



## WAUSAU/HOME RENTAL REHABILITATION PROGRAM APPLICATION

All information provided is confidential, ownership, management, financial and tenant information is required by program for eligibility.

Applicant(s) Name: \_\_\_\_\_

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

Rental Property Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SS# or Fed Id #: \_\_\_\_\_

Property Owners as shown on deed:

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

Mortgage (land contract) Holder:

Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other liens or judgements on property:

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

Please provide a copy of the following:

- Copy of latest property tax bill
- Proof of Insurance
- Copy of Deed
- \* Property cash flow documentation
- \* Mortgage balance documentation
- \* Completed tenant profiles

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-applicant

\_\_\_\_\_  
Date

## RENTAL UNIT INFORMATION

RENTAL UNIT	# OF BEDROOMS	CURRENT RENT	PREVIOUS RENT IF CHANGED IN THE LAST 12 MONTHS	Months Vacant in last 12 mo
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____
#5	_____	_____	_____	_____
#6	_____	_____	_____	_____

Unit #	Length of Tenure	Family Name	Phone #
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____
#5	_____	_____	_____
#6	_____	_____	_____

Utilities Paid by Owner

#1 _____
#2 _____
#3 _____
#4 _____
#5 _____
#6 _____

Utilities Paid by Tenant

#1 _____
#2 _____
#3 _____
#4 _____
#5 _____
#6 _____

TENANT CERTIFICATION



This form **must** be completed for **each** occupied unit.

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

Property Address \_\_\_\_\_ Apt# \_\_\_\_\_

Tenant Name(s) \_\_\_\_\_ Phone# \_\_\_\_\_

Term of Residence in Building \_\_\_\_\_ Lease Expiration Date \_\_\_\_\_

Present Monthly Rent \_\_\_\_\_ **Annual Household Income** \_\_\_\_\_

Total Rooms: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ #Bathrooms \_\_\_\_\_

**UTILITIES Paid by:**

Heat:            \_\_\_ tenant \_\_\_ landlord            Electricity:    \_\_\_ tenant    \_\_\_ landlord

Water/Sewer:  \_\_\_ tenant \_\_\_ landlord            Hot water:     \_\_\_ tenant    \_\_\_ landlord

**HOUSEHOLD CHARACTERISTICS:**

# Persons in Household \_\_\_\_\_ Age (Head of Household) \_\_\_\_\_ Sex: M F

	<u># Male</u>	<u># Female</u>	<u>Race (family)</u>
Under 7 years	_____	_____	Black White Asian Native American
7-17 years	_____	_____	Pacific Islander Other
18-62 years	_____	_____	<u>Ethnic Background (family)</u>
Over 62 years	_____	_____	Hispanic Other

\*\*Has any of your children been diagnosed with Elevated Blood Levels due to Lead Based Paint? \_\_\_\_\_ If so, how long ago and have they been retested? \_\_\_\_\_

**TENANT CERTIFICATION**

I certify that the above information is correct and accurate to the best of my knowledge. Any person(s) making false statements regarding income, occupancy, or any other relevant information in this re-certification could be subject to prosecution for the crime of False Swearing and subject to a penalty of up to \$10,000, up to five years imprisonment, or both.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date