City of West Allis TID
Housing Rehabilitation Loan Program

Eligible Properties: Owner occupied single-family dwellings and duplexes located in the TID Targeted Lending Area (Refer to Map on page 2).

Eligible Households: Borrowers with adjusted gross household income above 80% of the Milwaukee County Median Income per their family size may receive a TID Rehabilitation Loan at 2.5% interest, with an option of deferred payments for the first two (2) years. Equal monthly installment payments would begin in year three and continue for a period of thirteen years. A loan servicing fee of ½ of 1% will be applied to the outstanding loan balance each month.

INCOME LIMITS * FOR HOUSING REHABILITATION LOANS

Household Size	80% County Median Income
1	$ 39,350+
2	$ 44,950+
3	$ 50,550+
4	$ 56,150+
5	$ 60,650+
6	$ 65,150+
7	$ 69,650+
8	$ 74,150+

*Income includes that of all family members 18 years and over and includes wages, pensions, social security benefits, rents, and interest from all assets. (Unearned income must be included regardless of age.)

New income limits effective 3/16

Maximum Loan: $15,000.00

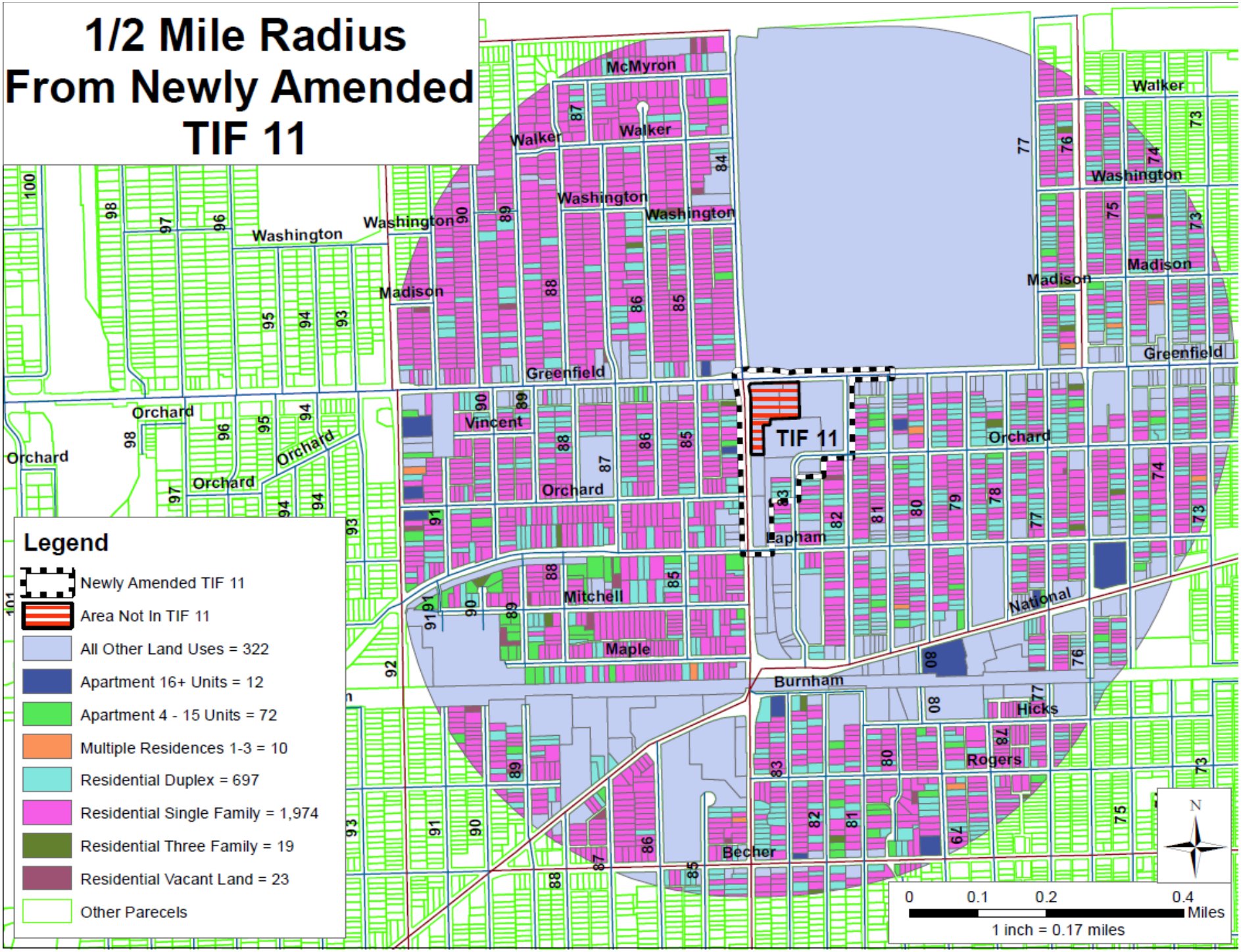
Conditions: Loan approval is contingent upon a number of factors including:

