

Dear Rental Rehabilitation Loan Applicant:

Enclosed are the HOME Rental Rehabilitation loan application materials you will need to apply for a loan to make improvements to your rental property.

This packet includes:

- An application & return envelope
- Tenant Questionnaires & return envelopes (1 for each unit)
- Lead Paint Booklets (1 for each unit)
- Tenant Assistance Policy (1 for each unit)
- A brochure describing the program
- A schedule of the most current income limits & rent limits

When submitting the application, please make sure all the spaces on the application are completed. If the rental unit(s) is vacant, keep the tenant questionnaire for future use. If your unit(s) is occupied, a tenant questionnaire must be completed by your tenant and must accompany your application. **Also, please submit copies of your last three (3) income tax returns, including all schedules, especially Schedule E, and a current mortgage statement.** If you have a recent appraisal of the property, please also include a copy.

If you need additional application material or if you have any questions, please feel free to contact Neighborhood & Community Services at (608) 755-3065. Thank you for your interest in our program.

Sincerely,

Neighborhood & Community Services



CITY OF JANESVILLE

Neighborhood & Community Services

18 N Jackson St ~ P.O. Box 5005 ~ Janesville, WI 53547 ~ Phone: (608) 755-3065 ~ Fax: (608) 755-3207
www.ci.janesville.wi.us

Application Date: _____

Address of Property to be Rehabilitated: _____

No. of Units _____ No. of Units to be Rehabilitated: _____

I. PROPERTY OWNER INFORMATION

Applicant

Full Name: _____ Soc. Sec. # _____ Date of Birth: _____
Home Address: _____ Marital Status: Single Married Separated
City/State/Zip: _____ Email Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____
Employment Address: _____
Position Title: _____ Length of Employment: _____

Co-Applicant

Full Name: _____ Soc. Sec. # _____ Date of Birth: _____
Home Address: _____ Marital Status: Single Married Separated
City/State/Zip: _____ Email Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Employer: _____
Employment Address: _____
Position Title: _____ Length of Employment: _____

Business Information

Business Name: _____ Taxpayer ID Number: _____
Year Business Established: _____ Years Current Ownership: _____
Business Type: Individual Corporation Partnership Other
 Sole Proprietorship Sub S Corporation General Partnership Nonprofit Organization
 Individual C-Corporation Limited Partnership Professional Association
 Limited Liability Company Limited Liability Partnership Other: _____

Years Owners have been in this line of business _____
Description of Business or Service: _____

Business Contact Name: _____ Business Phone: _____ Fax: _____
Business Location (cannot be a P.O. Box): _____
Business Mailing Address (if different from above): _____

Conflict of Interest

Do you have family or business ties to any member of the Janesville City Council, Community Development Authority or Neighborhood & Community Services Department?
___ Yes ___ No If yes, a potential conflict of interest disclosure may be required.

Is any other agency currently involved or anticipated to be involved in your home improvement project?
___ Yes ___ No If yes, then who? _____

II. LEGAL FORM OF OWNERSHIP

_____ Individual _____ Partnership _____ Corporation _____ Other

Please explain any special circumstances:

Property is owned by: _____ Warranty Deed _____ Land Contract _____ Other

Please explain any special circumstances:

III. EXISTING DEBT ON PROPERTY TO BE REHABILITATED

	Lender Name & Address	Principal Balance	Monthly Payment, including taxes & insurance	Term
1				
2				
3				

Property Insurance Agent Name and Address:

IV. ANNUAL OPERATING EXPENSES:

Debt Service \$ _____	Utilities \$ _____
Insurance \$ _____	Taxes \$ _____
Management \$ _____	Maintenance \$ _____

V. UNIT INFORMATION

Unit #	# of Bedrooms	Tenant Name	Monthly Rent	Monthly Rent After Rehabilitation

(Attach additional units on back side if necessary)

Other Income (garage, laundry facilities...): \$ _____ Annually

Specify what additional income is for: _____

Utilities and Appliances - The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T".

Item	Specify Fuel Type	Provided By	Paid By
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal/Other		
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal/Other		
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal/Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

Do you expect to change any of the above as a result of rehabilitation?

