

2024 CDBG HOUSING IMPROVEMENT LOAN APPLICATION

Application must be completed in full to be considered

HOUSEHOLD INFORMATION

Head of Household	
Social Security Number	Date of Birth
Spouse	
Social Security Number	Date of Birth
Address	
Home Phone Cell Ph E-mail	
List all other people living in this home and the	ir ages:
What is the total number of people in the hous	
Please check all of the following race and eth the householdWhiteHispanicBlack/African AmericanAsianAmerican Indian/Alaskan NativeNative Hawaiian/Other Pacific IslandOther	nicity categories that apply to members of
ls any member of the household handicapped	d or disabled? Yes No
Does this home contain separate living quarte	rs or rooms rented to others? Yes No

- Tenants must fall under the same income limits as homeowners and rent levels must comply with Section 8 rent limits.
- Provide the following information on the back of this page:
 - (1) Number of apartments or rooms rented
 - (2) Rent charged and the utilities, if any, included in the rent
 - (3) The number of occupants in each apartment and the total household income for each renter household

INCOME INFORMATION

What is the total current monthly household What was the total household gross income (Please attach a copy of your current IRS form 10	for the year 2023? \$	
Summary of Current Income Applicants must provide information on current	ent household gross incor	me from all sources
Employment		
Head of Household	\$	_ per week
Spouse Other Adult (name)	\$ _) \$	
Other Adult (name		_ bei week
Social Security		
Head of Household	\$	
Spouse	\$	
Other Adult (name	_) \$	_ per month
Other Retirement Income		
Head of Household	\$	per month
Spouse	\$	per month
Other Adult (name) \$	_ per month
Unemployment		
Head of Household	\$	_ per week
Spouse	\$	
Other Adult (name	_) \$	_ per week
Child Support		
Name of child	\$	per month
Name of child	\$	
Name of child	\$	
Other Income (explain)		
List the names of each employed person in tagget address and phone number of their employed Name Employer		
List all checking, saving and investment according to the control of the control		n the household rent balance

LIABILITIES AND PLEDGED ASSETS

List all debts, including revolving charge accounts, installment loans, automobile, boat, personal loans, outstanding medical bills outstanding water or electric bills, etc. You must provide the total balance due on each loan or debt as well as the monthly payment.

Indicate whether you are you are current (C) or behind (B) on payments for each of the loans and debts.

If you fail to provide a complete list of all your bills, the application will not be considered complete and will not be given further consideration.

Debt or loan	Creditor	Monthly payme	ent Current Balance	Current (C) Behind (B)
1)				
3)				
4)				
,				
If you are behind	d, please indica	ate how far, and wh	ny.	
	type of asset w		either individually or joint state other than the hom	
Asset		e of ownership vidual/joint	Current estimated vo	alue
1)				
2)				
3)				
		within the past five		
,	,			

HOMEOWNERSHIP FINANCING, PROPERTY TAX AND INSURANCE INFORMATION

Date home purchased Original purchase price
Current mortgage balance \$ When will your mortgage be paid in full?
What is your monthly mortgage payment? Does your mortgage payment include property taxes?
Are you current on your house payments?
Are your property taxes paid to date?
List all persons who have an ownership interest in the house and their relationship to the
head of household.
The home purchase is being financed through:
Conventional loan
Name of lender
Land Contract
Contract holder name, address and telephone number
Is there a second mortgage on this property?
If yes, provide the following information
Date second mortgage received Second mortgage balance
Reason for obtaining a second mortgage
When will second mortgage be paid off?
What is the monthly payment for the second mortgage?
, , , , , , , , , , , , , , , , , , , ,
Is there a line of credit on this property?
If yes, provide the following information
Date line of credit obtained Total credit limit
Reason for obtaining the line of credit
Current balance owed on line of credit
Current monthly payment on line of credit loan
Content morning payment of the or cream loan
Are you aware of any liens or judgements against your property?
If yes, provide information on each lien, the lien holder, amount of the lien and the reason
for the lien
Name and phone number of agent handling your homeowners insurance
rame and phone nomber of agent handling your nomeowners insurance
ls your homeowners insurance paid to date?

WORK NEEDED ON HOUSE

Please list all of the problems with your house that you would like the rehabilitation program to address. Keep in mind that the purpose of the program is for housing repairs, like roofing, exterior work, doors and windows, painting, electrical and heating, and not to pay for remodeling. (Please attach contractor bids if obtained)
Have you had any rehabilitation, weatherization or lead paint hazard reduction work completed on your home and funded by another agency? If yes, identify agency, when the work was done and generally describe the work that was completed
By signing this Application, I (we), the undersigned, indicate:
1) That I (we) know this is not a contract and does not bind either me or the City.
2) That the information provided is full, true and complete to the best of my (our) knowledge and that any intentional misrepresentation or withholding of relevant information will remove this application from consideration.
3) I (we) have no objection to inquiries being made by the City for the purpose of verifying the information provided here. This will include a credit check through an accredited credit bureau.
Name Date (owner signature)
(Owner signature)
Name Date (co-owner signature)

Before submitting this application, please review it to make sure it is filled out completely. Applications that are not filled out completely will not be considered. If you have questions or need assistance with completing this application, please call 920-236-5059.

Attachments: Current IRS form 1040, W-2 statement, or other written income verification.

City of Oshkosh
Department of Community Development
215 Church Avenue, Room 204
Oshkosh, WI 54903-1130



2024 CDBG HOUSING IMPROVEMENT LOAN APPLICATION

Information you provide on this application will be used to determine if you qualify for a City of Oshkosh Housing Improvement Loan. You will need to provide <u>all the requested information on everyone living in your household</u> in order for your application to be considered. All income for anyone over the age of 18 living in the home, related or unrelated, is counted towards household income.

The City takes reasonable steps to keep this information confidential. However, you should be aware that because Federal money is used to make these loans, all applications are subject to the open records law and therefore, anyone could ask to see your application (Social Security numbers would not be visible).

If it appears that you qualify for a loan, based on the information you provide in this application, City staff from the Department of Community Development will contact you to inspect the house. If the inspection further qualifies you for a loan, City staff will ask you to provide additional information to verify your financial status before giving final approval on the loan.

IF YOU ARE APPLYING FOR A <u>COMPREHENSIVE HOME</u> IMPROVEMENT LOAN, THE APPLICATION FORM <u>MUST BE</u> RETURNED BY MARCH 15, 2024

Send the application form to:

City of Oshkosh Department of Community Development P.O. Box 1130 Room 204 Oshkosh, WI 54903 - 1130

Please read the information on the Housing Improvement Loan Program carefully before filling out the application. TO BE ACCEPTED THE APPLICATION MUST BE FULLY COMPLETED.

If you have any questions, please call our office at 920-236-5059, between 8:00 AM - 4:30 PM, Monday thru Friday.