

**APPLICATION TO THE NEIGHBORHOOD IMPROVEMENT
DEVELOPMENT CORPORATION PROGRAM (NIDC):**

**RENTAL REHABILITATION &
BUY IN YOUR NEIGHBORHOOD (BIYN) PROGRAMS**

MAIL APPLICATION TO:

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

Submit with your application:

- ✓ Copy of your most recent Federal 1040 or a personal financial statement
- ✓ Proof of matching funds (copy of checking / savings statement, loan commitment letter, etc.)
- ✓ \$200 per unit application fee. Make check payable to: *City of Milwaukee*.
- ✓ 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)	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Widowed

PROPERTY TO BE REHABILITATED

Address of the property
If BIYN, Number of units
Ownership will be in name of
Estimated or actual monthly payment (principal and interest) \$
Estimated monthly taxes and insurance \$
Briefly describe the improvements you wish to make:

GROSS INCOME OF APPLICANT

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

GROSS INCOME OF CO-APPLICANT

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

PROPOSED RENT PER UNIT

Attach additional sheet if more than 2 units

UNIT #1

Current Rent \$ _____ # of Bedrooms _____
 Rent after rehab \$ _____
Utilities included in Rent: Space Heating _____ Hot Water _____
 Electricity _____ Water _____ Sewer _____ Stove _____ Refrigerator _____

UNIT #2

Current Rent \$ _____ # of Bedrooms _____
 Rent after rehab \$ _____
Utilities included in Rent: Space Heating _____ Hot Water _____
 Electricity _____ Water _____ Sewer _____ Stove _____ Refrigerator _____

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 you have answered "yes" to any of these questions, please explain in the space below:

I certify that the information provided herein is true and complete. I authorize the Dept of City Development (DCD), and the Neighborhood Improvement Development Corporation (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 rental rehabilitation 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. All owners must sign this application. I have not evicted a tenant from this property within the last 90 days in order to submit this application. I (we) am (are) not debarred by the US Department of Housing and Urban Development, do not have a history of City of Milwaukee (City) housing code violations or delinquent property taxes, have not had a property acquired by the City through tax foreclosure within the previous 5 years, do not have an outstanding judgment from the City, and have not been convicted of a crime that could cause concern for neighborhood stability, health, safety, or welfare.

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 not to 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