

# Village of Clayton Housing Program

✧ 111 Clayton Ave. W., Clayton, WI 54004 ✧  
*This program is not for remodeling or for new and cosmetic construction.*

If you are interested in applying for a low interest loan for your primary property in the Village of Clayton, please fill out the attached forms and return to my attention. You must currently be living at this property 100% of the time in order to apply.

- Homeowner Application
- Income/Asset Questionnaire forms
- General Release form
- Verification of Employment (if you collect Social Security, include the benefit statement)
- Verification of Mortgage form-fill in the name and address of your bank or mortgage company. Sign, date, & return.
- Lead safety pamphlet receipt – sign, date and return
- Lead safety pamphlet – keep for your records

In addition to these forms, please include a copy of your current property tax statement, copies of the last three months of pay stubs from your employer, your 2020 income tax statement, copies of your checking / savings accounts from last 6 months and any pension / IRA / 401k, etc. benefits. If you are not employed, please include a copy of your current social security / disability statement. We will also need a copy of your mortgage. Since mortgages can be numbers of pages long, we will only need a copy of the page which shows the legal name(s) of mortgagor, and a copy of the page that shows the exact legal description.

Upon receipt of this information, we will verify your income and mortgage amount. Please note that there must be enough equity in your home to secure the loan. If your application meets all the criteria, we will contact you to set up an initial inspection.

To be eligible, you must make less than the following:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$40,250	\$46,000	\$51,750	\$57,450	\$62,050	\$66,650	\$71,250	\$74,800

**Funds are limited and it's a first come first serve basis.** Please return application as soon as possible so you don't miss out on this great opportunity!!

If you have any questions, please call me at 715-235-9081.

Sincerely,

FOR VILLAGE OF CLAYTON,

*Sam Crotteau*

Sam Crotteau  
Housing Administrator  
c/o Cedar Corporation  
604 Wilson Avenue  
Menomonie, WI 54751  
1-800-472-7372  
Email: sam.crotteau@cedarcorp.com

## TERMS AND CONDITIONS

Processing your application for a home repair loan requires the program administrator to verify and document your income, mortgage amount and title commitment of the property you identified in your application. There are costs associated with obtaining the required information. These charges will be included in your loan application as a closing cost when you close the repair loan with the City's housing program.

If you withdraw your application or we are unable to proceed with your closing the loan because of actions or failure to act on your part causing judgments, liens, unpaid property taxes, delinquent mortgages, etc., you will be required to reimburse the program for the cost incurred. A copy of the bill will be given to you for your records.

These costs include, but are not limited to:

1. Income verification: varies
2. Title search: \$75 - \$125
3. Recording Fee: \$30
4. Initial inspection, specification writing and inspection fees: \$75 - \$650
5. Soil, lead, asbestos and mold testing: \$10 - \$1100
6. Other cost incurred to the point of withdrawal: varies

Signing this form, I acknowledge these costs and agree to pay for the services charged. If my loan application is approved, all these costs will be included in my loan. The only time I will have to pay for these costs out of my pocket is when application is withdrawn or denied as mentioned above.

Signing this form, I agree that the Housing Administrator can take and use photographs of my home/project for future use of display purposes of the program.

Signing this form, I acknowledge the loan I am applying for is to make conditions decent, safe and sanitary. The Housing Administrator has the responsibility to make sure the work completed meets the program guidelines. The Housing Administrator and Village of Clayton has the right to deny funds for work that is not approved or under contract.

The Housing Program does not cover the following:

- Repairs to unoccupied buildings
- Repairs to outbuildings
- Repairs to detached garages
- New construction, expansion of the size of the structure, the rehabilitation of uninhabited space, or the finishing of unfinished spaces, except as required to eliminate overcrowding of bedrooms, (per Housing Code). To flood proof the home, or for handicap accessibility
- Reimbursement for work that has been contracted for or completed prior to the property owner signing agreements with the Grantee except for emergency projects.
- Labor cost of any household member, or any non-insured person/contractor, of any non-licensed person/contractor, or of any person/contractor that does not submit a bid.
- Purchase, installation or repair of furnishings and appliances
- Automatic garage door opener

Signing this form, I agree to assist the housing administrator during the inspection by pointing out problems or concerns. The contractor's work write-up is based on the inspection. I, the applicant will be responsible for finding my own contractors and may do so after I've received the work write-up from the inspection. I agree to NOT make any changes to the work write-ups or specifications without prior written approval from the Housing Administrator.

