

APPLICATION TO THE NEIGHBORHOOD IMPROVEMENT DEVELOPMENT CORPORATION:

HOME REHABILITATION LOAN PROGRAM

MAIL APPLICATION TO:

Neighborhood Improvement Development Corporation (NIDC) Room 104
Department of City Development (DCD)
809 North Broadway, Milwaukee, Wisconsin 53202

Submit with your application:

- ✓ Proof of income: 2 most-recent paycheck stubs and a copy of your most-recent Federal 1040 for everyone who lives in the home. If there is more than one unit, such as a duplex, provide proof of income for everyone living in the owner-occupied unit.
- ✓ A color or black & white photo of the front of the home.

Please complete both sides of the application.

APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name		Date of birth	
Social Security no.	Home phone	Cell phone	
E-mail address			
Applicant's address		Zip	No. of years
Co-applicant's name		Date of birth	
Social Security no.	Home phone	Cell phone	
Co-applicant's address		Zip	No. of years
Are you (check one)	Married	Divorced	Separated
		Single	Widowed

FUNDS ON DEPOSIT: (attach additional sheets if necessary)

Bank Name	Bank Address
Amounts in: Checking account: \$	Savings \$ Other \$

FINANCIAL OBLIGATIONS: 1st and 2nd mortgages, automobile loans, credit cards, etc. (attach additional sheets if necessary)

To Whom Owed	Address	Current Balance	Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Yes No

Have you ever gone through bankruptcy?	If yes, year:
Have you had other legal action against you?	If yes, year Type of action
Are you current with your utility bills?	If no, number of months behind:



APPLICANT INCOME

Employer _____ Position _____
Address _____ How long _____
Yearly salary \$ _____ Or monthly salary \$ _____ Work phone _____
Previous employer _____ How long _____
Other income \$ _____ per month Source _____

CO-APPLICANT INCOME

Employer _____ Position _____
Address _____ How long _____
Yearly salary \$ _____ Or monthly salary \$ _____ Work phone _____
Previous employer _____ How long _____
Other income \$ _____ per month Source _____

HOUSEHOLD INFORMATION & INCOME

List other people who live in the house (but not yourself or co-applicant.) List all wages, W2, Social Security, SSI, pensions, rents etc.

NAME	AGE	RELATIONSHIP	SOCIAL SECURITY NO.	SOURCE OF INCOME	MONTHLY AMOUNT
					\$
					\$
					\$
					\$

PROPERTY THAT WILL BE REHABILITATED

Ownership in name of: _____ Number of units: _____
Homeowner's insurance company: _____ Policy Number: _____
Agent name: _____ Agent Address _____ Agent phone _____

Describe the repairs you would like to make:

Yes No

Are you an employee of the City of Milwaukee, the Department of City Development (DCD), or one of its affiliate agencies?

Are you married to an employee of the City of Milwaukee including DCD or one of its affiliate agencies?

Are you the brother, sister, parent or child of an employee of the City of Milwaukee, DCD or one of its affiliate agencies?

If the answer is "yes" to any of these questions, please explain:

I certify that the information provided herein is true and complete. I authorize DCD and NIDC to review this application, to request, receive, and share information with lenders and others to verify its accuracy and completeness and to refer information to WE Energies or other energy conservation programs. I understand that my project is funded with federal funds administered through the Community Development Grant Administration office (CDGA) and CDGA may review this information to verify its accuracy for compliance purposes.

Applicant Signature

Date

Co-Applicant Signature

Date

The following information is requested by the Federal Government in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you choose to furnish it. However, if you choose to not furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

Applicant: I do not wish to furnish this information _____(Initials)

Co-applicant: I do not wish to furnish this information _____(Initials)

APPLICANT

- Black/African-American
- Hispanic
- White
- Asian
- Black/African-American & white
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native & white
- American Indian/Alaska Native & Black/African-American
- Asian & white
- Other/ multi-racial

CO-APPLICANT

- Black/African-American
- Hispanic
- White
- Asian
- Black/African-American & white
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native & white
- American Indian/Alaska Native & Black/African-American
- Asian & white
- Other/ multi-racial