- Income eligibility
- Equity in the property
- Credit score
- Type of work to be completed

All work that disturbs a painted surface must be completed in a lead-safe manner by a state certified contractor. All contractors working with the TID Rehabilitation Loan Program must be insured.

For more information: Contact Robert Ahlm, Rehabilitation Specialist at (414) 302-8426

1/2 Mile Radius From Newly Amended TIF 11



CITY AT THE CENTER
WEST ALLIS

Department of Development
Housing Division
414.302.8430

Dear Applicant:

Thank you for inquiring about the City of West Allis TID Housing Rehabilitation Program. We are happy to provide you with assistance in making improvements to your home. Attached is an application to be filled out and returned to the Housing Division. These forms include:

1. Housing Rehabilitation Program application
2. Authorization for Release of Information
3. Agreement to Repay Fees

Please read and keep the following items attached to this application for your information:

Step by step approach to process your loan application
Terms and Conditions of loan

When returning your completed application, please include a copy of last year's Federal Income Tax forms.

If you have any difficulty in filling out this application form or if you have any questions, please do not hesitate to call me at 302-8426.

Thank you.

Robert Ahlm
Rehabilitation Specialist

7525 West Greenfield Avenue ▪ West Allis, WI 53214
www.westalliswi.gov

CITY OF WEST ALLIS TID
HOUSING REHABILITATION PROGRAM

You must meet the following terms and conditions in order to qualify for a Home Repair Loan from the City of West Allis Housing Division:

1. Home must be a single-family or two-family residence occupied by the owner.

2. Applicant must be the owner as registered with the Milwaukee County Register of Deeds Office.

3. Applicant must be within the income limits as set by the City of West Allis Housing Division.

4. The Housing Division will assume that all housing built before January 1, 1978 contains lead-based paint. The owner will agree to correct all lead based paint hazards, according to program regulations, in these properties.

5. Applicants may opt to hire certified contractors to perform paint testing and risk assessment. Results must be given to the Housing Division before a property will be considered exempt from lead based paint regulations. The cost of paint testing and risk assessment can be added to the applicant's loan.

6. In most cases, work that disturbs painted surfaces must be completed by a lead certified contractor. This work will also have to pass lead clearance testing.

7. Applicant must pay for title search, lien recording, $75.00 annual loan servicing fee and credit check. These charges are added to the loan (Total $80.00 to $500.00).

8. Applicant must sign a lien and promissory note on the property. If house was purchased on a Land contract, the vendor must also sign the loan papers.

9. Eligible repairs include correction of code violations or incipient violations, weatherization work, repairs necessary for the safety and welfare of the occupants and repairs that increase the value or enhance the marketability of the property.

10. Loan requests can not exceed $15,000.

11. If applicant is delinquent on any present mortgages, real estate taxes or at risk of foreclosure, the loan will not be approved.

