



CITY OF JANESVILLE

Neighborhood Services

APPLICATION FOR HOME IMPROVEMENT PROGRAMS

Instructions:

Attached is an application for the City of Janesville Down Payment & Closing Cost Assistance and Home Improvement Programs. **Please make sure to answer, completely, all questions and provide addresses and phone numbers for all sources of income and assets.**

In order to process your application, please provide copies of the following information:

- **Most recent Federal Income Tax Return**
- **3 most recent check stubs**
- **2 most recent bank statements**
- **Most recent statements from any other assets held (e.g.: stocks, bonds, mutual funds, 401K, insurance policies, etc.)**

Home Improvement (Owner Occupied):

- **Copy of most recent appraisal of property (if available)**
- **A copy of your homeowner's insurance policy**

Down Payment & Closing Cost Program:

- **Mortgage Lender Information - Company Name, Contact Person and Phone Number**
- **Accepted Offer to Purchase**
- **Home Buyer's Workshop Completion Certificate**

Applications may be returned via mail to the address below or in person between 7:30 a.m. and 4:30 p.m. at the Municipal Building, 18 N. Jackson St.. The Municipal Building is located on the corner of Jackson & Wall St. If you use the Wall St. entrance, we are the first office as you enter the building.

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 FOR DOWNPAYMENT ASSISTANCE & HOUSING REHABILITATION PROGRAMS

BORROWER INFORMATION

Application Date: _____

Name: _____ Soc. Sec. #: _____
 Address: _____ Birth Date: _____
 Apt/Suite: _____ P.O. Box No.: _____ Marital Status: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ (May we reach you at work?)
 Email Address: _____
 Ethnicity: (Check one) Hispanic or Latino _____ Not Hispanic or Latino _____
 Race: (Circle all that apply) 1=White; 2=Black/African American; 3=American Indian/Alaskan Native;
 4=Asian; 5=Native Hawaiian/Other Pacific Islander; 6=Other
 Preferred Contact Method: Mail Home Phone Work Phone Email

CO-BORROWER INFORMATION

Name: _____ Soc. Sec. #: _____
 Address: _____ Birth Date: _____
 Apt/Suite: _____ P.O. Box No.: _____ Marital Status: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ (May we reach you at work?)
 Email Address: _____
 Ethnicity: (Check one) Hispanic or Latino _____ Not Hispanic or Latino _____
 Race: (Circle all that apply) 1=White; 2=Black/African American; 3=American Indian/Alaskan Native;
 4=Asian; 5=Native Hawaiian/Other Pacific Islander; 6=Other
 Preferred Contact Method: Mail Home Phone Work Phone Email

OTHER HOUSEHOLD MEMBERS

Last Name	First Name	MI	Soc. Sec. #	Birth Date	Sex

I. Household Information: Please answer YES, NO or NA (Not Applicable) to each question.

- 1 Do you expect any additions to the household within the next twelve (12) months? **YES NO NA**
 If yes, name and relationship _____
 Explanation: _____
- 2 Do you have full custody of your child(ren)? **YES NO NA**
 If no, explanation _____
- 3 Are any household members temporarily absent? **YES NO NA**
 If yes, who? _____
 Explanation: _____
- 4 Are any household members permanently absent? **YES NO NA**
 If yes, who? _____
 Explanation: _____
- 5 Have you ever filed for Bankruptcy? **YES NO NA**
 If yes, explanation: _____
- 6 Do you have any children with an elevated blood lead level (EBL)?
 If yes, name(s): _____
 When was last test? _____
- 7 Are any household members disabled? **YES NO NA**
 If yes, who? _____

II. Income Information: All household members must disclose all sources of income. Do YOU or ANYONE in your household receive or expect to receive income from:

1. Employment wages or salaries? (Include part-time work, overtime, tips, bonuses, commissions and cash payments) **YES NO NA**

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

2. Self-employment/Business earnings? YES NO NA
If yes, please include a year-to-date statement of earnings and expenses.

