

Kenosha County Emergency Assistance Program Owner-Occupied Rehabilitation Program

Attached is an application for the Southern Housing Region Kenosha County Emergency Assistance Program. You must complete the entire application and return it to our office along with all applicable documentation. You will not be added to the application list until a complete application is submitted.

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
___ YES ___ NO (YOU MUST CHECK ONE)

In order to be eligible, your income must be below the following limits for Kenosha County:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Kenosha	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600

Return application to:

Kenosha County EAP
CDBG Rehabilitation Program
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: skoehn@msa-ps.com



You are not required to answer the questions below. If you choose not to answer them, please check here. _____

Sex of Applicant: _____ Male _____ Female

Head of Household: _____ Male _____ Female

Marital Status of Applicant: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Racial/Ethnic Background, Check One:

- | | |
|--|---|
| _____ White | _____ American Indian/Alaskan Native & White |
| _____ Black/African American | _____ Asian & White |
| _____ Asian | _____ Black/African American & White |
| _____ American Indian/Alaskan Islander | _____ American Indian/Alaskan Native & Black/African American |
| _____ Native Hawaiian/Other Pacific Islander | _____ Balance/Other |
| _____ Hispanic | |

Is this your primary residence? Yes No

What type of property is this?

Single Family Multi-Family (# of units _____) Mobile Home (MUST be tied down and MUST own the land home is on)

Other _____

Name(s) on Property Title	Date of Purchase	Year Property Built (YOU MUST PUT APPROXIMATE YEAR)

Is the dwelling in a 100 year floodplain? Yes No

Are you on a private well? Yes No

If yes, has it been tested since the floor waters have receded? Yes No

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

FLOOD INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

EXPLAIN DAMAGES:

ATTACH RECEIPTS FOR WORK ALREADY COMPLETED OR ESTIMATES YOU HAVE OBTAINED.

FUNDS APPLIED FOR AND/OR RECEIVED FROM						
(Check all that apply)						
	Applied		Dollar Amount		Pending	Denied
FEMA						
Small Business Administration (SBA)						
Individual and Family Grant (IFG)						
State/Local						
Banks						
Insurance						
Other						

COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY

Income Information: Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

Circle Y for Yes, N for No	Income Source	Documentation Required
1. Y N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation Employer: _____ Phone #: _____ Fax #: _____ Email address: _____ Mailing address: _____ Employer: _____ Phone #: _____ Fax #: _____ Email address: _____ Mailing address: _____ Employer: _____ Phone #: _____ Fax #: _____ Email address: _____ Mailing address: _____	Will need most recent 3 months of check stubs _____ Homeowner name _____ Homeowner name _____ Homeowner name
2. Y N	Self employed (Describe type of business) _____	Will need copies of last 3 years of Federal Income Tax Form 1040 and applicable Schedules
3. Y N	Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home.	\$ _____
4. Y N	Unemployment benefits and/or Worker's Compensation.	Will need most recent 3 months of check stubs
5. Y N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	Send most recent benefit statement
6. Y N	Social Security payments.	Send benefit statement
7. Y N	Income from family members age 17 and under (example: Social Security, Trust Fund disbursements, etc.)	Send most recent benefit statement
8. Y N	Supplemental Security Income (SSI).	Send most recent benefit statement
9. Y N	Disability or death benefits other than Social Security.	Send most recent benefit statement
10. Y N	Public Assistance (examples: TANF, AFDC, W2)	Send most recent benefit statement

11. Y N	Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies. If yes, list sources and whose name is on account: 1) _____ 2) _____	Send most recent documentation \$ _____ \$ _____
12. Y N	Income from real or personal property i.e.: interest or dividends	\$ _____
13. Y N	Alimony/spousal maintenance payments.	Will need most recent 3 months of check stubs
14. Y N	I am entitled to receive Child Support Payments. If yes, then answer the following: <input type="checkbox"/> I am currently receiving child support payments. (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> I am not receiving any child support payments but it is court ordered that I do. Check one: <input type="checkbox"/> I am not pursuing the payments for the following reasons: _____ <input type="checkbox"/> I am making efforts to collect the child support owed to me. Please list the efforts you are making: _____	Will need last 3 months of what you have received and copy of court order \$ _____ \$ _____
15. Y N	Section 8 rental assistance	Will need last 3 months of what you have received \$ _____
16. Y N	Income from a source other than those listed above. If yes, list sources: 1) _____ 2) _____	Will need last 3 months of what you have received \$ _____ \$ _____

Asset Information Identify each asset, its value, and rate of interest currently held by the household.

