



NHS of Southwest Wisconsin, Inc.
CDBG-EAP 2018 Service Agreement
 125 E. Seminary St. Richland Center, WI 53581
 608-647-4949
 Fax 608-647-8792

Service Agreement

I/We have applied for service through NHS of Southwest Wisconsin, Inc. in connection with the CDBG-EAP Flood Grant 2018, if granted, I/We understand that NHS will be inspecting my/our property and to some extent, acting as a technical assistant and consultant in the repair or rehabilitation of my/our home which is located at:

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Owner's Responsibilities

I/We understand that notwithstanding the services NHS provides, it is my/our responsibility to approve specifications, review the bids and select a contractor (subject to NHS approval) to sign the contracts and change orders and to approve the payout. I/We further understand that NHS will hold all funds. Disbursement will be subject to my/our and NHS's authorization.

I (We) acknowledge that I/we have been advised that I/We should inspect that work as frequently as possible, and discuss with the contractor or NHS personnel, any difficulties or poor workmanship observed.

NHS's Role

- A. By reason of the expertise of the NHS rehab staff, I/We understand that NHS may from time to time make suggestions to me/us regarding the progress of the work, and if I/we are not available, occasionally be required to deal directly with contractors.
- B. I/We understand that in conventional repair loans, lenders do not necessarily make thorough work-in-progress inspections and that NHS provides these services to me/us for our protection. However, these services are not a guarantee of any type, and do not make NHS responsible for the quality of the work, or responsible for any worker's performance.
- C. I/We understand that the staff of NHS cannot be personally available for all inspections of each segment of the work performed on the construction site and that both NHS and its employees, members, officers, and directors will reasonably rely on the competence and skill of each individual contractor as is normal in the course of such business negotiations, transactions and execution of the contracts.
- D. If I/We request additional work or work that deviates from the Work Specifications, I/We will contact the NHS Rehab Coordinator. The request will either be approved and a change order issued, or denied. If denied, I/We may enter into a separate contract with the contractor for that work once the EAP Contract is complete.

NHS's Emergency Authority

I/We authorize the staff of NHS of Southwest Wisconsin, Inc. to issue emergency orders and/or instructions in the event that the NHS Development Coordinator is available to observe the work-in-progress and can anticipate that, without authority to issue such instructions, the work about to be done will substantially alter the intentions, violate the specifications, or damage the property of the homeowner as set forth in the contract.

Upon the issuance of such order of instructions, the NHS Development Coordinator will contact the homeowner and the general contractor or subcontractor most directly responsible for the work in question, as quickly as possible. All parties will examine and approve the work in question before it proceeds.

General Provisions

- A. I/We further agree to hold harmless and indemnify NHS of Southwest Wisconsin, Inc., its funding sources, employees, members, officers, and directors, in connection with acts performed by them, which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection and other related activities.
- B. I/We authorize the staff of NHS of Southwest Wisconsin, Inc. to obtain or provide specific reports, such as personal credit reports, property title searches, property tax inquiries, building code inspection reports, property appraisals, repair specifications, cost estimates, contractor bids, and such other reports deemed necessary to perform its functions.

 Owner

 Owner

 Date

CDBG-EAP Emergency Assistance Program Application

Project No.
F18-

APPLICANT NAME (LAST, FIRST, MI) Name/Address/phone# of Employer:		SOCIAL SECURITY NO.* ____ - ____ - ____ DOB ____/____/____		Telephone number to reach you from 8:30-4:30 M-F 608/_____
CO-APPLICANT NAME (LAST, FIRST, MI) Name/Address/phone# of Employer:		SOCIAL SECURITY NO.* ____ - ____ - ____ DOB ____/____/____		DATE OF LOSS August 17, 2018 through September 14, 2018
7. DAMAGED PROPERTY ADDRESS		8. CURRENT MAILING ADDRESS IF DIFFERENT		
COUNTY NAME <input type="checkbox"/> RICHLAND	<input type="checkbox"/> OWNER-OCCUPIED <input type="checkbox"/> RENTAL UNIT AGE OF DWELLING: ____	TYPE OF PROPERTY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER	APPLICANT'S PRIMARY RESIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO	IS DWELLING IN 100 YR. FLOODPLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have Flood Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Name of Insurance Provider:

* Providing your social security number is not mandatory. Sole use is to ensure accurate application identification.

FINANCIAL INFORMATION

Total value of assets (collectables, artwork, jewelry, etc.) \$ _____

ASSESSED PROPERTY VALUE	NAME(S) AS ON PROPERTY TITLE	PROPERTY HELD IN <input type="checkbox"/> FEE SIMPLE/MORTGAGE <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/> OTHER _____
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GROSS MONTHLY INCOME: Income includes, but is not necessarily limited to, income from all gross wages, salaries, commissions; net income from self-employment, net income from the operation of real property; interest and dividend income; social security, SSI, pensions, AFDC, alimony, child support, and other benefit income.