Signing this form, I agree that if my property is located in the floodplain, I may need to go through an environment review process. If CDBG funds assist floodplain properties, the owner will be required to purchase floor insurance coverage for minimally one year, equal to or greater than the amount of the CDBG loan.

Signing this form, I agree that my property is not scheduled for sale, acquisition, demolition or condemnation.

Signing this form, I agree not to perform any rehabilitation or renovation work on my property during the CDBG project until all work has been completed. If I perform any rehabilitation or renovation, work during my project, my project may be deemed ineligible and all cost including labor and materials incurred will become my responsibility. The Village of Clayton CDBG program will not be held liable to correct any mistakes that may occur during my renovation. I further understand that work may cease until I completed my renovation work. The only exception, with prior written authorization of Village of Clayton is if I, the homeowner, am licensed to conduct a specific type of activity, such as a licensed electrician.

Signing this form, I agree that my house will not be rehabilitated into a brand new house. The Village of Clayton Housing Program may not be able to fix all issues or update all code violations at your property. The program is replacing existing with like materials. Upgrades and deviations are at the homeowner's expense.

Signing this form, I agree that should disputes concerning payment to contractors arise, final determination will be made by the Housing Administrator for Village of Clayton, and I agree to abide by the decision of the administrator.

Signed: \_\_\_\_\_  
Applicant Name Date

Signed: \_\_\_\_\_  
Applicant Name Date

Signed: \_\_\_\_\_  
Applicant Name Date

**VILLAGE OF CLAYTON**  
**Housing Rehab/Repair Program Application**  
**Clayton, WI 54004**

Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ May we call you at work?  Yes  No

E-mail: \_\_\_\_\_

**LIST ALL PEOPLE WHO LIVE IN THE HOME**

Name	US Citizen?	Disabled?	Birth Date	Relationship to You Spouse, Son, Daughter, etc.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant
	<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	<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		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**WISCONSIN MARITAL PROPERTY ACT**

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

Marital Status: Single  Married  Divorced  Legally Separated  Widowed

If married and living separate:

Spouse's name: \_\_\_\_\_

Spouse's address: \_\_\_\_\_

Notice to married applicants: 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.

Assessed Value of Home	Name(s) on Property Title	Date of Purchase	Year Property Built

Is this your primary residence?  Yes  No      Are the property taxes paid up to date?  Yes  No

What type of property is this?

Single Family     Multi-Family (# of units\_\_\_\_)     Mobile Home

Other \_\_\_\_\_

**LIST ALL DEBT AGAINST PROPERTY** (For Example: Mortgages, Lines of Credit, Judgments)

Name of Lender	Loan Number	Original Amount	Balance Due	Term (# of years)	Interest Rate	Type of Loan (WHEDA, VA, etc.)

Property Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Who is the heat provider? \_\_\_\_\_

What type of heat source is there in the rental unit?

Natural Gas     Electricity     LP     Oil     Wood

Who is your electricity provider? \_\_\_\_\_

Race, optional     American Indian/Alaskan Native     Native Hawaiian or Other Pacific Islander

Black or African American     Asian     White or Other Multi-Racial

Ethnicity, optional     Hispanic/Latino     Other \_\_\_\_\_

Are you a United States Citizen or a Qualified Alien?  Yes  No

Are you currently living in housing you consider adequate, safe and decent?  Yes  No

**HANDICAPPED ACCESS REQUEST**

Are you requesting handicapped access work?  Yes  No

# of Bedrooms: \_\_\_\_\_

# of Bathrooms: \_\_\_\_\_

Rehabilitation Desired:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFLICT OF INTEREST**

Do you have family or business ties to any of the following people?

If yes, disclose the nature of the relationship.

<b>Person</b>	<b>Not Related</b>	<b>Related</b>	<b>Relationship</b>
Joe Berghammer, Village President			
Dawn Nelson, Clerk/Treasurer			
Kevin Friederichs, Housing Committee Member			
Angela Grosskreutz, Housing Committee Member			
Tammy Jackson, Housing Committee Member			
Sam Crotteau, Housing Administrator			

*\*\* Elected/appointed officials, municipal employees or consultants involved in the decision-making processes of the program are not eligible to receive housing rehabilitation assistance through the program either for themselves, or those with whom they have family or business ties, during their tenure or for one year after.*

*\*\* In no case may the Grantee's Chief Elected Official receive a CDBG loan*

**READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.**

Check box that applies to you:

- Owner-occupied property
- Landlord property
- Tenant

I understand the Housing Rehab funds are offered as a loan payable upon resale or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note that I can pay any or all of the balance any time prior to resale of transfer of property.

