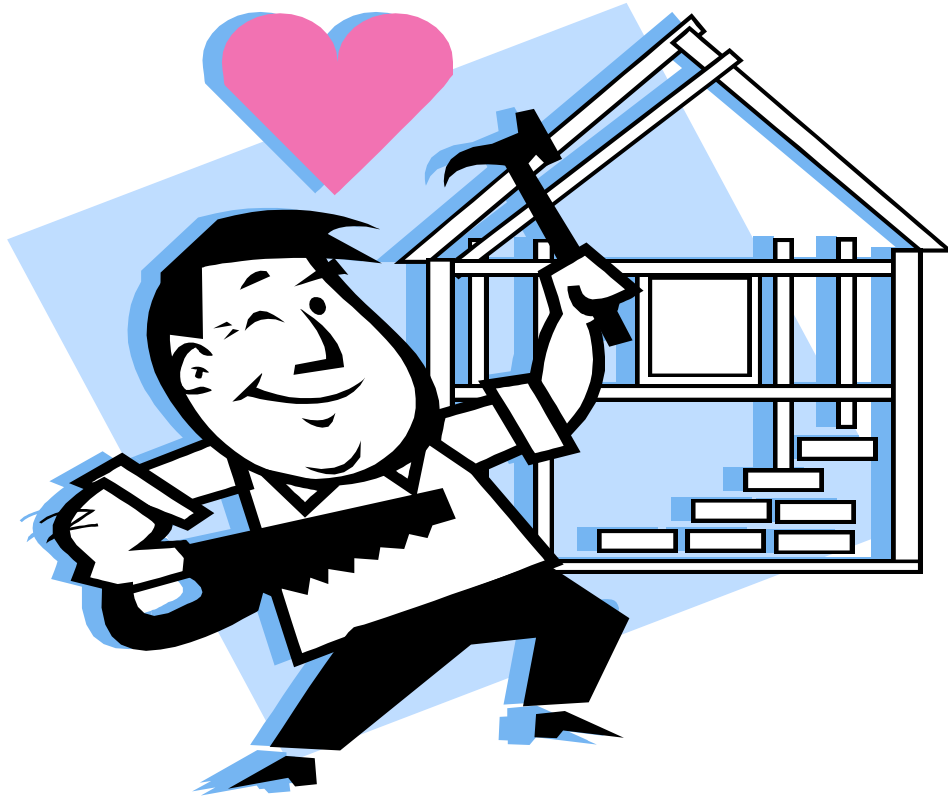


# Jefferson County Owner Rehabilitation Program



## Administered by:

**Jefferson County Economic Development Consortium**

**864 Collins Road, Suite 111**

**Jefferson, WI 53549**

**Phone: 920-674-8711**

**Fax: 920-674-7575**



# **JEFFERSON COUNTY HOME IMPROVEMENT PROGRAM**

## **The Jefferson County Home Improvement Program Program Guidelines**

**Purpose:** The purpose of this program is to provide favorable funding to Jefferson County low and moderate (household income < 80% of CMI) homeowners to assist them with lead paint abatement and making other required improvements to their homes.

**Eligible Households:** Eligible recipients must have total household income < 80% of the area median income adjusted by household size (see Exhibit A). In addition, the total of all mortgage(s) cannot exceed 110% of the assessed/appraised value of the property. It is the policy of Jefferson County Economic Development Consortium to provide equal opportunity to participate in the Homeowner Rehabilitation Program without regard to race, color, creed, religion, sex, age, national origin, disability, political affiliation, sexual orientation, veteran or marital status, or other basis prohibited by law.

**Eligible Properties:** Single-family owner-occupied units, except mobile homes, in Jefferson County that comply with program guidelines and any applicable local codes for completed repairs. All units rehabilitated under the program must comply with HUD Housing Quality Standards (including lead paint standards) and HUD Purchase Price Limits (see Exhibit B) for Jefferson County. The program covers the entire County except the Village of Sullivan.