12. The City of West Allis Housing Division reserves the right to refuse to issue, or to cancel the loan if the condition of the house is unworkable. This includes dirt, infestation, excessive debris in the house or basement, or any other condition that hinders a proper inspection of the property.

13. Applicant must make the house accessible to the City of West Allis Housing Inspector, Building Inspectors, and to all contractors and workmen.

14. Upon completion of construction, the applicant agrees not to unreasonably or arbitrarily withhold his or her signature of approval. If such approval is unreasonably or arbitrarily withheld, the City of West Allis Housing Division will pay the contractor upon the approval of the inspector. Such paid bill will then be a debt of the applicant.

15. **The City of West Allis Housing Division may not subordinate its loan position. If you are planning on refinancing your mortgage, do it before you apply for this loan**.

CITY OF WEST ALLIS
LOAN APPROVAL PROCESS

From the time you submit your application, it takes approximately 6 to 8 weeks before contractors can begin working on your house. To help you understand the steps involved in our approval process, we have listed our procedures below:

1. Homeowner submits completed application and income taxes.

2. The Housing Division verifies applicant income and assets to determine eligibility. This normally takes 2 to 3 weeks.

3. An inspection appointment is scheduled with the homeowner. This inspection determines the feasibility and priority of needed improvements.

4. The Housing Division sends the homeowner a letter of eligibility and itemized specifications for the work to be done.

5. The homeowner contacts contractors for estimates.

6. The homeowner submits all bids to the Housing Division no later than sixty (60) days from receipt of the specification sheets. Two (2) bids are required for each work item. Bids must be submitted on the Housing Division's specification sheets or on contractor company letterhead. Contractors are selected based on homeowner preference.

7. The Housing Division orders credit and title reports.

8. Final loan approval / denial is determined after a review of both credit and title reports has been completed.

9. The Housing Division prepares loan documents.

10. Contractors sign contracts prepared by the Housing Division.

11. The homeowner signs loan documents. A three (3) day waiting period is required.

12. Proceed notices are sent to contractors.

13. An inspection is performed when work is completed. The homeowner signs an authorization form releasing funds to the contractor at this time.

14. The Housing Division pays the contractor.

15. A letter is sent to the homeowner indicating when payments will begin.

City of West Allis TID Rehabilitation Loan
Check List
This checklist will assist you in expediting our loan process.

Submit your loan application to the Housing Division. Make sure you include all of the information listed below that pertains to you, your spouse or any household member over the age of 18.

☐ Signed City of West Allis Rehabilitation Loan Application

☐ Signed Release of Information form

☐ Signed "Agreement to Repay Fees" form

☐ Photocopy of most recent copy of Federal Income Tax return for all household members over the age of 18.

☐ If a child over the age of 18 is living in the household and is also a full time student, please provide verification of full time status from the school registrar and you will not be required to submit income verifications for that person.

If your household income has changed since filing your most recent Federal Income Tax Return, or if you do not file a Federal Income Tax Return, please submit the following:

☐ Provide employer(s) with the attached employment verification form
(Employer must fax this document to our office)

☐ Provide bank or financial institution with the attached verification form
(Bank or financial institution must fax this document to our office)

☐ Submit most recent monthly, quarterly or yearly statement regarding any investments

☐ Submit most recent property tax bill for any property owned (other than current residence)

☐ Submit Federal Social Security and/or Federal and State Social Security Disability award letters for the current year. If you do not have your award letter, Federal Social Security verifications can be obtained by calling 1-800-772-1213. State Social Security verifications can be obtained by calling 1-800-362-3002. Ask them to fax the verification to the Housing Division at 414-302-8417.

☐ Submit pension information (year end statement from previous year or letter from pension provider showing monthly disbursements for the current year)

☐ If a child over the age of 18 is living in the household and is also a full time student, please provide verification of full time status from the school registrar and you will not be required to submit income verifications for that person.

☐ Submit verifications for any other income not listed above.

After receiving the above documents, we can begin processing your loan.

If you have any questions regarding this process, please call the Housing Division at 414-302-8426. Our office hours are Monday – Friday, 8:00 a.m. to 4:00 p.m.