**Read and initial statements below:**

- I understand the Village of Clayton Housing program will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on inspections (initial, progress and/or final), Village of Clayton reserves the right to deny funding.
- I understand I must carry homeowner's insurance on the property and keep the policy in force during the life of the loan.
- I understand the house I am rehabilitating must be weatherized not later than six (6) months from date of closing. Village of Clayton Housing program will assist me in identifying resources to weatherize my house, but I am responsible for ensuring the work is completed.
- I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.
- I authorize Village of Clayton Housing program to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility. I authorize the Housing Administrator to take initial, progress and final pictures of my property for the purposes of this loan.
- I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to Village of Clayton Housing program
- I understand the Housing Administrator is trained to determine what deficiencies fall under the program guidelines and I will accept the inspection notes regarding the deficiencies from the Housing Administrator. I understand and I will comply with the Housing Quality Standards as the guidelines for the loan. *(Please ask Housing Administrator to clarify Housing Quality Standards, if they are not clear)*
- I understand the Village of Clayton Housing program will not be a part of any remodel and other new/cosmetic construction project. The Village of Clayton will not pay for work that has already been started and completed. All the approved work through the Village of Clayton Housing program will need to be completed before any remodel work is started. No exceptions.
- Failure to comply with these conditions could result in the withdrawal of Village of Clayton participation or the recall of the full amount of Village of Clayton loan, plus interest, anytime during the application and construction process.

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**By my signature, I certify that all information I have given is true and correct to the best of my knowledge.**

Warning! Section 1001 of Title 18 of the US code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Misrepresentation of any information is grounds for ineligibility or termination.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the Village of Clayton 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.

This information will be for the confidential use of Village of Clayton Housing Administrator in determining my/our eligibility for a mortgage loan 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 the Village of Clayton Housing.

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
Last, First, M.I.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTICE TO BORROWERS:** This notice to you is required by the Right to Financial Private Act of 1978. The Department of Housing and Urban Development, 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 HUD, 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.

**VILLAGE OF CLAYTON HOUSING CDBG HOUSING PROGRAM**  
**VERIFICATION OF EMPLOYMENT**

To: \_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Employer's City, State, Zip

\_\_\_\_\_  
Employer's Phone number

Employee, \_\_\_\_\_, has applied for a housing rehabilitation loan through the Village of Clayton Housing Program. The program is for income eligible applicants. Please complete the information below so we can verify the applicant's financial eligibility.

You have my permission to release my income information to the Housing Administrator for the Village of Clayton Housing Program.

X \_\_\_\_\_  
Applicant's Name Date

=====  
Applicant - Do Not Write Below This Line  
=====

Present Position: \_\_\_\_\_

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

Probability of Continued Employment: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_: Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

If hourly wage, please indicate average hours/week: \_\_\_\_\_

Gross salary for past 13 weeks: \_\_\_\_\_

Projected gross salary for next 12 months (52 weeks): \_\_\_\_\_

Estimated Commission/Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Next wage increase amount: \_\_\_\_\_ Date for wage increase: \_\_\_\_\_

\_\_\_\_\_  
Authorized Employer Signature Title Date

Please return to: CDBG Program Administrator  
604 Wilson Avenue  
Menomonie, WI 54751

Enclosure: Stamped Addressed Return Envelope

**VILLAGE OF CLAYTON HOUSING CDBG HOUSING PROGRAM  
VERIFICATION OF EMPLOYMENT**

To: \_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
Employer's City, State, Zip

\_\_\_\_\_  
Employer's Phone number

Employee, \_\_\_\_\_, has applied for a housing rehabilitation loan through the Village of Clayton Housing Program. The program is for income eligible applicants.

Please complete the information below so we can verify the applicant's financial eligibility.

You have my permission to release my income information to the Housing Administrator for the Village of Clayton Housing Program.

