

TENANT APPLICATION

Dear Tenant:

Your landlord is applying for a rental unit rehabilitation loan. The loan is offered to the landlord with the understanding that the landlord will limit annual rent increases to a small percentage of the existing rent being charged at the time of rehabilitation or has a fixed monthly rent for units rehabbed under the CDBG program. The payment terms of the loan are between the landlord and the Village, strictly.

The funds are offered to the landlord as a low interest installment loan. In order for the landlord to qualify for the funds, all tenants must be documented as Low-to Moderate income. The following paperwork is to verify the tenant meets those income guidelines. Please fill out the application and income/asset questionnaire paperwork. Return paperwork to your landlord or to the Housing Administrator.

Family Size	1	2	3	4	5	6	7	8
Income Limit	\$37,300	\$43,800	\$49,250	\$54,700	\$59,100	\$63,500	\$67,850	\$72,250

No tenants will be permanently displaced as a result of rehab to a renter-occupied property.

If you have any questions or concerns, please feel free to contact the Village's Housing Administrator, Renee Swenson at 715-235-9081.

For the Village of Menomonie,

Renee Swenson
Housing Administrator
Email: renee.swenson@cedarcorp.com

**VILLAGE OF MILLTOWN CDBG HOUSING PROGRAM
TENANT ELIGIBILITY STATEMENT**

Landlord Information:

Name: _____

Address: _____

The above landlord of your apartment is applying for a rehabilitation loan which would improve the unit you now live in, at no additional cost to you as a tenant. Please provide the following information.

TENANT INCOME

Tenant Name: _____

Age: _____

Spouse/Tenant Name: _____

Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Are you a U. S. citizen or qualified alien? _____

Ages of ALL children living in the home: _____

Total number of people living in the home: _____

Are any members of this household impaired?

If yes, are there any improvements that could be made to the home to make it more accessible? Please list:

Optional Information:

You are not required to answer the questions below. If you choose not to answer them, please check in this box.

Sex of Tenant: Male _____ Female _____

Marital Status of Tenant: Married _____ Unmarried _____

Race/Ethnic Background (check one)

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

Hispanic: Yes _____ No _____

EMPLOYMENT AND INCOME INFORMATION:

List all people who reside in the household who are employed and over 18 years of age. Use **gross** monthly wages.

Name	Employer & Address	Gross Monthly Income

Please list below all additional monthly income from household members including household head and spouse, and each additional person who is sharing the household that was not included on your last Federal Income Tax Return.

Social Security: \$ _____
Alimony: \$ _____
Child Support: \$ _____
Public Assistance: \$ _____
Pension: \$ _____
Disability: \$ _____
Interest: \$ _____
Rental Property/Rent: \$ _____

EXPENSES:

Child Support Payments: \$ _____
Regularly Reoccurring Medical Expenses: \$ _____

AUTHORIZATION AND SIGNATURES:

I certify that the above information is true and correct. I authorize the CDBG Program and its agents to contact any source identified to confirm the above information is necessary.

I understand that, except as authorized in this paragraph, the CDBG Program will keep all information contained in this application strictly confidential and will not release it to any of the party without my written authorization.

Tenant's Signature Date

Tenant's Signature Date

VILLAGE OF MILLTOWN CDBG HOUSING PROGRAM
TENANT'S RELEASE OF INFORMATION

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

Check box that applies to you:

- Owner-occupied property
- Landlord property
- Tenant

This is to certify that I/we have given my/our permission to the Village of Menomonie Community Development Block Grant (CDBG) Program to verify employment, sources of monthly income, and any additional required information. I understand that this information will be for the confidential use of the Grantee in reviewing the landlord's application for a rehabilitation loan.

I understand the Village of Menomonie Housing program will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, Village of Menomonie reserves the right to deny funding.

I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance for the landlord, it is in violation of federal and state laws that carry severe criminal and civil penalties. The Village of Menomonie has the right to enforce applicable penalties.

I authorize Village of Menomonie Housing program to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine the landlord's eligibility. I authorize the Housing Administrator to take initial, progress and final pictures of the rental property for the purposes of this loan.

