

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

Lindsay Heights TID Forgivable Loan Fund (Investor Owners)

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.)
- Landlord Training Certificate from completion of City of Milwaukee Landlord Training Program
- Completed Tenant Certification Form for any occupied rental units in property
- Copy of recent mortgage statement for property (for properties subject to a mortgage). If no mortgage, please write "No Mortgage" _____.

Please complete both sides of the application.

APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name _____ Date of birth _____

Social Security no. _____ Home phone _____ Cell phone _____

E-mail address _____

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

Co-applicant's name _____ Date of birth _____

Social Security no. _____ Home phone _____ Cell phone _____

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

Are You (check 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:

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.

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

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

CO-APPLICANT

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

