



# City of West Allis Housing Rehabilitation Grant Program

**Eligible Properties:** Owner-occupied single-family dwellings located in the target area (see attached map).

**Eligible Households:** Households that have a gross annual income not exceeding the following limits:

## INCOME LIMITS \* FOR HOUSING REHABILITATION GRANTS

FAMILY SIZE	Income Limits
1	28,850
2	32,950
3	37,050
4	41,150
5	44,450
6	47,750
7	51,050
8	54,350

\*Income includes that of all family members 18 years and over and includes wages, pensions, social security benefits, rents, and interest from all assets. (Unearned income must be included regardless of age.)

**New income limits effective 6/19**

**Maximum Grant:** \$20,000.00

**Grant Terms:** Grant will be forgiven over a period of time, based the grant amount. A grant amount of \$1,000 to \$14,999 will be forgiven over a period of 5 years. A grant amount of \$15,000 to \$20,000 will be forgiven over a period of 10 years. Any grant amount that has not been forgiven will become due and payable upon the sale of the property, or at the time the property is no longer owner occupied.

**Conditions:** Grant approval is contingent upon a number of factors including:

- Income eligibility
- Credit score
- Type of work to be completed

All work that disturbs a painted surface must be completed in a lead-safe manner by a state certified contractor. All contractors working with the Rehabilitation Loan Program must be insured.

**For more information:** Contact Robert Ahlm, Rehabilitation Specialist at (414) 302-8426 or [rahlm@westalliswi.gov](mailto:rahlm@westalliswi.gov)





Department of Development  
Housing Division  
414.302.8430

Dear Applicant:

Thank you for inquiring about the City of West Allis Housing Rehabilitation Program. We are happy to provide you with assistance in making improvements to your home. Attached is an application to be filled out and returned to the Housing Division. These forms include:

1. Housing Rehabilitation Program application
2. Authorization for Release of Information
3. Agreement to Repay Fees

Please read and keep the following items attached to this application for your information:

Step by step approach to process your grant application  
Terms and Conditions of grant

**When returning your completed application, please include a copy of last year's Federal Income Tax forms, or if you did not file Federal Income Tax, a copy of the previous year's Homestead Credit Form.**

If you have any difficulty in filling out this application form or if you have any questions, please do not hesitate to call me at 302-8426.

Thank you.

Robert Ahlm  
Rehabilitation Specialist  
[rahlm@westalliswi.gov](mailto:rahlm@westalliswi.gov)

## **CITY OF WEST ALLIS HOUSING REHABILITATION PROGRAM**

You must meet the following terms and conditions in order to qualify for a Home Repair Grant from the City of West Allis Housing Division:

1. Home must be a single-family residence occupied by the owner.
2. Applicant must be the owner as registered with the Milwaukee County Register of Deeds Office.
3. Applicant must be within the income limits as set by the City of West Allis Housing Division.
4. The Housing Division will assume that all housing built before January 1, 1978 contains lead-based paint. The owner will agree to correct all lead based paint hazards, according to program regulations, in these properties.
5. Applicants may opt to hire certified contractors to perform paint testing and risk assessment. Results must be given to the Housing Division before a property will be considered exempt from lead based paint regulations. The cost of paint testing and risk assessment can be added to the applicant's grant.
6. In most cases, work that disturbs painted surfaces must be completed by a lead certified contractor. This work will also have to pass lead clearance testing.
7. Applicant must pay for title search, lien recording and credit check. These charges are added to the grant (Total \$80.00 to \$400.00).
8. Applicant must sign all grant documents for the property. If house was purchased on a Land contract, the vendor must also sign the grant documents.
9. Eligible repairs include code violations or incipient violations, weatherization work, or repairs necessary for the safety and welfare of the occupants.
10. Grant requests can not exceed \$20,000.
11. If applicant is delinquent on any present mortgages, or real estate taxes, the grant will not be approved.
12. The City of West Allis Housing Division reserves the right to refuse to issue, or to cancel the grant if the condition of the house is unworkable. This includes dirt, infestation, excessive debris in the house or basement, or any other condition that hinders a proper inspection of the property.
13. Applicant must make the house accessible to the City of West Allis Housing Inspector, Building Inspectors, Health Department Personnel and to all contractors and workmen.
14. Upon completion of construction, the applicant agrees not to unreasonably or arbitrarily withhold his or her signature of approval. If such approval is unreasonably or arbitrarily withheld, the City of West Allis Housing Division will pay the contractor upon the approval of the inspector. Such paid bill will then be a debt of the applicant.
15. **The City of West Allis Housing Division may not subordinate its grant position. If you are planning on refinancing your mortgage, do it before you apply for this grant.**

