



Once you've completed the application, you may email it to Carolyn Martin or call her to set up an appointment. You may also request a physical application or contact Carolyn with any questions.

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Community Development Block Grant Program About the Rental Rehabilitation Program

CDBG funds may be used to rehabilitate LMI occupied rental housing units. CDBG funds may also be used to rehabilitate vacant housing units that will be rented to LMI households within six months of project completion. If the rental unit is not occupied by an LMI tenant within six months of the completion of the rehabilitation project (documented by the final inspection), the loan will be deemed ineligible and immediately due and payable. CDBG funds may also be used to convert existing structures into affordable LMI rental housing units.

When rental rehabilitation loans are made, rents charged for those units after rehabilitation are limited to HUD designated rent limits for the geographic areas in which the unit is located or locally established affordable rents. Prior to initiation of a rental rehabilitation project (including vacant rehabilitation and conversion projects), the property owner must agree, in writing, to rent to LMI households and maintain affordable rents for the pre-determined timeframe. Rent limits must be kept current and provided to participating landlords as limits are amended. Affordable rents must be available to LMI tenants for a minimum of half the term of the mortgage but not less than five years.

A mortgage and mortgage note in the amount of the loan must be issued in the name of the Grantee against the owner of the property to ensure repayment of the loan. Rental rehabilitation loans are available as 0% installment loans. The repayment period must begin within 60 days of project completion and the terms should be negotiated with the property owner.

Rental projects may require additional funding sources, including commercial lending and/or other program(s) funds. If total project costs are in excess of \$50,000, information on the project must be submitted to DEHCR for review and approval.

Eligible properties are those where at least 51% of the units are occupied by LMI tenants. Duplexes are exempted from this provision. If one unit is vacant, the other one must be occupied by an LMI tenant. An increase in a current tenant's income to the point where it exceeds the current LMI income limits is NOT a reason for eviction; however, should the unit become vacant; it must be filled with an income qualified household.

These general criteria must be used while designing underwriting criteria for the CDBG rental rehabilitation loans:

- 1. The property must be in need of rehabilitation work determined by the Grantee utilizing the HQS Inspection form.
- 2. Eligible repairs are those necessary to correct health and safety issues, increase energy efficiency, replace non-cosmetic items that are beginning to deteriorate, and make handicap accessible repairs or adaptions per the HQS inspection form.
- 3. All work must be deemed financially feasible, as determined by the property's estimated FMV and 120% rule, upon completion of work.
- 4. Properties scheduled for sale, acquisition, foreclosure, demolition or condemnation, are not eligible for rehabilitation. Vacant properties may be rehabilitated; for example, conversion of space from singlefamily use or commercial use to LMI rental project. Please consult with DEHCR prior to rehabilitating vacant properties.
- 5. The property must be insured against loss by fire and other perils, in accordance with lending institution standards.

- 6. The Grantee (not the administrator) must be added to the insurance policy as a mortgage holder at the time the mortgage is signed.
- 7. Repayment of installment loans must begin within 60 days upon completion of the CDBG rehabilitation as determined by the final inspection and must be repaid in monthly installments.
- 8. Properties located in the floodplain are generally not eligible unless certain conditions are met. If CDBG funds assist floodplain property, the owner will be required to purchase flood insurance.
- 9. No tenants will be permanently displaced as a result of rehabilitation to a renter-occupied property.
- 10. All tenants will receive:
 - 1. Lead-Based Paint Brochure
 - 2. General Information Notice
 - 3. Notice of Non-displacement
- 11. At a minimum, 51% of all tenants must be documented as LMI households. The Grantee must develop and implement an annual verification of LMI occupancy. The Grantee is required to keep this information with each rental project file. The annual verification documents:
 - 1. The rents being charged are affordable and comply with the terms of the loan
 - 2. The original tenant continues to reside in the unit or
 - 3. The new tenant(s) met LMI income levels at the time of occupancy. The landlord will collect all required documents from potential occupants and the Grantee will determine income eligibility.
- 12. Labor standards apply to any building with eight or more units. Coverage is determined by the number of units in the building, not by the number to be rehabilitated

Date Received:	
	(For Office Use Only)



Community Development Block Grant Program Rental Rehabilitation Application

Rental Rehabilitation Applications must be completed for each building you wish to take out a loan on.

