

****Only work that is considered essential and necessary will be permitted. All Lead Based Paint Hazards will need to be corrected. Hazards will be determined upon an initial project assessment of your home. The assessment will include your entire home.**

IMPROVEMENTS NEEDED (Check all that apply)

<input type="checkbox"/>	Roof	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Interior Walls
<input type="checkbox"/>	Exterior/Siding/Painting	<input type="checkbox"/>	Furnace	<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Doors
<input type="checkbox"/>	Wiring/Electrical	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Porch
<input type="checkbox"/>	Chimney Repair	<input type="checkbox"/>	Other (explain)		

	Apt #1	Apt #2	Apt #3	Apt #4
Monthly Rent				
Utilities Included – Yes/No				
Number of People				
Number of Bedrooms				

Complete the information below for all rented units.

Apartment #1	Apartment #2
Name:	Name:
Mailing address:	Mailing address:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Email address:	Email address:

Apartment #3	Apartment #4
Name:	Name:
Mailing address:	Mailing address:
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
Email address:	Email address:

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
 ____ YES ____ NO (YOU MUST CHECK ONE)



I have received a copy of the pamphlet "Protect Your Family From Lead In Your Home" with this application.

YES _____ NO _____ (please check one)

LIST ALL DEBT AGAINST PROPERTY (For Example: Mortgages, Land Contract, Lines of Credit, Judgments)

Name of Lender	Loan Number	Original Amount	Balance Due	Term (# of years)	Interest Rate	Type of Loan (WHEDA, VA, Land Contract, Bank, etc.)

****If your home was purchased within the last 3 years, please attach a copy of your appraisal.**

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____
 Policy Number: _____ Expiration Date: _____
 Phone Number of agent: _____

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

Read and initial statements below:

- I understand the Housing Rehab funds are offered as a loan payable in monthly installment payments or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note and there is no pre-payment penalty.
- I understand the City of Antigo will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, the City of Antigo reserves the right to deny funding.
- I understand I must carry homeowner's insurance on the property and keep the policy in force during the life of the loan.
- 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.
- Failure to comply with these conditions could result in the withdrawal of the City of Antigo participation or the recall of the full amount of the City of Antigo loan plus interest.
- I understand there is a \$50 - \$100 fee for a title search, a \$30 fee to record your mortgage and \$375 in project review fees. These fees are included in the loan.

COUNTY RENTAL LOCATED UNIT IN? _____

(You MUST complete)

Attach copies of the following:

- _____ Full and complete description of the property as shown on your deed, mortgage or land contract.
- _____ Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments.
- _____ A copy of your most recent property tax bill or a recent appraisal.
- _____ Copy of your homeowner's insurance policy.
 Ins. Co.: _____ Name of Agent: _____
 Policy #: _____ Phone # of agent: _____

CONFLICT OF INTEREST	
Do you have any family or business ties to any of the following people? Yes___ No___	
Kari Justmann, Program Administrator	Bill Brandt, Mayor
Kaye Matucheski, Clerk/Treasurer	Jeanne Jensen, Deputy Clerk/Treasurer

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

APPEAL PROCESS

An applicant may appeal the decision of the CDBG Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request. If the Program Administrator again determines the applicant to be ineligible, the City of Antigo Citizen Participation Committee will hear the appeal.

~~~~~

I certify that the above information is true and correct to the best of my knowledge. I authorize the CDBG Program and its agents to contact any of the sources identified to confirm the above information. 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 other party without my written permission.

**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.**

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
Date

**Return application to:**

City of Antigo  
C/O Kari Justmann  
CDBG Housing Program  
201 Corporate Drive  
Beaver Dam, WI 53916  
Phone: 800-552-6330 Fax: 920-887-4250  
Email: kjustmann@msa-ps.com