## **CITY OF WEST ALLIS GRANT APPROVAL PROCESS**

From the time you submit your application, it takes approximately 6 to 8 weeks before contractors can begin working on your house. To help you understand the steps involved in our approval process, we have listed our procedures below:

1. Homeowner submits completed application and income taxes.
2. The Housing Division verifies applicant income and assets to determine eligibility. This can take up to 4 to 5 weeks.
3. An inspection appointment is scheduled with the homeowner. This inspection determines the feasibility and priority of needed improvements.
4. The Housing Division sends the homeowner a letter of eligibility and itemized specifications for the work to be done.
5. The homeowner contacts contractors for estimates.
6. The homeowner submits all bids to the Housing Division no later than sixty (60) days from receipt of the specification sheets. Two (2) bids are required for each work item. Bids must be submitted on the Housing Division's specification sheets or on their own company letterhead. Contractors are selected based on lowest bid.
7. The Housing Division orders credit and title reports.
8. Final grant approval / denial is determined after a review credit and title reports is completed.
9. The Housing Division prepares grant documents.
10. Contractors sign contracts prepared by the Housing Division.
11. The homeowner signs grant documents. A three (3) day waiting period is required.
12. Proceed notices are sent to contractors.
13. An inspection is performed when work is completed. The homeowner signs an authorization form releasing funds to the contractor at this time.
14. The Housing Division pays the contractor.
15. A letter is sent to the homeowner indicating completion date (for forgiveness period).

**City of West Allis Rehabilitation Grant  
Check List**

This checklist will assist you in expediting our grant process.

Submit your grant application to the Housing Division. Make sure you include all of the information listed below that pertains to you, your spouse or any household member over the age of 18.

- Signed City of West Allis Rehabilitation Loan Application
- Signed Release of Information form
- Signed "Agreement to Repay Fees" form
- Photocopy of most recent copy of Federal Income Tax return
- Provide employment verification - 3 most recent & consecutive pay stubs.
- Provide bank or financial institution verification - most recent monthly statement for each account.
- Submit most recent monthly, quarterly or yearly statement regarding any investments
- Submit most recent property tax bill for any property owned (other than current residence)
- Submit Federal Social Security and/or Federal and State Social Security Disability award letters for the current year. If you do not have your award letter, Federal Social Security verifications can be obtained by calling 1-800-772-1213. State Social Security verifications can be obtained by calling 1-800-362-3002. Ask them to fax the verification to the Housing Division at 414-302-8417.
- Submit pension information (year end statement from previous year or letter from pension provider showing monthly disbursements for the current year)
- Submit W2 verification showing disbursements for the last 12 months.
- Submit a child support or alimony verification showing payments received for the last 12 months.
- Submit unemployment and workers compensation verification showing benefits for the last 12 months.
- If a child over the age of 18 is living in the household and is also a full time student, please provide verification from the school registrar and you will not be required to submit income verifications for that person.
- Submit verifications for any other income not listed above.

After receiving the above documents, we can begin processing your loan.

If you have any questions regarding this process, please call the Housing Division at 414-302-8426. Our office hours are Monday – Friday, 8:00 a.m. to 4:30 p.m.



## City of West Allis Rehabilitation Grant Application

The information collected below will be used to determine whether you qualify as a borrower under the City of West Allis Housing Rehabilitation Loan Program. It will not be disclosed outside the City of West Allis Housing Division without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law. You do not have to provide the information requested, but if you do not, your application for a loan may be delayed or rejected.

### PROPERTY INFORMATION

Address of Property to be Rehabilitated / Purchased:	Number of Bedrooms
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### APPLICANT INFORMATION

<b>Applicant's Name</b>		Home Phone	
Last	First	MI	
Present Street Address	City	State	Zip Code
		No. of Years <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Former Street Address (if @ current address less than 2yrs)	City	State	Zip Code
		No. of Years <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Marital Status  Married                  Unmarried (Single, Divorced, or Widowed)  Separated		Has this property been cited for code violations by the Building Inspection Department?  Yes                          No	
Name and address of employer			e-mail address
			Self-Employed?  Yes                  No
Business Phone No.	Position/Title	Type of Business	No. of Yrs on Job
			WI Driver License Number
Name and address of previous employer (if @ current position less than 2 yrs)			No. of Yrs on Job
			Business Phone
Are you a Citizen of the United States?                  Yes                  No			