		A must be a med but a more	-4!-m		
		Applicant Inform	lation		
ndlord Name:					
one Number:					
one Number.	Home Number		Wo	rk Number	
ndlord Address:					
alora Address.	Street Address				Apartment/Unit #
	City			State	ZIP Code
	I receive mail at this a	address 🗌			
you a citizen c	of the United States o	or qualified alien?	YES	NO	
	Rental	Unit Information & Ed	uity l	nformation	
ntal Unit Addre	ss.				
ntal Unit Addre	SS:				Apartment/Unit #
ntal Unit Addre					Apartment/Unit #
ntal Unit Addre				State	Apartment/Unit # ZIP Code
	Street Address			State	·
e of Structure:	Street Address City		-:	YE	ZIP Code
e of Structure: here currently a	Street Address City a mortgage, lien, land	d contractor other debt ag		YE nis property? □	ZIP Code S NO
e of Structure: here currently a es, please state	Street Address City a mortgage, lien, land	mount currently owed, and		YE nis property? □	ZIP Code S NO
e of Structure: here currently a es, please state n against the p	City a mortgage, lien, lande the type of debt, ar	mount currently owed, and		YE nis property? □ om it is owed. If th	ZIP Code S NO
res, please state in against the p	City a mortgage, lien, lande the type of debt, ar roperty, please list each	mount currently owed, and ach one separately.		YE nis property? □ om it is owed. If th	ZIP Code S NO nere is more than one
e of Structure: here currently a es, please state n against the p	City a mortgage, lien, lande the type of debt, ar roperty, please list each	mount currently owed, and ach one separately.		YE nis property? □ om it is owed. If th	ZIP Code S NO nere is more than one

Please indicate the following information for the rental unit. If apartment building, list for each apartment unit.

Number of

Bedrooms

Monthly Rent

Utilities Included

Number of

People

Building Number or

Apartment Unit Number

					YES	NO
					YES	NO NO
					YES	NO
					YES	NO
					YES	NO NO
					YES	NO
	R	ehabilitation	Information	า		
What areas of rehabilitation w	rould vou like t	o request?				
What areas of renabilitation w	rould you like t	o request:				
Electrical		General Carpen	try		Chim	ney
Heating			ng			ring
Insulation & Venting			nry	Interior/Exterior Pa		
Plumbing		ers & Downspou				· · · · · · · · · · · · · · · · · · ·
<u></u>	-	•	YES	NO		
Do you have any peeling or o	hipping paint ir	the rental unit	ts?			
Do you have any peeling or c		the rental unit				
Do you have any peeling or c		dicapped Ac	cess Requ		_	-
Do you have any peeling or control of the second of the se	Han	dicapped Ac			-	
Are you requesting handicap	Han bed access wo	dicapped Ac YES rk? □	cess Requi	est	_	
	Han bed access wo	dicapped Ac YES rk? □	cess Requi	est		
Are you requesting handicap	Han bed access wo	dicapped Ac YES rk? □	cess Requi	est		
Are you requesting handicap	Han ped access wo	dicapped Ac YES rk? □	cess Requ	est		
Are you requesting handicapped by the second of the second	Han ped access wo Wisc	dicapped Ac YES rk? □	cess Reque	est	for you to p	provide the
Are you requesting handicapped of the second	Han Ded access wo Wisc Ovisions of the SINGLE	dicapped Ac YES rk? □	NO Al Property	Act Act, it is necessary D LEGALLY SEPA		provide the
Are you requesting handicapped by the second of the second	Han ped access wo Wisc ovisions of the	dicapped Ac YES rk? □ consin Marita Wisconsin Mar	NO Al Property	Act Act, it is necessary		
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Are you requesting handicapped of the property	Han Ded access wo Wisc Ovisions of the SINGLE	dicapped Ac YES rk? □ consin Marita Wisconsin Mar	NO Al Property	Act Act, it is necessary D LEGALLY SEPA		

3. Notice to applicants: No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stat.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time the obligation is incurred.

Conflict of Interest - County of Rusk

Please note any family or business ties to any of the following people. Possible conflict of interest includes parents or parent-in laws, son, daughter, or daughter and son-in law, brother or sister or brother and sister in law, spouse or fiancée or fiancée. Note your relationship in the space beside the name. If you are not related to any of the following people, please check the box at the bottom of the list.