Will temporary or permanent relocation of tenants be required? _____

Please explain: _____

Has any child in the unit been tested for an Environmental Intervention Blood Lead Level (EIBLL)? _____

If Yes, when? _____

Please explain: _____

VI. OWNERS CERTIFICATION

I hereby certify that the information contained herein has been furnished truthfully, accurately, and completely to the best of my knowledge and that I have received a copy of the booklet "Protect Your Family From Lead in Your Home"

Borrower Date

Co-Borrower Date

VII. REHABILITATION WORK DESCRIPTION

Please describe the type of work you would like to accomplish and which units are affected:

General Building:

Individual Units:

Estimated total cost of rehabilitation: \$ _____

AUTHORIZATION FOR RELEASE OF INFORMATION

As evidenced by my/our signature(s), I/we hereby authorize the City of Janesville, Neighborhood & Community Services, Rental Rehabilitation program to obtain verification of any and all information, including but not limited to, my/our income, assets, employment, property ownership, mortgage status, property insurance and credit worthiness. I/We understand this may include a credit report. I/we certify that all information disclosed in the application is true, correct, and complete to the best of my/our knowledge. I/We will provide all necessary information and expedite this process any way possible. I/We understand that participation in the Healthy Homes & Lead Hazard Control program is contingent upon meeting Federal income eligibility, and other Federal and local program requirements.

The Home Improvement Program will evaluate each eligible property for the presence of deteriorated paint hazards. Further, if the property was constructed prior to 1978, it will be presumed that components of the property may contain lead and must be treated as such in accordance with HUD regulation 24 CFR Part 35, unless such components are tested and proven to be non-lead based. I/we acknowledge receipt of this presumption.

**** REQUIREMENT FOR TESTING**** If you are applying or being considered for funding under the Healthy Homes & Lead Hazard Control Program, presuming the presence of lead is NOT an option and testing in the form a third-party lead paint inspection, risk assessment and/or healthy homes rating **MUST** be performed.

- I/We acknowledge receipt/review of the booklet entitled "Protect Your Family From Lead in Your Home" and understand that homes constructed prior to 1978 likely contain lead-based paint. Please download a copy of the booklet at the following website: www.hud.gov/utilities/intercept.cfm?/offices/lead/library/enforcement/pyf_eng.pdf
- I/We understand that this information will be kept confidential by the City of Janesville Neighborhood & Community Services and will be used solely for the purpose of determining eligibility for participation in the Neighborhood & Community Services programs and used in statistical tables, study and research.

Regulations governing this program do not allow non-resident or undocumented aliens to receive any form of assistance in loans, pursuant to Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 62 FR 61344 & Section 432 8 USC 1641.

I attest, under penalty of perjury, that I am (check one of the following):

1. A citizen or National of the United States
2. A lawful Temporary or Permanent Resident or his/her spouse or child (Alien or Admission # _____)
3. A nonresident or undocumented alien

If I have checked the box above as a Temporary or Permanent Resident or his/her spouse or child, I attest, under penalty of perjury that I have abandoned, or am abandoning, my residency in any foreign country, that I do not intend to join my spouse or parent in any foreign country, and that I am not a student.

I have read, understand, and agree to the certifications as set forth above. Further, I consent to all inspections and testing as required by the Program I am applying for. I have received and reviewed the information contained in the lead hazard brochure "Protect Your Family From Lead In Your Home".

Borrower Signature

Date

Co-Borrower Signature

Date

CITY OF JANESVILLE
Neighborhood & Community Services

Dear Tenant,

Your landlord has applied for a rehabilitation loan funded by the City of Janesville, Neighborhood & Community Services, Rental Rehabilitation Program for the rental property in which you live. As part of the application process, we need some information about the people who are currently residing in the unit. Please take a moment to fill out this form, seal it in the enclosed envelope and return it to your landlord who will deliver it to Neighborhood & Community Services. All the information you provide will be kept strictly confidential. Please also take a moment to read the enclosed booklet, "Protect Your Family from Lead in Your Home". If you are employed, we will need a copy of four current, consecutive weeks of check stubs for all household members that are working. If you receive social security, we will need a copy of your award letter.

HOUSEHOLD INFORMATION

Unit Address: _____

Head of Household Name: _____ Social Security # _____

Phone # _____ Monthly Rent: _____ Number of Bedrooms _____

Which Utilities do YOU pay? Water _____ Heat _____ Electricity _____

	Household Members Name(s) Including Head of Household	DOB	Social Security #	Race Code	Hispanic Y or N	Relation to Head of Household
1						
2						
3						
4						
5						

Race Codes: 1=White; 2=Black/African American; 3=American Indian/Alaskan Native; 4=Asian; 5=Native Hawaiian/Other Pacific Islander; 6=Other (Specify)

INCOME INFORMATION

Please provide the following information for all household members:

Household Member	Employer Name	Employer Address	Gross Monthly Income

Other Income: Please check all sources of income that the household receives and indicate a gross monthly amount.