City of West Allis
TID Rehabilitation Loan Application

The information collected below will be used to determine whether you qualify as a borrower under the City of West Allis TID Housing Rehabilitation Loan Program. It will not be disclosed outside the City of West Allis Housing Division without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law. You do not have to provide the information requested, but if you do not, your application for a loan may be delayed or rejected.

PROPERTY INFORMATION

Address of Property to be Rehabilitated:	Number of Bedrooms

APPLICANT INFORMATION

Applicant's Name (Last) (First) (MI)			Home Phone	
Present Street Address	City	State	Zip Code	No. of Years _____ ☐ Own ☐ Rent
Former Street Address (If at current address for less than two years)	City	State	Zip Code	No. of Years _____ ☐ Own ☐ Rent
Marital Status ☐ Married ☐ Unmarried (Single, Divorced, or Widowed) ☐ Separated		Has this property been cited for code violations by the Building Inspection Department? ☐ Yes ☐ No		e-mail address
Name and address of employer				Self-Employed? ☐ Yes ☐ No
Business Phone No. Position/Title Type of Business			No. of Yrs on Job	WI Driver License Number
Name and address of previous employer (if at current position less than 2 yrs)			No. of Yrs on Job	Business Phone

Are you a Citizen of the United States? ☐ Yes ☐ No If No, Explain:

CO-APPLICANT INFORMATION

Co-Applicant's Name (Last) (First) (MI)			Home Phone	
Present Street Address	City	State	Zip Code	No. of Years _____ ☐ Own ☐ Rent
Former Street Address (If at current address for less than two years)	City	State	Zip Code	No. of Years _____ ☐ Own ☐ Rent
Marital Status ☐ Married ☐ Unmarried (Single, Divorced, or Widowed) ☐ Separated		Are you a Citizen of the United States? ☐ Yes ☐ No If No, Explain:		
Name and address of employer				Self-Employed? ☐ Yes ☐ No
Business Phone No. Position/Title Type of Business			No. of Yrs on Job	WI Driver License Number
Name and address of previous employer (if at current position less than 2 yrs)			No. of Yrs on Job	Business Phone

HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give relationship of each family member to the head.)

Member No.	Full Name	Relationship	Date of birth	Social Security No.
1				
2				
3				
4				
5				
6				
7				

REHABILITATION INFORMATION: Briefly describe the home improvements you wish to make.

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other household member 18 or older	Total
Salary				
Overtime Pay				
Commissions				
Tips				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Etc.				
Unemployment Benefits/Workers Compensation				
Alimony, Child Support				
Other				
			TOTAL	

ASSETS: List any assets you own. Please include account numbers and location of the main offices for each.

Type	Cash Value	Annual Income From Assets	Bank Name And Address
Checking Account (Provide Account Numbers)			
Savings Account (Provide Account Numbers)			
Stocks (Provide Account Numbers)			
Other (i.e. rental property)			
Estimated Value of Home:		//////////////////////	

LIABILITIES: **List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.**

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date

If a "yes" answer is given to any question below please explain on an attached sheet:

1. Do you have any outstanding unpaid judgements? ☐ Yes ☐ No Amount (if applicable) $_____
2. In the past 7 years, have you been declared bankrupt? ☐ Yes ☐ No
3. Are you a party in a law suit? ☐ Yes ☐ No
4. Do you pay child support? ☐ Yes ☐ No Amount (if applicable) $_____

West Allis is able to offer this service/program through a grant from the federal government. One requirement of this grant is that the City keep track of all the individuals this program assists by family size and income level. To help with this requirement, we ask for your assistance. Please complete the information required below so that we may track the individuals we are assisting through this program. Please be aware the information is completely confidential and will not be released but is for record keeping and required federal reporting purposes only. Thank you for your cooperation.

