



CITY OF OSHKOSH – HEALTHY NEIGHBORHOOD INITIATIVE OWNER-OCCUPIED REHABILITATION PROGRAM

Property Information

Property Address	
Applicant's Name	
SS#	Date of Birth
Home Phone	Work Phone
Mobile Phone	E-Mail

Co-Applicant's Name	
SS#	Date of Birth
Home Phone	Work Phone
Mobile Phone	E-Mail

Number of people living in the household (related and unrelated)?
Please check all of the following race and ethnicity categories that apply to members of the household (related and non-related) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other
Property is (check one): <input type="checkbox"/> Owner-occupied single family home <input type="checkbox"/> Owner-occupied duplex Rent per month: \$_____

Income Information

What is your total gross monthly household income? (Please attach a copy of your most recent IRS Form 1040)	
Name of Employer:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Co-Applicants Name of Employer:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Other Income (explain):	

Additional Property Information

Property purchase price:	Date purchased:
Current first mortgage balance: \$	Remaining Term:
What is your monthly mortgage payment amount? \$	Does your mortgage payment include escrow? <input type="checkbox"/> Yes <input type="checkbox"/> No
Financed through:	<input type="checkbox"/> Conventional <input type="checkbox"/> Other:
Current second mortgage balance: \$	Remaining term:
Financed through:	<input type="checkbox"/> Conventional <input type="checkbox"/> Other:
Homeowners Insurance:	Agent name/phone number:
Additional mortgages/liens/judgments/lines of credit amounts:	

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 current or behind 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 Payment	Current Balance	Payment Status
<input type="checkbox"/> Debt <input type="checkbox"/> Loan		\$	\$	<input type="checkbox"/> Current <input type="checkbox"/> Behind
<input type="checkbox"/> Debt <input type="checkbox"/> Loan		\$	\$	<input type="checkbox"/> Current <input type="checkbox"/> Behind
<input type="checkbox"/> Debt <input type="checkbox"/> Loan		\$	\$	<input type="checkbox"/> Current <input type="checkbox"/> Behind
<input type="checkbox"/> Debt <input type="checkbox"/> Loan		\$	\$	<input type="checkbox"/> Current <input type="checkbox"/> Behind

If you are behind, please indicate how far, and why:

List all checking, savings, and investment accounts. List all other assets owned by household members either individually or jointly with others. Examples of this type of asset would include automobiles, recreational vehicles, real estate other than the home, etc.

Account/Asset	Type of Ownership	Current Estimated Value
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	\$

Do you consent to the City of Oshkosh requesting information from Wisconsin Public Service to determine the average utilities paid per month and whether you are current on your service charges? Yes No

Have you declared bankruptcy within the past five years: Yes No

Do you consent to the City of Oshkosh requesting a credit check to determine credit worthiness? Yes No

Project Information

Number of existing units in structure:

Number of units proposed after rehabilitation:

If the proposed project involves the reduction of units in the structure, provide a brief explanation:

Scope of work (attach contractor bids if obtained):

List any additional work that will improve the energy efficiency of the property or improve the appearance of the building and lot (e.g. tree planting, landscaping, etc.):

Your cost estimate: \$

Owner portion of project cost: \$

Financing requested: \$

Have you had any rehabilitation, weatherization or lead paint hazard reduction work completed on this property, funded by this or another agency: Yes No

If yes, identify agency, when the work was done and generally describe the work that was completed:

Current Number of Units and Rent (if applicable)

Unit	# Bedrooms	Base Rent	Monthly Average of Utilities not Included in Rent (base on utility records)			Total Rent
			Gas	Electricity	Water & Sewer	
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

Proposed Number of Units and Rent

Unit	# Bedrooms	Base Rent	Monthly Average of Utilities not Included in Rent (base on utility records)			Total Rent
			Gas	Electricity	Water & Sewer	
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

Applicant Certification

Please read the following terms and conditions carefully:

Recipients of Owner-Occupied Rehabilitation Program funds will be selected based on criteria that may include: residency within a partner neighborhood; property location; income qualification; type of proposed project; potential value added; and additional resources available.

Only those applicants who have received a signed approval letter will be qualified for program funds.

Any invoices and/or receipts dated prior to the date of an approval letter sent to you by the City will not be eligible for program funds.

Compliance monitoring will be conducted throughout the project timeframe. Monitoring may include visual inspection and/or photos from the sidewalk. Staff may contact you periodically for project updates to ensure that the project is completed.

If selected as a recipient of Owner-Occupied Rehabilitation Program Funds (Please initial the following):

____ Program funds will be used for the completion of the project proposed on my application.

____ I/We allow the City to use my photos in marketing and promotional materials and for documentation purposes, as deemed appropriate by the City.

____ I/We will promptly notify the City of any project challenges that may delay or prevent the project from being completed by the established deadline.

____ I/We hold the City and their partners harmless against any claims, damages, losses, expenses, or any other cause of action relating to this program or the proposed exterior improvement project.

____ I/We hereby certify that all information in this application and all information furnished in support of this application are given for the express purpose of obtaining funding from the City of Oshkosh Department of Community Development and is true and complete to the best of my/our knowledge and belief.

____ It is my/our understanding that if the requested financing is provided, it is my/our intent to rehabilitate the aforementioned property according to the terms and conditions of the financing I/we are requesting.

____ I/We hereby request an initial survey inspection to determine the condition of the property.

____ I/We know this is not a contract and does not bind either me or the City.

____ 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, confirmation of current utility payments and title search.

I understand and agree to comply with all of the terms and conditions listed above. I further understand that the City reserves the right to cancel this agreement at any time, for any reason, without notice.

Applicant Signature

Date

Applicant Signature

Date

Submit Application

- Attachments:** Current IRS form 1040, W-2 statement, or other written income verification
 Mortgage Statement
 Tenant Verification Form (if applicable)

Return completed applications and attachments to:

**City of Oshkosh
Department of Community Development
215 Church Avenue, PO Box 1130
Oshkosh WI 54903-1130**

Before submitting this application, please review this application carefully to make sure it is completed in full. Applications that are not filled out completely will not be considered. If you have any questions, please contact City of Oshkosh Department of Community Development at 920-236-5059.