



CITY OF OSHKOSH – HEALTHY NEIGHBORHOOD INITIATIVE
RENTAL REHABILITATION PROGRAM
 (SINGLE AND TWO-FAMILY STRUCTURES)

Property Information

| | |
|---|-----------------|
| Property Address | |
| Property Owner | |
| EIN# or SS# | Mailing Address |
| Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ | |
| Phone | E-Mail |

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

Number of people living in the rental property (related and unrelated)?

Unit 1: _____ Unit 2: _____

Please check all of the following race and ethnicity categories that apply to members of the rental (related and non-related)

White Hispanic Black/African American Asian American Indian/Alaskan Native Other

| | | |
|--|--|--|
| <input type="checkbox"/> Investment Property Number of Units: _____ | <u>Unit 1:</u> Rent per month: \$ _____ Utilities Included: <input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Unit 2:</u> Rent per month: \$ _____ Utilities Included: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|

Income Information (see next section for LLC or Corporation ownership)

What is the total gross yearly income for the owner(s)? (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-Owner Name of Employer: | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
|----------------------------|---|

| |
|--------------------------------|
| Rental/other income (explain): |
|--------------------------------|

Income Information (for LLC or Corporation ownership)

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|--|
| What is the total yearly gross income for LLC or Corporation? (Please attach a copy of the most recent IRS Tax form) |
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| |
|-----------------------------|
| Source of Income (explain): |
|-----------------------------|

| |
|--------------------------------|
| Net Business Income (or Loss): |
|--------------------------------|

Income Information (for the tenants)

| | |
|--|--|
| Unit 1: Gross Monthly Income: \$ _____ Employer or Source of Income: _____ | Unit 2: Gross Monthly Income: \$ _____ Employer or Source of Income: _____ |
|--|--|

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 (for the owner)

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:

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| |

Current 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 | |
| | | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ |

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 | |
| | | \$ | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ | \$ |

Attachments

- Required:**
- Current IRS form 1040, W-2 statement, or other written income verification
 - Mortgage Statement
 - Tenant Verification Form(s) (for each tenant)

- If applicable:**
- Membership Agreement (for the LLC or Corp.)
(Indicating who can sign on behalf of the entity)
 - Cash Flow Analysis for the Property
 - Tax Return for the LLC or Corp.
 - Approval (or pre-approval) letter from a lender
 - Recent Bank statement for the LLC or Corp.

Applicant Certification

Please read the following terms and conditions carefully:

Recipients of Rental 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 Rental 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

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.

Return completed applications and attachments to:

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