X \_\_\_\_\_  
Applicant's Name Date

**Applicant - Do Not Write Below This Line**

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Present Position: \_\_\_\_\_

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

Probability of Continued Employment: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_: Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

If hourly wage, please indicate average hours/week: \_\_\_\_\_

Gross salary for past 13 weeks: \_\_\_\_\_

Projected gross salary for next 12 months (52 weeks): \_\_\_\_\_

Estimated Commission/Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Next wage increase amount: \_\_\_\_\_ Date for wage increase: \_\_\_\_\_

\_\_\_\_\_  
Authorized Employer Signature Title Date

Please return to: CDBG Program Administrator  
604 Wilson Avenue  
Menomonie, WI 54751

Enclosure: Stamped Addressed Return Envelope

**VILLAGE OF CLAYTON CDBG HOUSING PROGRAM  
VERIFICATION OF MORTGAGE**

Applicant: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
Bank or Mortgagee's Name: \_\_\_\_\_  
Bank or Mortgagee's Address: \_\_\_\_\_  
Bank or Mortgagee's Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_

I hereby authorize mortgagee to furnish Village of Clayton CDBG Housing Program the following information.

\_\_\_\_\_  
Name, \_\_\_\_\_ Date

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

**Applicant - Do Not Write Below This Line**

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Original Mortgage Amount: \_\_\_\_\_ Date of Mortgage: \_\_\_\_\_

Present Balance: \$ \_\_\_\_\_ Date of Maturity: \_\_\_\_\_

Installments: Principal & Interest: \$ \_\_\_\_\_  
Mortgage and/or Property Insurance: \$ \_\_\_\_\_  
Taxes: \$ \_\_\_\_\_  
Total Monthly Payment: \$ \_\_\_\_\_

Are Payments Current? \_\_\_\_\_ Yes \_\_\_\_\_ No (Explain Amount and Period):

\_\_\_\_\_

Number of Late Payments (30 Days), If Any: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mortgagee Title Date

Please return to: CDBG Program Administrator  
604 Wilson Avenue  
Menomonie, WI 54751

VILLAGE OF CLAYTON CDBG HOUSING PROGRAM

PAMPHLET RECEIPT FORM

- I have received a copy of the EPA pamphlet entitled “Renovate Right, Important Lead Hazard Information for Families, Child Care Providers, and Schools.”
- I have received a copy of the EPA pamphlet entitled “Protect Your Family From Lead in Your Home.”
- I have received a copy of the Smoke Alarm and Carbon Monoxide safety flyer published by Wisconsin Department of Commerce.
- I have received a copy of the Right to Cure pamphlet entitled “Wisconsin’s Framework for Successful Communications Between Consumers and Contractors.”

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**VILLAGE OF CLAYTON CDBG HOUSING PROGRAM**

**HOMEOWNER REHAB PROCESS OVERVIEW**

I have received a copy of the Homeowner Rehabilitation Process Overview.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY**

*Failure to complete the questionnaire in its entirety will delay processing the loan application.*

**Income Information:** Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months. Also provide supporting documentation such as statements.

1.	Y	N	<b>Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation</b> Name of Employer: _____ Phone #: _____ Mailing Address: _____  Name of Employer: _____ Phone #: _____ Mailing Address: _____  Name of Employer: _____ Phone #: _____ Mailing Address: _____
2.	Y	N	<b>Self-employed (List the nature of self-employment) Will need copies of last 3 years of Federal 1040 with Schedule C attached</b>  Name of Business: _____ Phone #: _____ Mailing Address: _____
3.	Y	N	<b>Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home</b>  Gross Amount: _____
4.	Y	N	<b>Unemployment benefit and/or Worker's Compensation.</b> <i>Send copy of benefit statement and copy of check</i>  Gross Amount: _____
5.	Y	N	<b>Veteran's Administration, GI Bill, or National Guard/Military benefits/income.</b> <i>Send copy of benefit statement and copy of check</i>  Gross Amount: _____

6.	Y	N	<b>Social Security payments. Send copy of benefit statement</b>
Gross Amount: _____			
7.	Y	N	<b>Unearned income from family members age 17 and under (example: Social Security, Trust Fund disbursements, etc.)</b>
Gross Amount: _____			
8.	Y	N	<b>Supplemental Security Income (SSI). Send copy of benefit statement</b>
Gross Amount: _____			
9.	Y	N	<b>Disability or death benefits other than Social Security. Send copy of statement</b>
Gross Amount: _____			
10.	Y	N	<b>Public Assistance (examples: TANF, AFCD, W2) Send copy of statement</b>
Gross Amount: _____			
11.	Y	N	<b>Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies, or lottery winnings. Send copy of statement</b>
Gross Amount: _____			
12.	Y	N	<b>Income from real or personal property; ie: interest or dividends Send copy of statement</b>
Gross Amount: _____			
13.	Y	N	<b>Alimony/spousal maintenance payments Send copy of statement</b>
Gross Amount: _____			

