

HOME REHABILITATION PROGRAM APPLICATION

Complete the application including all appendices. Failure to complete all sections of the application will delay the process. **Submitting an application does not automatically qualify you for assistance.** Assistance is dependent on funds availability and program guidelines. If you are married, it is required that your spouse be listed as the co-applicant.

APPLICANT	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	PROPERTY ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE)			
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER OR WAY TO BE REACHED		BEST TIME TO BE REACHED	

CO-APPLICANT OR SPOUSE	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER/WAY TO BE REACHED		BEST TIME TO BE REACHED	

CHILDREN OR OTHER INDIVIDUALS LIVING IN THE HOME

List all individuals, other than the applicant and co-applicant, who live in the house for six or more months per year. This includes children, step-children, caregivers, or family members. Use a separate sheet of paper to list any additional persons beyond four. Failure to report all household members may result in disqualification.

NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

WISCONSIN MARITAL PROPERTY ACT CREDIT APPLICATION FORM

In order to comply with the provisions of the Wisconsin Marital Property Act, it is necessary for you to provide the following information:

1. Marital Status: _____ Married _____ Unmarried _____ Legally Separated (Date of Decree) _____
2. If married:
 - a. Spouse's name _____
 - b. Spouse's address _____
3. **Notice to married applicants:** No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to s. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under s.766.59, or court decree under s.766.70 Wisconsin Statutes adversely affects the creditor unless the creditor is furnished 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.

If you wish to have a marital property agreement, unilateral statement or court decree considered in connection with your application, you may enclose a copy of it with this form.

FINANCIAL HISTORY INFORMATION

	Applicant	Co-Applicant
Are you currently a party to a lawsuit, or do you have reason to believe that you will become party to a lawsuit in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligations, or loan guarantees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AGREEMENTS & ACKNOWLEDGEMENTS

The undersigned specifically acknowledge that:

Grant/Loan Agreements:

1. The property will not be used for any illegal or prohibited purpose or use;
2. All statements made in this application are made for the purpose of obtaining the loan/grant herein;
3. The property will be used as the primary residence of the applicants;
4. Verification or re-verification of any information contained in the application may be made at any time by Couleecap or its agents, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by Couleecap, even if the loan/grant is not awarded.
5. Couleecap, its agents, successors, and assigns will rely on the information contained in the application. I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change.

Additional Loan Agreements:

1. The loan requested by this application will be secured by a mortgage or deed of trust on the property purchased with the assistance of this application;
2. In the event payments on the loan indicated in this application become delinquent, Couleecap, its agents, successors, and assigns may, in addition to all their other rights and remedies, report my name and account information to a credit reporting agency;
3. Ownership of the loan may be transferred to successors or assigns of Couleecap without notice to me and/or the administration of the loan account may be transferred to an agent, successor, or assign of Couleecap without prior notice to me.
4. Couleecap, its agents, successors, and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

Certification:

I certify that the information provided in this application is true and correct as of the date of my signature on this application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information in this application may result in civil liability and/or criminal prosecution.

Applicant Signature

Date

Co-Applicant Signature

Date

Applicant Name (printed)

Co-Applicant Name (printed)

Income Calculation Worksheet

ALL income from individuals 18 and over MUST be included in the table below. Failure to provide accurate information will delay and/or disqualify your application.

APPLICANT'S EMPLOYER	EMPLOYER PHONE NUMBER
EMPLOYER ADDRESS	Hire Date
CO-APPLICANT EMPLOYER	EMPLOYER PHONE
EMPLOYER ADDRESS	Hire Date

INCOME TYPES: W Wages/Salary/Tips CS RECD Child Support Received D/I Dividends/Interest DL Disability Long Term DS Disability Short Term P Pensions/Annuities/IRA SSI/SSDI Social Security SE Self-Employment UC Unemployment Compensation	A Alimony Received C-SUPP SSI Caretaker Supplement G Gambling/Lottery/Bingo GR General Relief GF Gift/Donation GV Government Relief/Disaster LC Land Contract Payment O Other	R Rental Income SSI Social Security Supplemental Income SU Subsidized Housing Utility Allowance T TANF/W2 TR Tribal per Capita V Veterans Benefits WK Workers' Compensation
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HOUSEHOLD MEMBERS NAME	INCOME TYPE	INCOME	INCOME	INCOME	3 Month Total	CC staff initial when verified*
		MONTH 1	MONTH 2	MONTH 3		

Total 3 Month Household Income \$

I certify that the above information is to be true and accurate to the best of my knowledge on the date affixed below:

_____ _____ _____ _____
 Applicant Signature Date Co-Applicant Signature Date

TO BE COMPLETED BY COULEECAP PROGRAM STAFF ONLY

_____ ÷ 3 = _____ X 12 = \$ _____ per year
 3 Month Total Monthly Average Income Annual Income

Review Date:	CMI %:
Reviewed By (print):	Signature:

Couleecap, Inc. Fair Housing Act Information Form

Statement of Purpose:

Couleecap, Inc. requests the following information in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so.