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 Village of Menomonie Housing program

I understand the Housing Administrator is trained to determine what deficiencies fall under the program guidelines and I will accept the inspection notes regarding the deficiencies from the Housing Administrator. I understand and I will comply with the Housing Quality Standards as the guidelines for the loan. *(Please ask Housing Administrator to clarify Housing Quality Standards, if they are not clear)*

I understand the Village of Menomonie Housing program will not be a part of any remodel and other new/cosmetic construction project. The Village of Menomonie will not pay for work that has already been started and completed. All the approved work through the Village of Menomonie Housing program will need to be completed before any remodel work is started. No exceptions.

Failure to comply with these conditions could result in the withdrawal of Village of Menomonie participation for the landlord or recall and make the landlord responsible for the full amount of Village of Menomonie landlord loan, plus interest.

Marital Agreement Notice

No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis.Stats.), unilateral statement classifying income from separate property under Section 766.59, or court decree under Section 766.70 adversely affects the creditor 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.

By my signature, I certify that all information I have given is true and correct to the best of my knowledge.

Rental-Rehab Property Address: _____

Landlord's Name: _____

Tenant's Name: _____

Tenant's Signature: _____

Date _____

VILLAGE OF MILLTOWN CDBG HOUSING PROGRAM
VERIFICATION OF EMPLOYMENT

To: _____
Employer's Name

Employer's Address

Employer's Village, State, Zip

Employer's Phone number

Employee, _____, has applied for a housing rehabilitation loan through the Village of Menomonie Housing Program. The program is for income eligible applicants.

Please complete the information below so we can verify the applicant's financial eligibility.

You have my permission to release my income information to the Housing Administrator for the Village of Menomonie Housing Program.

X _____
Applicant's Name Date

=====
Applicant - Do Not Write Below This Line
=====

Present Position: _____

Employment Date: _____

Probability of Continued Employment: _____

Rate of Pay: \$ _____: Hour _____ Week _____ Month _____ Year _____

If hourly wage, please indicate average hours/week: _____

Gross salary for past 13 weeks: _____

Projected gross salary for next 12 months (52 weeks): _____

Estimated Commission/Bonus: _____ Overtime: _____

Next wage increase amount: _____ Date for wage increase: _____

Authorized Employer Signature Title Date

Please return to: CDBG Program Administrator
604 Wilson Avenue
Menomonie, WI 54751

Enclosure: Stamped Addressed Return Envelope

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Employer's Name

Employer's Address

Employer's Village, State, Zip

Employer's Phone number

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Please complete the information below so we can verify the applicant's financial eligibility.

You have my permission to release my income information to the Housing Administrator for the Village of Menomonie Housing Program.

X _____
Applicant's Name Date

=====
Applicant - Do Not Write Below This Line
=====

Present Position: _____

Employment Date: _____

Probability of Continued Employment: _____

Rate of Pay: \$ _____: Hour _____ Week _____ Month _____ Year _____

If hourly wage, please indicate average hours/week: _____

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COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY

Failure to complete the questionnaire in its entirety will delay processing the loan application.

Income Information: Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months. Also provide supporting documentation such as statements.

1.	Y	N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation Name of Employer: _____ Phone #: _____ Mailing Address: _____ Name of Employer: _____ Phone #: _____ Mailing Address: _____ Name of Employer: _____ Phone #: _____ Mailing Address: _____
2.	Y	N	Self-employed (List the nature of self-employment) Will need copies of last 3 years of Federal 1040 with Schedule C attached Name of Business: _____ Phone #: _____ Mailing Address: _____
3.	Y	N	Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home Gross Amount: _____
4.	Y	N	Unemployment benefit and/or Worker's Compensation. <i>Send copy of benefit statement and copy of check</i> Gross Amount: _____
5.	Y	N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income. <i>Send copy of benefit statement and copy of check</i> Gross Amount: _____