**Eligible Repairs:** Lead paint abatement activities and code and violations determined by inspection. Eligible items to meet code could include:

- roofs
- furnaces and water heaters
- plumbing, water or water/sewer laterals
- windows
- structural problems
- electrical work
- accessibility improvements
- Other items approved by the Program Administrator

**Loan Term & Fees:** The program provides a 0% deferred loan of up to \$25,000 for eligible repairs per owner-occupied unit. Funds will be provided after work is completed and is cleared for Lead Paint Standards and all local codes. Any payments required by contractors prior to the completion and final inspection of the work is the homeowner's responsibility. A non-refundable application fee of \$95.00 must be included with the application request.

All program funds must be used on eligible repairs. The owner can utilize as much of their own funds for rehabilitation work as they like. The owner must have their units pre-inspected to local code and Lead Paint Standards. The Jefferson County Economic Development Consortium charges an inspection fee and clearance fee of \$270.00, which will be part of the loan. The Authority will monitor and inspect all on-going projects.

Program  
Administration:

Jefferson County Economic Development Consortium is the program administrator. Administrative services include:

- Identification of eligible recipients
- Completion of qualifying program documents, which includes the following:
  - Loan Reservation Form
  - Summary describing nature of repairs
  - Borrower Set-Up Form
  - Three most recent pay stubs, Tax Returns from previous 2 years, 6 months of all bank/savings.
  - For government benefits, YTD summary of government benefits verified by the appropriate governmental unit
  - Complete scope of work, inspection, lead paint risk assessment and clearance and final inspection and make sure all required local codes are met.
  - Originate each loan, process and close loan documents, prepare documents and record mortgages.
  - Set up payments to contractors.

**Contact: Jefferson County Economic Development Consortium  
864 Collins Road, Suite 111  
Jefferson, WI 53549  
Phone: 920-674-8711 Fax: 920-674-7575**

**Exhibit A  
2010 Income Limits  
80% CMI – Jefferson County**

<u>80% CMI</u>	<u>Household Size</u>
\$37,350	1
\$42,700	2
\$48,050	3
\$53,350	4
\$57,650	5
\$61,900	6

**Exhibit B  
2009 After Rehab Price  
Jefferson County**

**\$190,152**

Purchase price limits and incomes are subject to change, call for latest information.



# Jefferson County Economic Development Consortium

## Jefferson County Owner Rehabilitation Program

### Application Checklist

APPLICANT:

---

ADDRESS:

---

---

TELEPHONE NUMBER:

FAX NUMBER:

---

#### **PLEASE RETURN THE ITEMS LISTED BELOW:**

- \_\_\_\_\_ Non-refundable application fee of \$95.00
- \_\_\_\_\_ Completed application, Disclosure and Approval Form, Waiver Release Form, Lead Pamphlet Receipt
- \_\_\_\_\_ 3 recent paycheck stubs in sequential order
- \_\_\_\_\_ 2 most recent signed federal tax return with all schedules (if self-employed also provide a YTD Net Earnings Statement)
- \_\_\_\_\_ W-2's from most current year
- \_\_\_\_\_ SSI, SSDI Verification (Must be for Current Year)
- \_\_\_\_\_ Pension/Retirement Verification (Must be for Current Year)
- \_\_\_\_\_ Child Support Verification (Must be for Current Year)
- \_\_\_\_\_ Copies of the last **6 months** bank statements showing interest earned for checking, savings, money markets, IRAS, Certificates of Deposit, etc.
- \_\_\_\_\_ Last month copy of all non interest bearing checking and savings accounts
- \_\_\_\_\_ Copy of Homeowners Insurance Policy (Declaration page)
- \_\_\_\_\_ Property tax bill/assessment or appraisal showing fair market value
- \_\_\_\_\_ Property tax payment receipt **\*All property taxes must be current!**
- \_\_\_\_\_ Statement of current mortgage balance **\*Mortgage account must be current for at least 12 months!**
- \_\_\_\_\_ Copy of Deed or other ownership document

# The Jefferson County Homeowner Rehabilitation Program

## Disclosure & Approval Form

Name of Borrower: \_\_\_\_\_  
Co-Borrower: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
\_\_\_\_\_  
Originating Lender: Jefferson County Economic Development Consortium

### **Section 1: Purpose:**

The purpose of this program is to provide favorable funding to Jefferson County low and moderate (household income < 80% of CMI) homeowners to assist them with lead paint abatement and making other required improvements to their homes. The maximum amount of assistance that can be provided by the program is \$24,999.