Couleecap, Inc. may neither discriminate on the basis of this information, nor on the basis of whether or not you choose to furnish it. Under Federal regulations Couleecap, Inc. is required to note race and gender on the basis of visual observation or surname even if you do not choose to supply such information.

	Applicant	Co-Applicant
Race/National Origin	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> American Indian/Alaskan Native & White
	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American
	<input type="checkbox"/> Other/Multi-racial	<input type="checkbox"/> Other/Multi-racial
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Male
	<input type="checkbox"/> Female	<input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino

Applicant: I do not wish to furnish this information

Co-Applicant: I do not wish to furnish this information

Additional Household Questions

1. Are you or anyone in your household a veteran or in the military? Yes No
2. Are you or anyone in your household disabled? Yes No
 - Uses a walker, cane, or crutches Wheelchair bound Loss of Limb
 - Blind Hearing impaired Mentally disabled

If yes, please list name(s): _____



Couleecap, Inc. is an equal opportunity employer and service provider.
Auxiliary aids and services available upon request.

Couleecap, Inc. General Release of Information

To Whom It May Concern:

I/We have applied for a loan/grant and hereby authorize you to release to Couleecap, Inc., the program administrator, the requested information listed below:

1. Previous and past employment history including employer, period employed, title of position, income, and hours worked.
2. Disability payments, social security, and pension funds.
3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.
4. Information regarding previous or current unemployment benefits received as well as the remaining benefit amount. These unemployment insurance files may be provided to and accessed by Federal Home Loan Bank of Chicago, WHEDA, HUD, Wisconsin Community Action Program, Department of Administration, The City of La Crosse Planning Department or USDA Rural Development.

This information will be for the confidential use of Couleecap, Inc. in determining my/our eligibility for a grant or to confirm information I/we have supplied. Please complete the attached verification request. 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 Couleecap, Inc.

Applicant

Co-Applicant

Last Name, First Name, MI

Last Name, First Name, MI

Social Security Number

Social Security Number

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date

NOTICE TO BORROWERS: The Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to DHIR/DOH, FHA, or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

NOTICE TO BORROWERS: You are not required to provide Couleecap, Inc. or any of its agents, officers, or employees with your social security number. Failure to provide your social security number may limit your participation in programs or make you ineligible for programs.

Couleecap, Inc. Home Rehabilitation Request

HOUSEHOLD REPAIR QUESTIONS

Answer all of the questions below to the best of your ability. You may need to contact your local city or county clerk for some information.

Approximate age of your property	
Number of years at this address	
Name of your Homeowners Insurance company	
Type of Fuel Used for Heating: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other (_____)	
Number of legal bedrooms (include those not currently being used as bedrooms)	
Do you have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many and what kind?	
Is your home historic, or could it be considered historic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home currently owned under a land contract or lease to purchase agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home located in a 100 year floodplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home located along a riverbank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home adjacent to a site of a chemical spill, SUPERFUND site, or radioactive materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home located within 1,000 feet of an interstate or US highway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home located in a wetland area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any endangered species (plants or animals) on your property to your knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your property located next to a factory or other industrial site that could create an explosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name of the company who hauls your garbage:	
Please list the name of the landfill where your garbage is hauled to: (You can obtain this information by calling your garbage hauler)	
Is your source of water a private well or municipal?	<input type="checkbox"/> Private Well <input type="checkbox"/> Municipal
Is your home in a residentially zoned area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you still making payments on your home (mortgage payments)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your payment per month?	\$ _____
If yes, what is your current mortgage balance?	\$ _____
Are you working with another organization to address any of the repairs on your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what Organization?	

PERSONAL STATEMENT

Please write a brief explanation of why you should be selected and how it will help you:

Have you ever received a rant or deferred loan in the past from Couleecap for home repairs or a home purchase?

No

Yes When: _____

What funds were used: _____

DESIRED REHABILITATION / HOME MODIFICATIONS

Briefly describe the type of work feel is necessary for your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items below will be considered for assistance, but the final decision on what work can be done with our time and financial resources will be made at the discretion of the Couleecap Rehab Review Committee and our funding requirements.