6.	Y	N	Social Security payments. Send copy of benefit statement
Gross Amount: _____			
7.	Y	N	Unearned income from family members age 17 and under (example: Social Security, Trust Fund disbursements, etc.)
Gross Amount: _____			
8.	Y	N	Supplemental Security Income (SSI). Send copy of benefit statement
Gross Amount: _____			
9.	Y	N	Disability or death benefits other than Social Security. Send copy of statement
Gross Amount: _____			
10.	Y	N	Public Assistance (examples: TANF, AFCD, W2) Send copy of statement
Gross Amount: _____			
11.	Y	N	Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies, or lottery winnings. Send copy of statement
Gross Amount: _____			
12.	Y	N	Income from real or personal property; ie: interest or dividends Send copy of statement
Gross Amount: _____			
13.	Y	N	Alimony/spousal maintenance payments Send copy of statement
Gross Amount: _____			

14.	Y	N	I am entitled to receive Child Support Payments. Send copy of statement
		<input type="checkbox"/>	I am currently receiving child support payments
		<input type="checkbox"/>	I am not receiving any child support payments but it is court ordered that I do.
		<input type="checkbox"/>	I am not pursuing the payments for the following reasons:
		<input type="checkbox"/>	I am making efforts to collect the child support owed to me. Please list the efforts you are making:
15.	Y	N	Section 8 rental assistance. Send copy of statement Gross Amount:
16.	Y	N	Income from a source other than those listed above. Send copy of statement Gross Amount:

Asset Information: Identify each asset, its value, and rate of interest currently held by the household. Also provide supporting documentation such as statements.

17.	Y	N	Checking account(s)	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
	Y	N	Checking account(s)	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
18.	Y	N	Savings account(s)	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
18.	Y	N	Savings account(s)	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
19.	Y	N	Certificates of Deposit (CD) or Money Market Accounts	
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
20.	Y	N	Revocable Trust(s)	Provide documentation
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				

21.	Y	N	Real Estate - Do you own rental property or land? Include copies of property taxes
Name on Account:			
Name of Bank:			
Phone #:			
Mailing Address:			
Cash			
Value/Balance:			
22.	Y	N	Stocks, Bonds, or Treasury Bills Provide documentation
Name on Account:			
Name of Bank:			
Phone #:			
Mailing Address:			
Cash			
Value/Balance:			
23.	Y	N	IRA/Lump Sum Pension/Retirement/Keogh/401K, etc. Provide documentation
Name on Account:			
Name of Bank:			
Phone #:			
Mailing Address:			
Cash			
Value/Balance:			
24.	Y	N	Whole Life Insurance Policy
Name on Account:			
Name of Bank:			
Phone #:			
Mailing Address:			
Cash			
Value/Balance:			
25.	Y	N	More than \$500 cash on hand
Name on Account:			
Name of Bank:			
Phone #:			
Mailing Address:			
Cash			
Value/Balance:			

26. Y N Income from assets or sources other than those listed above

Send copies of statements for the last 6 months

Name on Account:

Name of Bank:

Phone #:

Mailing Address:

Cash

Value/Balance:

27. Y N Safe Deposit Box: list contents

Name on Account:

Name of Bank:

Phone #:

Mailing Address:

Cash

Value/Balance:

28. Y N Disposed of assets (ie. Gave away money/assets) for less than fair market value in the past 2 years (ie: land or 2nd home, etc.)

Name on Account:

Name of Bank:

Phone #:

Mailing Address:

Cash

Value/Balance:

VILLAGE OF MILLTOWN CDBG HOUSING PROGRAM

TENANT PAMPHLET RECEIPT FORM

- I have received a copy of the EPA pamphlet entitled "Renovate Right, Important Lead Hazard Information for Families, Child Care Providers, and Schools."
- I have received a copy of the EPA pamphlet entitled "Protect Your Family From Lead in Your Home."
- I have received a copy of the Smoke Alarm and Carbon Monoxide safety flyer published by Wisconsin Department of Commerce.
- I have received a copy of the Right to Cure pamphlet entitled "Wisconsin's Framework for Successful Communications Between Consumers and Contractors."

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____