Circle Y for Yes, N for No	Asset	Cash Value/Balance	
17. Y N	Checking account(s). If yes, list bank(s) and the location(s): 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Will need last 6 months bank statements <u>OR</u> a signed statement from bank with 6 month average balance.	Name on Account _____ _____

18. Y N	Savings account(s). If yes, list bank(s) and the location(s): 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Will need most current bank statement \$ _____ \$ _____	Name on account _____ _____
19. Y N	Certificates of Deposit (CD) or Money Market Accounts If yes, list source/bank names and location: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____ 3) _____ Interest Rate: _____	Need documentation \$ _____ \$ _____ \$ _____	Name on account _____ _____ _____
20. Y N	Revocable trust(s) If yes, provide description 1) _____ 2) _____	Need documentation \$ _____ \$ _____	Name on account _____ _____
21. Y N	Real Estate-Do you own rental property or land? If yes, list location and mortgage holder: 1) _____ 2) _____	\$ _____ \$ _____	Please send copy of property tax statement
22. Y N	Stocks, Bonds, or Treasury Bills. If yes, list source/bank names and location on next page: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	\$ _____ \$ _____	Name on account _____ _____
23. Y N	IRA/Lump Sum Pension/Retirement/Keogh/401(k) Account, etc. If yes, list source/bank names & addresses or contact info on next page: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Need documentation \$ _____ \$ _____	Name on account _____ _____
24. Y N	Whole Life Insurance Policy. If yes, how many policies _____ List sources: 1) _____ Interest Rate: _____ 2) _____ Interest Rate: _____	Need documentation \$ _____ \$ _____	Name on account _____ _____

25.	Y	N	Items held as an investment (antique car, coin collection, stamp collection, jewelry, etc.) If yes, list items: 1) _____ 2) _____	Need documentation \$ _____ \$ _____	
26.	Y	N	Safe deposit box. If yes, list contents and value of item: _____	Need current documentation \$ _____	
27.	Y	N	Disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. (ie: land or 2 nd home)	Need current documentation \$ _____	
28.	Y	N	Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____	Need current documentation \$ _____ \$ _____	

PLEASE ALSO INCLUDE A COPY OF THE FOLLOWING:

- 1) **Copy of most recent property tax bill**
- 2) **Copy of your homeowner's insurance policy**
- 3) **Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments.**
- 4) **Documentation from FEMA stating you have or have not received funds through them. If you have received funds through FEMA, please submit documentation as to what work was covered.**
- 5) **Documentation from your insurance company stating if you have received funds from them. If you have received funds from your insurance company, please submit documentation as to what work was covered.**

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

Read and initial statements below:

- _____ I understand the Southern Housing Region EAP funds are offered as a grant and will not be required to be repaid.
- _____ I understand the Southern Housing Region EAP will inspect the property to determine what, if any, repairs are necessary.
- _____ I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.

_____ I authorize the Southern Housing Region EAP to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility.

_____ I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to the Southern Housing Region EAP.

_____ Failure to comply with these conditions could result in the withdrawal of the Southern Housing Region EAP participation or the recall of the full amount of the Southern Housing Region EAP funds.

_____ I understand there are project review fees which are included in the grant amount.

CONFLICT OF INTEREST	
Do you have any family or business ties to any of the following people?	Yes No
Vern Gove, County Board Chairperson	
Lois Schepp, Lead County Committee Coordinator	
John Tramburg, Columbia County Committee Member	
Nate Olson, Dodge County Committee Member	
Ben Wehmeier, Jefferson County Committee Member	
Andy Buehler, Kenosha County Committee Member	
Andrew Struck, Ozaukee County Committee Member	
Julie Anderson, Racine County Committee Member	
Colin Byrnes, Rock County Committee Member	
Alene Bolin, Sauk County Committee Member	
David Bretl, Walworth County Committee Member	
Jay Shambeau, Washington County Committee Member	
Kari Justmann, Housing Team Leader	
Susan Maier, Housing Program Specialist	
Sue Koehn, Housing Program Specialist	
Stacy Griswold, Housing Program Assistant	

If yes, list name of person and disclose the nature of the relationship:

APPEAL PROCESS

Any applicant may appeal the decision of the CDBG Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request to the Program Administrator. If the applicant appeals the Program Administrator's decision, the CDBG Housing Committee will review the appeal. If the applicant would like to appeal the CDBG Housing Committee's decision, the applicant may appeal to DOA/DEHCR. DOA/DEHCR will review for consideration and a written response will follow to the applicant. DOA/DEHCR's determination on the appeal is final.

I/We will return any disaster aid money received from the State of Wisconsin or any other source if insurance or other money is received for the same loss.

This is the only CDBG EAP application submitted for the property described in this application.

I/We, the undersigned owners of the described property, certify that the above statements are true, complete and accurate to the best of my/our knowledge, and understand that false information given may lead to disqualification from this program. I 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 the application.

I/We hereby authorize the Southern Housing Region EAP Program to obtain verification of any information contained in this application from any source named herein. We have given our permission to the Southern Housing Region EAP Program to request and receive information required to verify employment, mortgages, deed, trust accounts, savings accounts, credit accounts, financial status and any other information necessary to complete application for a Loan.

No provision of marital property agreement (including a Statutory Individual Property Agreement Pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 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 of obligation is incurred.

I/We certify that all information contained in this application is true and complete to the best of (my) (our) knowledge and belief. It is understood that this information is given for the purpose of obtaining financial assistance through the Southern Housing Region EAP Program and will be used for no other purpose.

(Signature of applicant)

Date: _____

(Signature of applicant)

Date: _____