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

3. Regular pay as a member of the Armed Forces, including housing allowance? YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

4. Unemployment benefits or workmen's compensation? YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

5. Public assistance, W-2, etc... YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

6. Child support or alimony? (Any AWARDED amounts & arrears) YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

7. Social Security, SSI or any payments from the Social Security Administration? YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

8. Pensions, annuities or other retirement benefits?

YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

9. Veteran's benefits?

YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

10. Severance benefits?

YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

11. Settlements? (Such as insurance settlements)

YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

12. Disability, death benefits, or life insurance dividends?

YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

13. Regular gifts or payments from anyone outside the household? (This includes anyone supplementing your income or paying your bills)

YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

14. Lottery winnings or inheritances? YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

15. Payments from rental property or other forms of real estate? *Attach copy of lease* YES NO NA

Household Member	Tenant Name	Address	Phone	Monthly Amount

16. Any other income sources or types not listed? YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

17. Did you or any member of your household change employers in the last two (2) years? YES NO NA

Household Member	Source & Contact Name	Address	Phone	Monthly Amount

III. Asset Information

Include ALL assets held and the corresponding annual interest rate, dividends, or any other income derived from the asset. An asset is defined as any lump sum payment that you hold and have access to (less any applicable penalties for early withdrawal). Include the value of the asset and corresponding income from the asset in the space provided. Include ALL assets held by ALL household members, including minors.

Check either YES or NO to each question.

Do YOU or ANYONE in your household have? YES NO NA

1. Checking or savings accounts?

Household Member	Name of Bank	Address	Account #	Amount on Deposit

YES NO NA

2. CD's money market accounts or Treasury Bills?

Household Member	Source & Contact Name	Address	Account #	Amount on Deposit

YES NO NA

3. Trust funds?

Household Member	Source & Contact Name	Address	Account #	Amount on Deposit

YES NO NA

4. Stocks, bonds, or mutual funds?

Household Member	Source & Contact Name	Address	Account #	Amount on Deposit

YES NO NA

5. Pensions, IRA's, KEOUGH or other retirement accounts?

Household Member	Source & Contact Name	Address	Account #	Amount on Deposit

6. Cash on hand (not in the bank) over \$500

YES

NO

NA

Household Member	Amount

7. Real Estate, including a primary residence, farm, vacant land, vacation home, rental property, commercial space, or other investments? **YES** **NO** **NA**

Household Member	Source & Contact Name	Address	Account #	Monthly Amount

8. Payments under a land contract? (If yes, attach a copy of amortization schedule) **YES** **NO** **NA**

Household Member	Source & Contact Name	Address	Account #	Monthly Amount

9. Personal property held as an investment? **YES** **NO** **NA**
 (This includes paintings, coin or stamp collections, artwork or show cars, and antiques)

Household Member	Type of Investment	Value

10. A safe deposit box? **YES** **NO** **NA**

Household Member	Contents	Monetary Value

11. Assets held jointly with a person who is not a household member? **YES** **NO** **NA**

Household Member	Name/Type of Asset Jointly Held	Relationship to You	Value

12. Whole Life insurance policy? **YES** **NO** **NA**

Household Member	Source & Contact Name	Address	Account #	Value

13. Received any lump sum payments in the last 24 months?
(This includes lottery winnings, insurance settlements, inheritances, etc.)
- YES** **NO** **NA**

Household Member	Type of Lump Sum	Amount	Where is the money now?

14. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?
- YES** **NO** **NA**

Household Member	Amount	Explanation

IV. Marital Status Information

1. Are you currently separated, but not divorced from your spouse?
- YES** **NO** **NA**

If Yes,

- a. Are you legally separated from your spouse?
(If yes, attach a copy of current legal separation agreement)
- YES** **NO** **NA**
- b. Have you pursued legal action?
If no, list reason: _____
- YES** **NO** **NA**
- c. Do you currently receive any monetary support from your spouse?
If yes, list monthly amount received: _____
- YES** **NO** **NA**

V. Housing Information

1. Do you currently own your own home?
- YES** **NO** **NA**

If Yes, please answer the following questions:

- a. When did you purchase this home? _____
- b. When was this home constructed? _____
- c. What mortgages (loans) and/or liens exist on the property?

Lender	Address	Phone	Balance on Loan	Monthly Payment	Escrow (taxes/insurance) Included

d. Who is your agent for homeowner's insurance?

Agent's Name	Company	Address	Policy Number

If No, you currently do not own your home, have you ever owned your own home?