If No, Explain:

### CO-APPLICANT INFORMATION

<b>Co-Applicant's Name</b>		Home Phone	
Last	First	MI	
Present Street Address	City	State	Zip Code
		No. of Years Own                  Rent	
Former Street Address (if @ current address less than 2yrs)	City	State	Zip Code
		No. of Years Own                  Rent	
Marital Status  Married                  Unmarried (Single, Divorced, or Widowed)  Separated		Are you a Citizen of the United States? If No, Explain:                  Yes                  No	
Name and address of employer			Self-Employed?  Yes                  No
Business Phone No.	Position/Title	Type of Business	No. of Yrs on Job
			WI Driver License Number

Name and address of previous employer (if at current position less than 2 yrs)	No. of Yrs on Job	Business Phone
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**HOUSEHOLD COMPOSITION:** List the head of your household and all members who live in your home. Give relationship of each family member to the head of household.

Member No.	Full Name	Relationship	Date of birth	Social Security No.
1				
2				
3				
4				
5				
6				
7				

**REHABILITATION INFORMATION:** Briefly describe the home improvements you wish to make.

**ANNUAL INCOME:** Provide income information for all household members 18 or older

Source	Applicant	Co-Applicant	Other household member 18 or older	Total
Salary				
Overtime Pay				
Commissions				
Tips				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Etc.				
Unemployment Benefits/Workers Compensation				
Alimony, Child Support				
Other				
			<b>TOTAL</b>	

**ASSETS:** List any assets you own. Please include account numbers and location of the main offices for each.

Type	Cash Value	Annual Income From Assets	Bank Name	Address	Account Number

Other:

Other:

Estimated Value of Home:

**LIABILITIES:** List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date

If a "yes" answer is given to any question below please explain on an attached sheet:

1. Do you have any outstanding unpaid judgements?      Yes      No      Amount (if applicable):
2. In the past 7 years, have you been declared bankrupt?      Yes      No
3. Are you a party in a law suit?      Yes      No
4. Do you pay child support?      Yes      No      Amount (if applicable):

West Allis is able to offer this service/program through a grant from the federal government. One requirement of this grant is that the City keep track of all the individuals this program assists by family size and income level. To help with this requirement, we ask for your assistance. Please complete the information required below so that we may track the individuals we are assisting through this program. Please be aware the information is completely confidential and will not be released but is for record keeping and required federal reporting purposes only. Thank you for your cooperation.

**ETHNICITY:**     Hispanic       Non-Hispanic

**RACE:**      **(Please mark one)**

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native                   | <input type="checkbox"/> Black/African American                 |
| <input type="checkbox"/> American Indian/Alaskan & Black/African American | <input type="checkbox"/> Black/African American & White         |
| <input type="checkbox"/> American Indian/Alaskan Native & White           | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> White                                  |
| <input type="checkbox"/> Asian Pacific Islander                           | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Asian & White                                    |   |

**MONTHLY HOUSING EXPENSE**

Item	Monthly Payment	Unpaid Principal Balance	Balloon Payment		Amount Balloon	Due Date
			Yes	No		
a. First Mortgage (P&I)			<u>List the amount of fire insurance coverage you have on your home:</u>  <u>Name and address of your insurance agent:</u>			
b. Other financing secured by property (P&I)						
c. Hazard & Flood Insurance						
d. Real Estate Taxes						
e. Other (please specify)						
g. TOTAL						

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing and  
Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

City of West Allis Department of Development  
Housing Division  
7525 West Greenfield Avenue  
West Allis, WI 53214

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 522a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HA's for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures improper uses of the income information that is obtained based on the consent form.  
**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunities  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian Housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to unearned income (i.e., interest and dividends).

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e. interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Ref. Handbooks 7420.7, 7420.8 & 7465.1

form HUD-9886 (7/94)

Original is retained by the requesting organization

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security number of all household members' six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purpose cited on the form HUD9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**AGREEMENT TO REPAY FEES**

I, \_\_\_\_\_, agree to repay the City of West Allis Department of Development, Housing Division for the cost of the Credit Report and Title Search (\$80.00 – \$353.00) in the event that I do not proceed with my approved loan.

SIGNED: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_