<b>14.</b>	<b>Y</b>	<b>N</b>	<b>I am entitled to receive Child Support Payments. Send copy of statement</b>
		<input type="checkbox"/>	I am currently receiving child support payments
		<input type="checkbox"/>	I am not receiving any child support payments but it is court ordered that I do.
		<input type="checkbox"/>	I am not pursuing the payments for the following reasons: .....
		<input type="checkbox"/>	I am making efforts to collect the child support owed to me. Please list the efforts you are making: ..... .....
<b>15.</b>	<b>Y</b>	<b>N</b>	<b>Section 8 rental assistance. Send copy of statement</b> Gross Amount: .....
<b>16.</b>	<b>Y</b>	<b>N</b>	<b>Income from a source other than those listed above. Send copy of statement</b> Gross Amount: .....

**Asset Information:** Identify each asset, its value, and rate of interest currently held by the household. Also provide supporting documentation such as statements.

17.	Y	N	<b>Checking account(s)</b>	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
	Y	N	<b>Checking account(s)</b>	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
18.	Y	N	<b>Savings account(s)</b>	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
18.	Y	N	<b>Savings account(s)</b>	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
19.	Y	N	<b>Certificates of Deposit (CD) or Money Market Accounts</b>	
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
20.	Y	N	<b>Revocable Trust(s)</b>	Provide documentation
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				

21.	Y	N	<b>Real Estate - Do you own rental property or land?</b> <span style="color: red;">Include copies of property taxes</span>
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:
<hr/>			
22.	Y	N	<b>Stocks, Bonds, or Treasury Bills</b> <span style="color: red;">Provide documentation</span>
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:
<hr/>			
23.	Y	N	<b>IRA/Lump Sum Pension/Retirement/Keogh/401K, etc.</b> <span style="color: red;">Provide documentation</span>
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:
<hr/>			
24.	Y	N	<b>Whole Life Insurance Policy</b>
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:
<hr/>			
25.	Y	N	<b>More than \$500 cash on hand</b>
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:

26.	Y	N	<p><b>Income from assets or sources other than those listed above</b>  <b>Send copies of statements for the last 6 months</b></p> <p>Name on Account: _____</p> <p>Name of Bank: _____</p> <p>Phone #: _____</p> <p>Mailing Address: _____</p> <p>Cash _____</p> <p>Value/Balance: _____</p>
27.	Y	N	<p><b>Safe Deposit Box: list contents</b></p> <p>Name on Account: _____</p> <p>Name of Bank: _____</p> <p>Phone #: _____</p> <p>Mailing Address: _____</p> <p>Cash _____</p> <p>Value/Balance: _____</p>
28.	Y	N	<p><b>Disposed of assets (ie. Gave away money/assets) for less than fair market value in the past 2 years (ie: land or 2nd home, etc.)</b></p> <p>Name on Account: _____</p> <p>Name of Bank: _____</p> <p>Phone #: _____</p> <p>Mailing Address: _____</p> <p>Cash _____</p> <p>Value/Balance: _____</p>

## **APPLICANT'S AUTHORIZATION TO TERMS AND CONDITIONS**

You have completed an application for rehabilitation assistance through the Village of Clayton's Community Development Block Grant (CDBG) program for your property at \_\_\_\_\_.  
Before any work may begin, we want to be certain that you understand the application process and that you understand your responsibilities before we proceed with the rehabilitation work on your home/property.

Please read each statement below carefully and initial each line. By initialing and signing below, you are stating that you understand and agree to the terms and conditions outlined below. This authorization form will become part of your file. A copy of this document will be given to you for your records.

