

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
RENTAL UNIT APPLICATION

Date Received \_\_\_\_\_  
(For Office Use Only)

Landlord Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home)

\_\_\_\_\_ (work)

Landlord Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age of Structure: \_\_\_\_\_

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

**APARTMENT INFORMATION**

Apartment #	No. of People	Tenant Name	No. of Bedrooms	Monthly Rent	Utilities Included (Yes/No)
1					
2					
3					
4					
5					
6					

**REHABILITATION REQUEST**

What areas of rehabilitation would you request to be done on your rental unit(s)? Check all that apply.

Electrical _____	Heating _____
Insulation & Venting _____	Plumbing _____
General Carpentry _____	Siding _____
Masonry _____	Gutters & Downspouts _____
Chimney _____	Flooring _____
Interior/Exterior Painting & Drywalling _____	Other _____

Do you have any peeling or chipping paint in the rental units? Yes \_\_\_\_\_ No \_\_\_\_\_

**HANDICAPPED ACCESS REQUEST**

Are you requesting handicapped access work? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

**EQUITY INFORMATION**

Is there currently a mortgage, lien, land contract, or other debt against this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

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If yes, please state below the type of debt, to whom it is owed, and amount currently owed. If there is more than one loan against the property, please list each one separately.

Type of Loan : \_\_\_\_\_

Lender Name : \_\_\_\_\_

Amount Owed : \_\_\_\_\_

Are you a United States Citizen or a Qualified Alien? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Landlord Debt Service Data:**

Please list below the average amount paid per month for each of the following:

Mortgage: \_\_\_\_\_ Real Estate P & L Insurance: \_\_\_\_\_

Real Estate Taxes: \_\_\_\_\_ Utilities: \_\_\_\_\_

Long Term Debts: \_\_\_\_\_  
(Credit cards, Personal Loans, Car Loans, etc.,)

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Name and phone number of Insurance Carrier: \_\_\_\_\_

**CONFLICT OF INTEREST**

Do you have family or business ties to any of the following people? Yes NO

If yes, disclose the nature of the relationship.

Names of Covered Person	Relationship
Robin Reshel	
Lorraine Hefter	
Dennis Hegy	
David Hansen	
Sharon Lamphear	
Andy Doberstein	
Timothy Purman	
Tony Garza	

No provision of a 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 the obligation is incurred.

I certify that the information in this application is correct and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

AUTHORIZATION FOR RELEASE OF INFORMATION CERTIFICATION

I/We hereby authorize release of any information requested by THE HARTFORD COMMUNITY DEVELOPMENT AUTHORITY regarding my/our income, assets and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above. This includes information necessary to verify and document household composition, income, assets, housing expenses, credit history and the nature and extent of the applicant's ownership interest in the property for which the loan is being sought.

WARNING: Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

I certify that the information on the attached application is true and correct. I authorize the Hartford Community Development Authority to contact any source identified to confirm the above information as necessary.

The information obtained will only be used for determining eligibility in the CDBG program and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.