### **Section 2: Eligible Households, Properties & Repairs**

Eligible recipients must have total household income < 80% of the area median income adjusted by household size (see Exhibit A). In addition, the total of all mortgage(s) cannot exceed 110% of the assessed/appraised value of the property.

It is the policy of Jefferson County Economic Development Consortium to provide equal opportunity to participate in the Homeowner Rehabilitation Program without regard to race, color, creed, religion, sex, age, national origin, disability, political affiliation, sexual orientation, veteran or marital status, or other basis prohibited by law.

Single-family owner-occupied units, except mobile homes, in Jefferson County that comply with program guidelines and any applicable local codes for completed repairs. All units rehabilitated under the program must comply with HUD Housing Quality Standards (including lead paint standards) and HUD Purchase Price Limits (see Exhibit B) for Jefferson County. The program covers the entire County except the Village of Sullivan.

Eligible repairs include lead paint abatement and code and HUD Housing Quality Standards violations determined by inspection. Eligible items to meet code and HQS standards could include:

- roofs
- furnaces and water heaters
- plumbing, water or water/sewer laterals
- windows
- structural problems
- electrical work
- accessibility improvements

### **Section 3: Loan/Grant Terms & Fees**

A non-refundable application fee of \$95.00 must be included with the application. For households whose income is 80% of the area median income adjusted by household size, the program provides a 0% deferred loan of up to \$25,000 per owner-occupied unit. The loan with a recordable mortgage, at a 0% rate, is repaid when the homeowner no longer lives in the home, sells the property, or obtains a new mortgage on the property for any other reason than rate reduction. The Jefferson County Economic Development Consortium charges an inspection fee and clearance fee of \$270.00. Funds will be provided after work is complete and is cleared for Lead Paint Standards and all local codes.

Jefferson County Economic Development Consortium  
864 Collins Road, Suite 111, Jefferson, WI 53549  
Phone (920)-674-8711 Fax (920) 674-7575

Any payments required by contractors prior to the completion and final inspection of the work is the homeowner's responsibility.

All program funds must be used on eligible repairs. The owner can utilize as much of their own funds for rehabilitation work as they like. The owner must have their units pre-inspected to HUD's Housing Quality Standards and Lead Paint Standards. The Consortium will monitor and inspect all on-going projects. Consortium staff will approve completed work and will clear units for occupancy using HUD and State standards. All local building codes will also have to be met.

It is up to the homeowner to select an approved contractor to perform the work. An approved contractor must be certified by the State of Wisconsin for construction and lead paint mediation. The homeowner should seek three qualified bids for the work to be performed.

It must be understood that all work completed under the Jefferson County Owner Rehabilitation Program must, in addition to other requirements, be completed:

1. In a workman-like manner.
2. Be prepared in a lead-safe manner and only be a Wisconsin licensed home improvement contractor who is certified in lead paint abatement. **I ACKNOWLEDGE RECEIPT OF THE "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME" BROCHURE.**
3. If asbestos or asbestos like material is present, it must be encapsulated or removed. Encapsulation or removal must be completed by a licensed and certified contractor.

**Additionally, you are being reminded that ALL work must be completed by a licensed contractor and ALL repairs, outlined in the Recommended Scope of Work, need to be completed and pass inspection BEFORE any payments will be made from the Jefferson County Owner Rehabilitation Program.**

**Section 4: Homeowner Approval**

I/We certify and understand that all of the requirements of the program and desire to participate in the Jefferson County Homeowner Rehabilitation Program. I/We authorize the Jefferson County Economic Development Consortium to initiate our application for participation.