1. I understand that the CDBG loan will be deferred at 0% interest for as long as I occupy the property as my primary residence and agree to and re-record and pay for the re-recording of the mortgage after 30 years. \_\_\_\_\_
2. I understand that unforeseen cost may be incurred which may increase the cost of the project if contractors discover code violations in the process of bringing the home up to standards that could not be documented in the original inspection (i.e. contractor removes drywall and in the process, discovers mold or code violations behind the walls that must be addressed.) I understand any additional items that are discovered through the rehabilitation process that are unsafe must be correct and I agree to sign additional mortgage(s) to cover these unforeseen costs. \_\_\_\_\_
3. I understand that if unforeseen or unexpected conditions arise that would delay my project, I will be notified. \_\_\_\_\_
4. With reasonable notice, Grantee's Name, Division of Energy, Housing and Community Resources (DEHCR), and applicable assignees reserve the right to enter and inspect any in-progress or completed project. \_\_\_\_\_
5. Village of Clayton's staff and housing administrator must have access to all areas of the home at the time of inspection. Rooms should not be shut off to Village of Clayton's staff for any reason, including sleeping family member(s). Contractors must have access to the home to complete the contracted work. \_\_\_\_\_
6. I understand that household pets must be controlled at all times. If the Village of Clayton Housing Administrator believes that any pet acts aggressively or is dangerous, the pet must be contained or removed from the home for the safety of Clayton staff and the contractors. If the pet is not contained or removed, the Clayton's staff and/or the contractor will leave the premises without completing the scheduled work and may result in the cancellation of the project. \_\_\_\_\_
7. I understand and agree to keep the premises free of all hazards. All improperly stored chemicals, combustible materials, or other fire hazards that present a danger to the inspector and/or contractor(s) must be removed. The home should also be free of maintenance or housekeeping practices that limit the access of the contractors to the dwelling or create an unhealthy work environment (i.e. animal feces or raw sewage in the home). If this is not completed, the project may be cancelled. \_\_\_\_\_
8. I understand that after receiving notification from Clayton's Housing Program, that the Village of Clayton reserves the right to cancel a project at any time with reason. Reasons for cancellation may include, but are not limited to: work exceeding the original allocation, loss of funding, failure of homeowner to comply with the terms of the funding and/or contract, the homeowner or property has been determined to be ineligible for funding. \_\_\_\_\_
9. I understand that I or any other members of the household, relatives, friends... etc may not engage in any abusive behavior towards contractors, subcontractors, or Clayton's staff. "Abusive behavior" includes, but is not limited to, kicking Clayton's staff or contractors off of the property, use of profanity, yelling or any threatening or intimidating actions. Violation of the provision may result in cancellation of the project. Any costs incurred at that point will be the responsibility of the homeowner. \_\_\_\_\_

10. I understand that in matters concerning the selection of paint colors, types of fixtures and other items not involving a change in the specifications of work write-up, the choice will be mine and I will deal directly with the contractor. \_\_\_\_\_
11. I understand and agree that it will be necessary to allow authorized personnel to take pictures before, during (if an interim inspection is performed) and after the home rehabilitation process. The Village of Clayton's Housing Administrator will inspect the work in progress and upon completion, in order to assure that work meets the specifications. \_\_\_\_\_
12. I understand and agree that I will NOT make any changes to the work write-ups or specification without prior written approval of the CDBG administrator. Any changes without prior approval will be the responsibility of the homeowner. \_\_\_\_\_
13. I understand and agree that I cannot perform any rehabilitation or renovation work on my property during the CDBG project until all work has been completed. If I perform any rehabilitation or renovation outside the Clayton's scope of work during the project, my project may be deemed ineligible and all cost including labor and materials incurred will become my responsibility. The Village of Clayton or the CDBG program will not be held liable to correct any mistakes that may occur during my renovation. I further understand that work may cease until I complete my own renovation work. The only exception, with prior written authorization of Clayton is if I, the homeowner, am licensed to conduct a specific type of activities, such as a licensed electrician. \_\_\_\_\_
14. I understand that I must maintain my homeowner's insurance, remain current on my property taxes during the entire period that the lien is in place against my property and will not transfer title of the property. \_\_\_\_\_
15. I understand that if my house was built prior to 1978, a lead base paint clearance test may be completed at the end of my rehabilitation project based on the scope of work completed. The lead clearance test is to ensure that no lead hazards exist, following the completion of the rehabilitation project. I understand that I will receive a copy of the clearance report. \_\_\_\_\_
16. I understand that if disputes arise, that it may delay my project completion date. \_\_\_\_\_
17. I understand payment(s) will be made in the form of a single party check made out to the Contractor. I understand that authorization must be made by myself, the homeowner, for release of funds to the Contractor by signing the payment request form. \_\_\_\_\_
18. I agree that should disputes concerning payment to contractors arise, final determination will be made the CDBG Administrator at Clayton, and I agree to abide by the decision of the administrator. \_\_\_\_\_

I have read, I understand, and accept all the Terms and Conditions as outlined above.

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Print Name

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Owner Signature

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Date

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Print Name

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Owner Signature

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Date

**PLEASE INCLUDE A FLOOR PLAN DRAWING OF YOUR HOME**

(Use the space below and attached blank pages)

