



**Neighborhood Improvement
Development Corporation**
In partnership with the City of Milwaukee

**APPLICATION TO THE NEIGHBORHOOD IMPROVEMENT DEVELOPMENT CORPORATION:
Tax Incremental District (TID) Forgivable Loan Fund**

MAIL APPLICATION TO: NIDC P. O. Box 511730 Milwaukee, Wisconsin 53203-0291	DROP OFF IN PERSON AT: NIDC 809 N Broadway, 3 rd Floor Milwaukee, Wisconsin 53202
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Submit with your application:

- ✓ Copy of recent mortgage statement for property (for properties subject to a mortgage). If no mortgage, please write "No Mortgage" _____.
- ✓ Homeowner's insurance declarations page.
- ✓ Most recent WE Energies statement.

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
 Indicate your primary language: English Spanish Hmong Other: _____
 Do you require a translator? Yes No If yes, translator's Name _____ Phone: _____
Yes No
 Are you currently in an active (non-discharged) bankruptcy?

MORTGAGE INFORMATION: Please provide information about first and second mortgages or any other person or entity with a lien against your property. If no mortgage please write "No Mortgage." Submit current mortgage statements with application.

Lender	Address	Current Balance	Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

PROPERTY THAT WILL BE REHABILITATED: _____
 Ownership in name of: _____ Number of units: _____
 Homeowner's insurance company (submit declarations page with application): _____
 Policy Number: _____
 Agent name: _____ Agent Address _____ Agent phone _____

Describe the repairs you would like to make: _____

Annual Household Income: \$ _____

There is no income limit for the TID Loan Program; however, we are required to collect this information for tracking purposes. Please include the total gross income of all members of the owner's household. Include wages, Social Security, pensions, rental and self-employment income and any other sources of household income.



HOUSEHOLD INFORMATION

List other people who live in the house (but not yourself or co-applicant)

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, and to request, receive, and share information with lenders, the above-named translator, and others to verify its accuracy and completeness. I understand that the program receives support from federal funds administered by the City of Milwaukee 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