Area of Repair	Description
<p>Accessibility Modification</p> <p><i>Examples: Wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</i></p>	
<p>Carpentry Repairs</p> <p><i>Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.</i></p>	
<p>Electrical Repairs</p> <p><i>List rooms where wall outlets, switches, and/or light fixtures do not work. List areas where electrical may be dangerous.</i></p>	
<p>Plumbing Repairs</p> <p><i>Describe sink, tub, toilet, or other plumbing leaks and/or concerns.</i></p>	
<p>Roofing Repairs</p> <p><i>Describe where the roof leaks. Is it shingles? Plastic? Metal? Describe condition. Include any soffit, fascia or gutter repairs needed.</i></p>	
<p>Doors and Windows</p> <p><i>Describe repairs required, including glass, frames, weather-stripping, etc. Please list the number of windows, doors, etc. you seek to be repaired/replaced.</i></p>	
<p>Exterior Repairs</p> <p><i>Describe exterior touch ups desired, including exterior painting, small exterior repairs, siding replacement, etc.</i></p>	
<p>Other Repairs</p> <p><i>Please list all other repairs not listed above.</i></p>	

Couleecap, Inc. Media Release

Applicant Name _____

Co-Applicant Name _____

Address _____

City _____ State _____ Zip _____

I hereby authorize Couleecap, Inc. to use my photo, photos of my home and/or information related to my experiences with Couleecap's Rehabilitation Programs. I understand this information may be used in publications (including electronic publications), audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

I would be interested in speaking to media and/or other interested parties about my experiences:

Yes

No

I prefer that:

my complete name to be used

my first name only to be used

no name be used

Applicant Signature

Date

Co-Applicant Signature

Date

Couleecap, Inc. Household Financial Relationships Disclosure

Applicant Name _____ Date _____

Couleecap must consider all income earned by residents of the household. Please complete this questionnaire. Providing false information may be cause for disqualification from the program.

1. Are you married? Yes No

For purposes of this question, if you were married and do not have a final divorce decree you are still considered married under the provisions of Couleecap's programs.

2. Does anyone, age 18 or over, live in your household with you? Yes No

If someone you consider a "significant other" is living with you now, that person must be listed below. Also include any children, age 18 and over, who live with you.

Place additional names on the back of this form

Failing to completely disclose all income-earning household members is one of the top reasons for disqualification from Couleecap's home rehabilitation programs. Failure to disclose all individuals can place you at risk to lose funding and/or face additional financial penalties.

Statement of Understanding

I hereby state that the above information is true and accurate to the best of my knowledge. I understand that failure to disclose household members and/or to provide accurate marriage status information may place me at jeopardy of losing earnest money, may cause me to incur fees, and may place me at risk for immediate repayment of any rehabilitation assistance I may receive. I further agree to not hold Couleecap, its officers, employees, or assigns responsible for any financial or other loss that I incur by providing false information.

Applicant Signature

Date

Consumer Complaints/Grievances

If you are dissatisfied with the work or outcome of your project you may file a written complaint using the included form. You are strongly encouraged to attempt to resolve the problem with the assistance of your project manager prior to submitting a consumer complaint.

Your complaint will be reviewed by the Department Director. After the review you will receive additional communication regarding your complaint and any potential outcomes or remedies. If you are dissatisfied with the outcome after working with the Department Director you will be directed to other options for resolution.

You must sign the certification below stating that you have read the above information and that you understand it. Please retain the blank forms for your records.

Client Name

Client Name

Client Signature

Date

Client Signature

Date

Consumer Complaint

As a consumer, you have the right to file a complaint if not satisfied with services provided by Couleecap. Please complete this form to the best of your knowledge and keep a copy for your records.

**Mail or deliver this form to:
Couleecap, Inc.
201 Melby Street
Westby, WI 54667**

Complaint: (Please tell what happened and include any information available in support of your complaint, including the names of persons involved.)

Action Sought: (What would you like to see happen?)

Consumer Information

Name (please print): _____

Address: _____

Phone: _____ Email Address: _____

Consumer Signature

Date

Participant Signature

Date

Case Manager Signature

Date

Couleecap, Inc. Privacy & Disclosure Notice

We may collect non-public personal information about you from the following sources:

- Information that you provide to us, such as on applications or other forms;
- Information about your transaction with us or others; and
- Information from others, such as credit bureaus, real estate appraisers and employers

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Couleecap provides Home Improvement and Rehabilitation Counseling, Mortgage Default and Delinquency Counseling, Pre-purchase Counseling, Services for Homeless Counseling, and Pre-purchase Homebuyer Education Workshops. You are not obligated to receive, purchase, or utilize any other services offered by Couleecap in order to receive housing counseling services.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of completed copies of the Privacy Notice.

Applicant Signature

Date

Co-Applicant Signature

Date

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Applicant Signature

Date

Co-Applicant Signature

Date

Note- Please detach this copy and keep for your records.