicant may appeal to DOA/DEHCR. DOA/DEHCR will review for consideration and a written response will follow to the applicant. DOA/DEHCR's determination on the appeal is final.

| CONFLICT OF INTEREST | | |
|---|-----------------------------------|----------------------------------|
| Do you have any family or business ties to any of the following people? Yes_____ No_____ | | |
| Vern Gove, County Board Chairperson | Robert McClyman, Board Member | Mark Sleger, Board Member |
| Lois Schepp, Lead County | Mike Weyh, Board Member | Gary Leatherberry, Board Member |
| Nate Olson, Dodge County | Tom Borgkvist, Board Member | Christopher Polzer, Board Member |
| Ben Wehmeier, Jefferson County | Adam Field, Board Member | Harlan Baumgartner, Board Mem. |
| Andy Buehler, Kenosha County | Kirk Konkell, Board Member | Keith Miller, Board Member |
| Andrew Struck, Ozaukee County | Craig Robson, Board Member | Tim Zander, Board Member |
| Julie Anderson, Racine County | Matthew Rohrbeck, Board Member | Henry St. Maurice, Board Member |
| Colin Byrnes, Rock County | Don DeYoung, Board Member | Brandon Blair, Board Member |
| Alene Bolin, Sauk County | JoAnn Wingers, Board Member | James Foley, Board Member |
| Nicole Hill, Walworth County | Bruce Rashke, Board Member | John Stevenson, Board Member |
| Jay Shambeau, Washington County | Barry Pufahl, Board Member | Jon Plumer, Board Member |
| Kari Justmann, Housing Team Leader | Dan Drew, Board Member | Bob Koch, Board Member |
| Susan Maier, Program Administrator | Susanna Bradley, Board Member | Nancy Long, Board Member |
| Sue Koehn, Program Administrator | Stacy Griswold, Program Assistant | Kevin Kessler, Board Member |

If yes, list name of person and disclose the nature of the relationship:

| | |
|--|--|
| | |
|--|--|

I/We will return any disaster aid money received from the State of Wisconsin or any other source if insurance or other money is received for the same loss.

I/We, the undersigned owners of the described property, certify that the above statements are true, complete and accurate to the best of my/our knowledge, and understand that false information given may lead to disqualification from this program. I fully understand that it is a federal, state and local crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning the facts of the application.

I/We hereby authorize the Southern Housing Region EAP Program to obtain verification of any information contained in this application from any source named herein. We have given our permission to the Southern Housing Region EAP Program to request and receive information required to verify employment, mortgages, deed, trust accounts, savings accounts, credit accounts, financial status and any other information necessary to complete application for a Loan.

No provision of marital property agreement (including a Statutory Individual Property Agreement Pursuant to Sec. 766.587, Wis. Stats.), 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 of obligation is incurred.

I/We certify that all information contained in this application is true and complete to the best of (my) (our) knowledge and belief. It is understood that this information is given for the purpose of obtaining financial assistance through the Southern Housing Region EAP Program and will be used for no other purpose.

_____ Signature _____ Date

_____ Signature _____ Date