Terry DuSell	Jerry Biller	Thomas Hanson					
Alan Rathsack	Anthony Hauser	David Willingham					
Shane Sanderson	Robert Stout	Thomas Cudo					
Randy Tatur	Lois Goode	Pauline Lundgren					
John Kalepp	Terry Wedwick	Carolyn F. Martin					
Philip Schneider	Jim Meyer	Michael Hraban					
Mark Schmitt	Jonathan Unterschuetz	Norman Mudgett					
Kathy Silvernale	Philip Unterschuetz	<u></u>					
or	To the best of my knowledge, I am not related to any of the persons listed. or I have noted all relationships to listed parties.						
	Disclaimer and Signature						
I/we, the undersigned owners of the described property, certify that the statements in this application are true, accurate, and complete to the best of my/our knowledge and belief and understand that false information given may lead to disqualification from the program. I/we fully understand that it is a federal, state, and local crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning the facts of this application. It is understood that this information is given for the purpose of obtaining financial assistance through the CDBG Program and will be used for no other purpose.							
Primary Applicant Signature:		Date:					
Co-Applicant Signature:		Date:					



Community Development Block Grant Program Tenant Eligibility Statement

Property (Owner Name:		
Address:			
	Tena	nt Data	
	perty owner of your unit has applied for a dditional cost to you as a tenant. Please p		
Tenant Name:			
	Social Security Number:	Age:	
Spouse/Tenant Name:			
	Social Security Number:	Age:	
Residence Address:			
	Street Address		Apartment/Unit #
	City I receive mail at this address	State	ZIP Code
Mailing Address: (if different)	Street Address		Apartment/Unit #
	City	State	ZIP Code
Phone Number	: Home Number	Work Number	
Total Number	of People Living in the Home:		
Tenant: Are you a citize qualified alien?	en of the United States or YES NO	Spouse/Tenant: Are you a citizen of the or qualified alien?	United States YES NO

Household Information

Please list below **all persons** who live in your household starting with yourself. List the incomes of all persons. Income includes, but is not limited to, income from all gross wages, salaries, commissions; net income from self-employment, net income from the operation of real property; interest and dividend income; Social Security, SSI, pensions, AFDC, alimony, unemployment, child support, and other benefit income.

	Relationship to Applicant	Source of Income	Monthly Gross Income
set		Value	
	Disclaimer and S	ignature	
rtify that the above infor			and its agents to contact
	Disclaimer and S mation is true and correct. I authorise firm the above information is neces	ze the CDBG Program	and its agents to contact
source identified to condenstand that, except as	mation is true and correct. I authori	ze the CDBG Program sary. CDBG Program will kee	ep all information containe
source identified to condenstand that, except as	mation is true and correct. I authoring firm the above information is neces authorized in this paragraph, the C	ze the CDBG Program sary. CDBG Program will keeiny other party without	ep all information containe



Community Development Block Grant Program Carbon Monoxide and Lead Information

Please review the information regarding lead and carbon monoxide in the home.

•	"Protect Your Family From Lead in the Home" from the United States Environmental Protection
	Agency:
	https://www.epa.gov/sites/default/files/2020-04/documents/lead-in-your-home-portrait-color-
	2020-508.pdf

https://www.epa.gov/sites/default/files/2020-04/documents/lead-in-your-home-portrait 2020-508.pdf	-color-
 2009 Wisconsin Act 158 requiring carbon monoxide detectors in buildings containing dwelling units: https://docs.legis.wisconsin.gov/2009/related/acts/158.pdf 	one or two
ted copies are available from Carolyn if preferred. Please check the box only if you prefererials instead of the above online links to the lead and carbon monoxide documentation.	r written
uld like to request written materials instead of online links to the above documentation	



Community Development Block Grant Program Lead-Based Paint Pamphlet Receipt Form

I have received the information in the Home."	EPA pamphlet entitled "Protect Your Family from I	∟ead in Your
Signature of Applicant	Date	
Signature of Applicant	 Date	



Community Development Block Grant Program Carbon Monoxide Pamphlet Receipt Form

I have received Wisconsin Act 158 information regarding carbon monoxide in the home.					
Signature of Applicant	Date				
Signature of Applicant	Date				



Community Development Block Grant Program Tenant's Release of Information

This is to certify that I/we have given my/our permission to the "Grantee" Community Development Block Grant (CDBG) Program to verify employment, sources of monthly income, and any additional required information. I understand that this information will be for the confidential use of the Grantee in reviewing the property owner's application for a rehabilitation loan.

A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed release of information form will be kept on record with the Grantee.

Rental-Rehabilita	ation Property Addre	9SS:			
Property Owner	Name:				
Tenant			Spouse/Ten	ant	
Last	First	MI	Last	First	МІ
Social Security N	umber		Social Security	v Number	
Street Address			Street Address	3	
City, State, Zip Co	ode		City, State, Zip) Code	
Signature		 Date	Signature		Date