MONTHLY EMPLOYMENT INCOMES AND COMMISSIONS	\$ _____
MONTHLY DIVIDENDS/INTEREST	\$ _____
MONTHLY NET RENTAL INCOME	\$ _____
MONTHLY OTHER INCOME (ALIMONY, SSI, CHILD SUPPORT, etc)	\$ _____
MONTHLY ALIMONY AND CHILD SUPPORT PAID OUT	\$ -
TOTAL GROSS MONTHLY INCOME	\$ _____

Office Use Only

FUNDS APPLIED FOR AND/OR RECEIVED FROM:				
Small Business Administration (SBA)	__ Applied	\$ _____ RECEIVED	__ PENDING	__ DENIED
Individual and Family Grant (IFG)	__ Applied	\$ _____ RECEIVED	__ PENDING	__ DENIED
State/Local	__ Applied	\$ _____ RECEIVED	__ PENDING	__ DENIED
Banks	__ Applied	\$ _____ RECEIVED	__ PENDING	__ DENIED
Insurance	__ Applied	\$ _____ RECEIVED	__ PENDING	__ DENIED
Other (ATTACH SEPARATE SHEETING EXPLAINING)				

CHECK/CIRCLE DATA WHICH APPLIES

Race/Ethnicity of Head of Household (optional) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Balance/Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	Size of Household _____ Adult(s) _____ Children (under 18 years of age)	Head of Household <input type="checkbox"/> Elderly (>62) <input type="checkbox"/> Single/Non Elderly <input type="checkbox"/> Single Parent <input type="checkbox"/> Related Parent <input type="checkbox"/> Other <input type="checkbox"/> Vacant
	Are you a U. S. Citizen? Y / N ?	

CONFLICT OF INTEREST

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

If **yes**, disclose the nature of the relationship.

Names of covered persons	Relationship	Names of covered persons	Relationship
Jeanetta Kirkpatrick		Donald Seep	
Darin Gudgeon		Richard D McKee	
Victor Vlasak		Marty Brewer	
Julie Keller		Melissa Luck	
Derek Kalish		Gary A Peters	
James D Huffman		Garry Manning	
Buford Marshall		Marc Couey	
Linda Gentes		Steve Williamson	
David Turk		Jayne Walsh	
Kerry Severson		Larry Sebranek	
Bradley Wegner		Chad Cosgrove	
Edward Pulvermacher		Shaun Murphey Lopez	

CDBG-Emergency Assistance Program (CDBG_EAP) Housing Assistance

**Eligible Activities for items damaged as
a result of Aug. 17- Sep.14, 2018 flooding.**

In general, CDBG-EAP activities include: repair, restoration and/or replacement of housing elements, and must be in direct response to disaster damage.	
Eligible Activities	Ineligible Activities
Furnace and water heater	Repairs covered by insurance or other state or federal grant assistance
Repair of sewer and water laterals from the lot line to the dwelling unit	Additions or finishing of unfinished spaces, cosmetic repairs
Well and septic systems repair	Repairs to driveways or other means of ingress and egress (unless related to accessibility)
Repair and replacement of structural components.	Appliances, furnishings, or personal property
Electrical	Cleaning, moving/storing household items
Demolition of hazardous structures	Any work on out buildings, detached garages, secondary or vacation homes.
Acquisition/demolition/relocation	Structurally unsound properties will not be repaired
Flood mitigation for home	Repair/replacement of patios, plantings, etc.

PRIVACY ACT STATEMENT

Routine Uses: The information will be given to agencies from which you are seeking assistance. It may also be shared with insurers of your damaged property along with other disaster assistance providers and State and Federal agencies to ensure benefits are not duplicated and in order to monitor compliance with state and federal regulations.

Mandatory or Voluntary Disclosure: Giving us this information is voluntary; however, failure to give us the information may result in a delay or rejection of your request for disaster assistance.

NON-DISCRIMINATION STATEMENT

Federal law requires that disaster aid be given in a fair and impartial manner, without discrimination on the grounds of race, color, religion, nationality, sex, age, handicap, or familial status.

MARITAL PROPERTY AGREEMENT

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.

APPLICANT’S STATEMENT AND RELEASE

By my signature I certify that I have read and understand all statements in this application:

- All information I have given is true and correct to the best of my knowledge.
- This is the only CDBG-EAP Disaster application submitted for the property described in this application.
- I will return any disaster aid money I receive from the State of Wisconsin or any other source if I receive insurance or other money for the same loss.
- I am the legal owner of the property described on this application:

I understand that if I intentionally make false statement or conceal any information in an attempt to obtain disaster aid, it is a violation of Federal and State laws that carry severe criminal and civil penalties.

I authorize **the local unit of government and NHSSW Inc.** to verify all information given by me about my property, income, employment, and dependents in order to determine my eligibility for disaster aid; and

I authorize and direct all custodians of records of my insurance company, employer, and public or private agency, bank, financial institution or credit data service to release information to the **local unit of government and NHSSW Inc.** upon request.

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

I have read, or had read to me, the above information, and I understand it.:

Owner Signature / Date: _____

Co-Owner Signature / Date: _____

LEAD-BASED PAINT PAMPHLET RECEIPT:

I have received a copy of the EPA pamphlet entitled “**Protect Your Family from Lead in Your Home**”.

Signature of Applicant

Date

Signature of Applicant

Date