Signature of Borrower: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Co-Borrower: \_\_\_\_\_

Date: \_\_\_\_\_

**Exhibit A  
2010 Income Limits  
80% CMI – Jefferson County**

<b><u>80% CMI</u></b>	<b><u>Household Size</u></b>
<b>\$37,350</b>	<b>1</b>
<b>\$42,700</b>	<b>2</b>
<b>\$48,050</b>	<b>3</b>
<b>\$53,350</b>	<b>4</b>
<b>\$57,650</b>	<b>5</b>
<b>\$61,900</b>	<b>6</b>

**Exhibit B  
2009 After Rehab Purchase Price Limit  
Jefferson County**

**\$190,520**

# Jefferson County Economic Development Consortium

## Jefferson County Owner Rehabilitation Program

### WAIVER RELEASE FORM

I/We, \_\_\_\_\_, applicant,

and \_\_\_\_\_, Co-applicant,

who own a home at:

---

Hereby authorize the release of all pertinent information to the Jefferson County Economic Development Consortium for use in determining my/our eligibility for a grant offered through the Jefferson County Home Improvement Program made possible by the HOME Consortium.

This authorization entitles:

- Credit Reports/Credit Reporting Agencies
- All financial institutions in which I/we have/had business transactions
- Places of employment
- Any other organization having access to pertinent information

To release said information to the Jefferson County Economic Development Consortium when a request is supplied along with a copy of this document.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

# Jefferson County Economic Development Consortium

## Jefferson County Owner Rehabilitation Program

### CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

I have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

---

Printed name of recipient/s

---

Date

---

Signature of recipient

---

Signature of recipient



# Jefferson County Economic Development Consortium

## Jefferson County Owner Rehabilitation Program

### ELIGIBILITY APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home is located in: \_\_\_City \_\_\_Town \_\_\_Village of \_\_\_\_\_

Year house built: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

This information will not be used to discriminate against, exclude from participation in, or deny benefits to any applicant on the grounds of race, color, religion, sex, age handicap or national origin.

Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Race: \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian  
Black or African American \_\_\_\_\_ Native Hawaiian or other Pacific  
Islander  
\_\_\_\_\_ White \_\_\_\_\_ Other (specify): \_\_\_\_\_

Do any members of the household have a physical disability? \_\_\_\_\_Yes \_\_\_\_\_No

Are there any pregnant women or children under the age of 6 living in the home? \_\_\_\_\_Yes  
\_\_\_\_\_No

Household members: (List all individuals living in the home, including self)

	Name	Relationship	Age	SS#
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____

<u>INCOME DATA</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>	<u>OTHER</u>	<u>TOTAL</u>
Gross Pay/Commissions	\$ _____ /month	\$ _____	\$ _____	\$ _____ /month
Business Income	_____	_____	_____	_____
AFDC/Social Services	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Pension/Disability	_____	_____	_____	_____
Alimony/Child Support	_____	_____	_____	_____
Other (Specify):	_____	_____	_____	_____
<b>TOTAL</b>	<b>\$ _____ /month</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____ /month</b>

**HOUSEHOLD ASSETS**

Checking Accounts	\$ _____	Stocks/Bonds
\$ _____		
Savings Accounts	\$ _____	CD Accounts
\$ _____		
Other Securities	\$ _____	Other (Specify):
\$ _____		

**(You MUST provide verification/statements for all household assets.)**

**FINANCIAL ACCOUNTS (must provide statements)**

<u>Checking</u>	<u>Other (Specify):</u> _____
Account Number: _____	_____
Financial Institution: _____	_____
Street Address: _____	_____
City, State, Zip: _____	_____

Savings  
Account Number: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Other (Specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT EMPLOYMENT**

APPLICANT  
Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Employment From \_\_\_\_\_ to \_\_\_\_\_  
Supervisor \_\_\_\_\_

CO-APPLICANT  
Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Employment From \_\_\_\_\_ to \_\_\_\_\_  
Supervisor \_\_\_\_\_

OTHER EMPLOYMENT  
Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Employment From \_\_\_\_\_ to \_\_\_\_\_  
Supervisor \_\_\_\_\_

**EXISTING DEBT OF PROPERTY TO BE REHABILITATED**

Original Amount of 1st Mortgage \$ \_\_\_\_\_  
Name of Lender \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Current Balance \$ \_\_\_\_\_

**List other mortgages or liens, including equity loans or lines of credit**

Original Amount \$ \_\_\_\_\_  
Name of Lender \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Current Balance \$ \_\_\_\_\_

Original Amount \$ \_\_\_\_\_  
Name of Lender \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Current Balance \$ \_\_\_\_\_

Are property taxes paid up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No, If no, Delinquent Amount \$ \_\_\_\_\_