Social Security \$ _____ Unemployment \$ _____
 SSI \$ _____ Interest from Savings \$ _____
 W-2 \$ _____ Other \$ _____
 Pension (s) \$ _____ Source: _____
 Source: _____ Address: _____
 Address: _____

Do you have family or business ties to any member of the Janesville City Council, Community Development Authority or Neighborhood & Community Services Department?

___ Yes ___ No If yes, a potential conflict of interest disclosure may be required.

I certify that the above information is to the best of my knowledge and belief, true, accurate and complete, and that I have received a copy of the booklet "Protect Your Family from Lead in Your Home".

Head of Household Signature

Date

TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

As evidenced by my signature, I hereby authorize the City of Janesville, Rental Rehabilitation Program to obtain verification of any and all information regarding my INCOME, ASSETS, EMPLOYMENT, and HOUSING EXPENSES. Furthermore, I authorize the release of such information at the request of the Rental Rehabilitation Program.

I understand that this information will be kept confidential by the Rental Rehabilitation Program and will be used solely for the purpose of determining eligibility for participation in the Program, and used in statistical tables, study and research.

Signature of Tenant Date

Signature of any other adult member Date

Signature of any other adult member Date



CITY OF JANESVILLE

Neighborhood & Community Services

**CITY OF JANESVILLE
NEIGHBORHOOD & COMMUNITY SERVICES**

TENANT ASSISTANCE POLICY

Introduction

The City of Janesville receives funding from state and federal programs to improve housing for low- and moderate-income people. When funding the rehabilitation of rental housing, there is a concern that the rehabilitated units continue to be available for low-income tenants. If tenants are forced to move from their rental units because of the rehabilitation work or higher rents, benefits may be paid to them.

The purpose of this Tenant Assistance Policy is to help you understand what benefits you will receive if you have to move from your dwelling unit because of the proposed rehabilitation work. Depending upon your income, you may also be eligible for benefits if the property owner raises the rent because of the rehabilitation work, whether or not you move. As required by federal law, tenants who qualify will be offered their choice of Rent Assistance, which is a monthly rent supplement, or a cash payment, including moving expense. If you have to move temporarily from your apartment because of the construction, you will be reimbursed for actual reasonable moving expenses and related costs.

The property owner will be responsible for all cash relocation payments and may borrow these funds as a part of the rehabilitation loan package.

Eligible Tenants

Eligible tenants are those legally occupying the property at the time the property owner submits an application for a rental housing rehabilitation loan. You will be considered a displaced person, eligible for benefits if:

- a. You are forced to move permanently and involuntarily from your unit because of the rehabilitation work unless you are offered an affordable unit in the same or nearby building under reasonable terms and conditions. Such reasonable terms and conditions must include a term of at least one year at a monthly rent and estimated average monthly utility costs that do not exceed the greater of:
 - (i) Your monthly rent before such agreement and estimated average monthly utility costs; or
 - (ii) The total tenant payment, as determined under 24 CFR 5.613, if you are low-income, or 30 percent of gross household income if you are not low-income; or
- b. You are required to relocate temporarily, and do not return to the building/complex and either:
 - (i) You are not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation; or
 - (ii) Other conditions of the temporary relocation are not reasonable; or
- c. You are required to move to another dwelling unit in the same building/complex but are not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move, or other conditions of the move are not reasonable.

You will not qualify as a displaced person if:

- a. You have been evicted for cause based upon a serious or repeated violation of the terms and conditions of the lease or occupancy agreement, violation of federal, State, or local law, or other good cause;
- b. You moved into the property after the property owner applied for the rehabilitation loan and, before signing a lease and moving in, you were provided written notice of the project and its possible impact and the fact that you would not qualify as a displaced person as a result of the project;

- c. You are ineligible under 49 CFR 24.2(g)(2); or
- d. HUD determines that you are not displaced as a direct result of acquisition, rehabilitation, or demolition for the project.

Benefits

The benefits you receive may include a replacement housing payment or Rent Assistance, plus moving expenses and advisory services. You can use your replacement housing payments to rent a different unit, or you may receive them in a lump sum if you wish to make a down payment to purchase a house. When provided to rent a different unit, cash payments will be provided in installments. Advisory services include information notices, counseling, and help in finding affordable replacement housing. Moving expenses include the cost of moving your possessions from your current housing unit to a new unit.

