



APPLICATION TO THE CITY OF MILWAUKEE HOME Rehabilitation Loan Program



Neighborhood Improvement
Development Corporation
In partnership with the City of Milwaukee

MAIL APPLICATION FORM 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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APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name _____ Date of birth _____

Social Security no. _____ Primary phone _____ Secondary phone _____

E-mail address _____

Applicant's address _____ Zip _____ No. of years _____

Co-applicant's name _____ Date of birth _____

Social Security no. _____ Primary phone _____ Secondary phone _____

Co-applicant's address _____ Zip _____ No. of years _____

Are you (check one) Married Divorced Legally Separated Single Widowed

Indicate your primary language: English Spanish Hmong Other: _____

Do you require a translator? Yes No If yes, translator's Name _____ Phone: _____

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

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

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	SOURCE OF INCOME	MONTHLY AMOUNT
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Please complete both sides of the form

Describe the repairs you would like to make:

DECLARATIONS

Please answer the questions below. A "yes" answer may cause NIDC to request additional information to determine eligibility.	Applicant		Co-Applicant	
	Yes	No	Yes	No
Are there any outstanding judgments against you?				
Have you been declared bankrupt within the past 7 years?				
Have you had property foreclosed upon or given deed in lieu thereof in the last 3 years?				
Are you party to a lawsuit?				
Do you file Federal and State Income taxes?				
Do you receive pension or annuity income?				
Are you a partner in any business?				
Has any owner recently passed away?				
Are you Self-employed?				
Do you receive child support?				
Do you currently have homeowners insurance?				
Are you late or behind on any debt?				
Is your property a duplex?				
If your property is a duplex, do you receive rental income?				
If you receive rental income, How much per month? \$ _____				

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 on a separate piece of paper:**

**** If you submit a satisfactory application, based on program funding requirements, we will request additional documentation**

I certify that the information provided herein is true and complete. I authorize the Department of City Development (DCD) and the Neighborhood Improvement Development Corporation (NIDC) to review this application, to request, receive, and share information with lender(s), the above-named translator, and others to verify its accuracy and completeness. I understand that my project may be funded all or in part utilizing Federal funds and City agencies may review the information contained in this application to verify its accuracy. By signing this application, I am authorizing the DCD/NIDC, to pull a credit report and, if deemed appropriate by DCD/NIDC staff, to refer all personal information contained within this application, and information obtained during the underwriting process, to other loan programs or homeowner education counseling for which I may be eligible, as well as provide said personal information to a third-party loan servicing online software provider and/or third-party loan servicing online software platform.

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