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

RACE: **(Please mark one)**

☐ White
☐ Asian
☐ Native Hawaiian/Other Pacific Islander
☐ Asian & White
☐ American Indian/Alaskan and Black/African
☐ Other Multi-Racial
☐ Black/African American
☐ American Indian/Alaskan Native
☐ American Indian/Alaskan Native and White
☐ Black/African American and White
☐ Asian Pacific Islander

MONTHLY HOUSING EXPENSE

Item	Monthly Payment	Unpaid Principal Balance	Balloon Payment Yes ☐ No ☐	Amount Balloon $	Due Date
a. First Mortgage (P&I)	$	$			
b. Other financing secured by property (P&I)	$	$			
c. Hazard & Flood Insurance	$	$			
d. Real Estate Taxes	$	$			
e. Other (please specify)	$	$			
g. TOTAL	$	$			

List the amount of fire insurance coverage you have on your home:
$ _____

Name and address of your insurance agent:

_____

_____

_____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

_____ _____
Applicant Date

_____ _____
Co-Applicant Date

L:\TEMPLATES\REHAB LOAN DOCUMENTS\HOUSING REHAB APPLICATION

EQUAL HOUSING OPPORTUNITY

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

City of West Allis Department of Development
Housing Division
7525 West Greenfield Avenue
West Allis, WI 53214

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, your are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 522a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HA's for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunities
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian Housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to unearned income {i.e., interest and dividends).

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e. interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Ref. Handbooks 7420.7, 7420.8 & 7465.1 form HUD-9886 (7/94)

Original is retained by the requesting organization

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security number of all household members' six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purpose cited on the form HUD9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

AGREEMENT TO REPAY FEES

I, _____, agree to repay the City of West Allis Department of Development, Housing Division for the cost of the Credit Report and Title Search ($80.00 – $330.00) in the event that I do not proceed with my approved loan.

SIGNED:_____

WITNESS:_____

DATE:_____

City of West Allis Department of Development
Housing Division

Employer Verification

If you have more than one employer – photo copy this form.

This form must be FAXED in by your employer.
Our Fax number is 414-302-8417.

Employer's Name _____

Address_____
City State Zip

Loan Applicant's Name_____ S.S. #_____
Last First MI

Spouse's Name _____ S.S. #_____
Last First MI

Address_____
City State Zip

I/we have applied for a loan through the city of West Allis TID rehabilitation program. Their office is required by law to verify the information provided on the loan application. Please provide the information requested below as soon as possible. Consider this form a signed Authorization for Release of Information.

I/we appreciate your prompt response to this request, as our application cannot be processed without this important information. Please feel free to contact them at 302-8430 if you have any questions.

_____	_____	_____	_____
Applicant's Signature	Date	Applicant's Signature	Date

Wages: $_____ per _____ Hours per week_____

Over time, if any: _____ (If overtime varies, please average.)

Length of time employed with your company_____
Years Months

Verified by:_____ Date:_____

Title:_____ Telephone:_____

City of West Allis Department of Development
Housing Division

Bank Verification

If you use more than one bank – photo copy this form.

This form must be FAXED in by the bank.
Our Fax number is 414-302-8417.

Bank Name_____

Address_____
City State Zip

Loan Applicant's Name_____ S.S. #_____
Last First MI

Spouse's Name _____ S.S. #_____
Last First MI

Address_____
City State Zip

I/we have applied for a loan through the city of West Allis TID rehabilitation program. Their office is required by law to verify the information provided on the loan application. Please provide the information requested below as soon as possible. Consider this form a signed Authorization for Release of Information.

I/we appreciate your prompt response to this request, as our application cannot be processed without this important information. Please feel free to contact them at 302-8430 if you have any questions.

_____ _____ _____ _____
Applicant's Signature Date Applicant's Signature Date

Checking Account Number #_____

Average 6-month balance: $_____ Interest Rate: _____ %

Savings Account Number # _____

Current Balance $_____ Interest Rate: _____%

Any other accounts? _____ (If yes, provide information on back)

Verified by:_____ Date:_____

Title:_____ Telephone:_____