If Section 8 Rent Assistance is offered, staff will also provide referrals to comparable replacement dwelling units where the owner is willing to participate in the Section 8 Rent Assistance program.

Replacement Housing Payment

If you are not eligible for the Section 8 Rent Assistance Program, a cash replacement housing payment will be calculated. This payment is based on the difference between the current rent and utility costs of your existing unit and those of a comparable replacement unit multiplied by 42 months.

Staff Assistance

The City of Janesville Community Development Department administers the Rental Rehabilitation Program and the Section 8 Rent Assistance Program. The Housing Rehabilitation Specialist is responsible for sending required notices to you and will be available to answer any questions you may have about the rehabilitation work. A Section 8 Housing Specialist will be assigned to work with you if you are eligible for the Section 8 Rent Assistance Program. The Community Development Planner will work with you if you are displaced.

Notices:

There are several types of notices that you might receive. The first is a notice of non-displacement. This notice will indicate that you are not being required to move as a result of the project. The second is a notice of temporary displacement, which will indicate that you will be required to temporarily move during the course of the rehabilitation project and that reasonable moving costs will be paid. The third is a notice of permanent displacement. This notice would indicate what your relocation benefits would be.

As a part of the application project, existing tenants will be asked to provide information about household size and income. This information will be verified with information from an independent source. It will be used to determine whether you are low income and what benefits you may be eligible for.

Rent Assistance Procedures

The Section 8 staff takes applications for Rent Assistance weekdays from 8:00 a.m. to 4:30 p.m. You must apply in person and complete an application interview. Your application for assistance will be evaluated for admission preferences. Persons displaced from City-funded rental rehabilitation projects will receive an admission preference and receive the earliest possible assistance according to the Section 8 Administrative Plan. The Housing Director will make final decisions regarding preference status.

Appeals

If you disagree with the City's determination concerning whether you qualify as a displaced person, or the amount of relocation assistance for which you may be eligible, you may file a written appeal of that determination with the Housing Director. If you are a low-income person and are dissatisfied with the City's determination on your appeal, you may submit a written request for review of that determination to the HUD field office. Such appeals should be addressed to Community Planning and Development, Milwaukee HUD Office, 310 West Wisconsin Avenue, Suite 1380, Milwaukee, WI 53203.

Equal Opportunity

It is the declared policy of the City of Janesville and Janesville Community Development Authority that all persons shall have an equal opportunity for housing regardless of race, color, religion, ancestry, national origin, age, sex, disability, lawful source of income, marital status, sexual orientation, or family status.

Some of the types of actions are considered unlawful under federal, state, or local laws when they are done because people belong to one or more of the protected classes. These types of actions include:

- Refusing to sell, rent, lend money, or build housing.
- Refusing to talk about selling, renting, lending money, or building housing.
- Refusing to let people look at housing that is for rent or sale.
- Making people pay more money than others to buy or rent housing or when borrowing money for housing.
- Refusing to sell, or to lend money so that people can buy, an empty lot to build housing on.
- Advertising that housing is available for sale or rent only to certain members of protected classes.
- Saying that housing is not available to inspect, or for sale or rent when it really is available.
- "Block busting" by persuading owners to sell or rent housing more cheaply by telling them that minority groups are moving into the neighborhood.
- Refusing to sell people household insurance.
- Refusing to renew a lease, or evicting or harassing people.
- Not letting people use real estate services such as brokers' association or multiple listing service.
- Providing unequal services or treatment.

In addition, the owner of each property assisted with a rental rehabilitation loan agrees not to discriminate against prospective tenants on the basis of their receipt of, or eligibility for, housing assistance under any federal, state, or local housing program.

2016 HUD HOME PROGRAM INCOME LIMITS

Based on 60% of County Median Income Level

(as of June 6, 2016)

Household Size

1	2	3	4	5	6	7	8
25,320	28,920	32,520	36,120	39,060	41,940	44,820	47,700

2015 HOME PROGRAM Fair Market Rents Limits

(Effective October, 2014)

BR Size	0	1	2	3	4
Low Rents	508	588	736	850	948
High Rents	508	588	770	1001	1055

Rent Amounts include an allowance for utilities. Utility allowance schedule will vary based on the type of building and/or unit and tenant paid utilities. For more information, call Neighborhood & Community Services.