

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

**RENTAL REHABILITATION**

**MAIL APPLICATION TO:**  
NIDC  
P. O. Box 511730  
Milwaukee, Wisconsin 53203-0291

**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.
√	<b>Make check payable to:</b> Neighborhood Improvement Development Corporation (NIDC)
√	<i>When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction</i>
√	Landlord must submit a Landlord Training Certificate.
√	Landlord must submit a Landlord Qualification Statement. (Available at <a href="http://city.milwaukee.gov/RentalRehabLoan">http://city.milwaukee.gov/RentalRehabLoan</a> )

**PLEASE COMPLETE BOTH SIDES OF THE APPLICATION.**

**APPLICANT'S NAME** \_\_\_\_\_ Date of birth \_\_\_\_\_  
Social Security no. \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Applicant's address \_\_\_\_\_ Zip \_\_\_\_\_ No. of years \_\_\_\_\_  
Email address \_\_\_\_\_ **Circle 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: \_\_\_\_\_

**CO-APPLICANT'S NAME** \_\_\_\_\_ Date of birth \_\_\_\_\_  
Social Security no. \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Co-applicant's address \_\_\_\_\_ Zip \_\_\_\_\_ No. of Years \_\_\_\_\_  
Email address \_\_\_\_\_ **Circle 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: \_\_\_\_\_

**PROPERTY TO BE REHABILITATED**

Address of the property \_\_\_\_\_  
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:

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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, the above-named translator, 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. By signing this application, you are authorizing the Department of City Development (DCD) to pull a credit report and Wisconsin Circuit Court records, 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 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	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