YES **NO** **NA**

a. If yes, what was the address of the home you owned? _____

b. When did you move from this home? _____

c. Why did you move from this home? _____

2. If you are applying for Down Payment & Closing Cost assistance, what is the address of the home you wish to purchase? _____

Are you purchasing this home with a co-signer/co-borrower? ___ **YES** ___ **NO**

If yes, who is the co-signer/co-borrower and what is their relationship to you? _____

Explanation: _____

Conflict of Interest Disclosure

Are you related to any member of the Janesville Community Development Authority, Janesville City Council, or Neighborhood 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?

If yes, then who? _____

IMPORTANT, PLEASE READ CAREFULLY

All questions that were answered YES will be verified through appropriate third-party sources. It will be your responsibility to provide all necessary information to properly process your application and verify your eligibility. This will include names, addresses, telephone, fax, and account numbers where applicable, and any other information required to expedite this process.

Certification

I certify that all information provided is true and correct as it relates to my eligibility for Neighborhood Services Housing programs. I understand that any misrepresentation of income, assets and/or household composition may result in the denial of assistance and/or cancellation of any funds.

Borrower

Co-Borrower

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS
PLEASE PRINT ELIGIBLY FOR ALL ADULTS IN HOUSEHOLD

Household Member: _____

Current Address: _____

Date of Birth: _____

Social Security Number: _____

Sex: _____

Race: _____

Household Member _____

Current Address: _____

Date of Birth: _____

Social Security Number: _____

Sex: _____

Race: _____

I, the undersigned, do hereby certify that the information listed above is true and correct and authorize the release of any and all local, state, and federal criminal history records pertaining to me, to the City of Janesville Neighborhood Services Home Improvement/Home Buyer programs. This criminal history investigation is for the purpose of determining my eligibility for the Home Improvement/Home Buyer assistance programs.

I understand that the rules governing participation in these programs allow that if any household member(s) have engaged in drug-related or violent criminal activity within the past 3 years, or any household member(s) are currently registered as a sex offender, my application for participation in the Home Improvement/Home Buyer program(s) may be denied. A household member does not have to have been arrested or convicted in order to be disqualified due to drug-related criminal activity.

I understand that if my application is denied, I may request an informal review.

I understand the above statement will remain in effect for the entire length of my application period and for the duration of my loan.

Signature

Date

Signature

Date

Attention:

Failure to sign this release form by ALL adult household members will immediately disqualify you for assistance from the Home Improvement/Home Buyer Program(s).

SIGNATURE CLAUSE

I/we understand that Neighborhood Services is relying upon the information contained in this application to verify my/our eligibility for a Federally-funded Housing Program where such Program contains provisions for income and other eligibility. I/we certify that all information disclosed in the application is true, correct, and complete to the best of my/our knowledge. I/We authorize the Home Improvement Program to obtain verification of any and all information, including but not limited to, my/our income, assets, employment, property ownership, mortgage status, homeowner's insurance, and housing expenses. I/We understand this may include a credit report. I/We will provide all necessary information and expedite this process any way possible. I/We understand that participation in a Neighborhood Services Program is contingent upon meeting Federal income eligibility, and other Federal and local program requirements.

****PRESUMPTION OF LEAD-BASED PAINT NOTICE**

We are required to inform all applicants of the need to protect your family from lead hazards. Please review the, "Protect Your Family From Lead in Your Home," informational booklet at the following website:
www.hud.gov/utilities/intercept.cfm?/offices/lead/library/enforcement/pyf_eng.pdf

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.
- I/We understand that this information will be kept confidential by the City of Janesville Neighborhood Services and will be used solely for the purpose of determining eligibility for participation in the Neighborhood 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.

ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 MUST SIGN BELOW:

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"

Signature of Applicant Date

Signature of Applicant Date

Signature of Applicant Date



APPLICATION ADDENDUM

(For Owner Occupied Home Improvement Loan Applications Only)

WORK REQUESTED: List repairs/renovations work necessary in the category below.

****** Please give as much detail as possible ******

HEALTH/SAFETY - Establish or maintain decent, safe and sanitary conditions:

STRUCTURE/ROOF - Structural defects or deficiencies in roof coverings:

MECHANICAL/ENERGY - Electrical, plumbing, heating issues/energy conservation measures:

INTERIOR RENOVATION - General improvements:

EXTERIOR RENOVATION - General improvements:



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