



**NHS of Southwest Wisconsin, Inc.**  
**Homeowner Rehab Application**  
 125 E. Seminary St. Richland Center, WI 53581  
 608-647-4949  
 Fax 608-647-8792

**Service Agreement**

I/We have applied for a loan or lending service through NHS of Southwest Wisconsin, Inc. in connection with this loan, if granted, I/We understand that there must be sufficient equity in the home and 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 loan funds in escrow pursuant a separate Escrow Agreement. 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.

I/We understand that I/We will add NHS of Southwest Wisconsin, Inc. as a lien holder on my/our Homeowners' insurance policy.

**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. I/We understand that NHS will charge for these technical services and that I/we will pay charges normally associated with borrowing, such as interest service charges, title changes, recording fee, and the like made by the lender.
- 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.

**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 Rehab 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 Rehab 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

## APPLICANT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Disabled  Veteran

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**You are not required to answer the questions below. If you choose not to answer them, please check this box.**

**Sex of Applicant:** M/F      **Head of Household:** M/F      **Education:**  None  Primary  High School Degree or GED  
**Race:**  Hispanic  Black  White  Asian       College  Graduate school  Vocational school  
 Native American  Other  Multiple Heritages (please list) \_\_\_\_\_

**Marital Status:**     Married     Single     Divorced     Separated     Widowed

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the US Department of Agriculture (USDA) that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

**Employer's Name (Applicant):** \_\_\_\_\_ Start Date: \_\_\_\_\_  Self-employed

Address: \_\_\_\_\_ Employer Phone number: \_\_\_\_\_

Income: \$ \_\_\_\_\_ per hour. If not hourly \$ \_\_\_\_\_ weekly / bi-monthly / monthly (Circle one)

Average hours worked per normal week: \_\_\_\_\_  Overtime offered? How many hours per week \_\_\_\_\_

Previous employment if less than 2 years: \_\_\_\_\_

**Social Security or Disability:**    \$ \_\_\_\_\_ Per Month      **Unemployment:**    \$ \_\_\_\_\_ Per Month

**Pension and/or Annuity:**        \$ \_\_\_\_\_ Per Month

## CO-APPLICANT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  Disabled  Veteran

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**You are not required to answer the questions below. If you choose not to answer them, please check this box.**

**Sex of Applicant:** M/F      **Head of Household:** M/F      **Education:**  None  Primary  High School Degree or GED  
**Race:**  Hispanic  Black  White  Asian       College  Graduate school  Vocational school  
 Native American  Other  Multiple Heritages (please list) \_\_\_\_\_

**Marital Status:**     Married     Single     Divorced     Separated     Widowed

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the US Department of Agriculture (USDA) that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

**Employer's Name (Co-Applicant):** \_\_\_\_\_ Start Date: \_\_\_\_\_  Self-employed

Address: \_\_\_\_\_ Employer Phone number: \_\_\_\_\_

Income: \$ \_\_\_\_\_ per hour. If not hourly \$ \_\_\_\_\_ weekly / bi-monthly / monthly (Circle one)

Average hours worked per normal week: \_\_\_\_\_  Overtime offered? How many hours per week \_\_\_\_\_

Previous employment if less than 2 years: \_\_\_\_\_

**Social Security or Disability:**    \$ \_\_\_\_\_ Per Month      **Unemployment:**    \$ \_\_\_\_\_ Per Month

**Pension and/or Annuity:**        \$ \_\_\_\_\_ Per Month

Total number of people living in the home: \_\_\_\_\_

List **all** the people living in the Home at least 50% of the time including children and their income:

Typical income sources: SSI, Disability, Job, Child Support, Alimony, Retirement, Pension, Interest, Self-Employment

Name	Disabled	Full Time Student	Birthdate & Age	Relationship	Income	Source of Income
	<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	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any children living in your home six years of age or younger? YES NO

If YES, have they had their Blood Lead Level tested? YES NO

If YES, is their Blood Lead Level Elevated? YES NO

### PROPERTY INFORMATION AND PURPOSE OF LOAN

Title to Property in Name(s) of: \_\_\_\_\_ Year Built: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Term (Years): \_\_\_\_\_ Interest Rate: \_\_\_\_\_%

Mortgage Holder: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Yearly Taxes: \$ \_\_\_\_\_ Yearly Insurance: \$ \_\_\_\_\_

Taxes and insurance included in monthly payment? Y/N
--

Homeowner's Insurance Agent/Agency \_\_\_\_\_

Repairs requested: \_\_\_\_\_

### Household Income and Asset Disclosure

**You are required to report the earned and unearned income and assets of all adults (over 18) who live in your home as their primary residence.** Households are not required to spend down assets before they can participate in the NHS Homeowner Rehab program. Income from assets is, however, recognized as part of the household's annual income. In general, an asset is a cash or non-cash item that can be converted to cash.

File federal income taxes?	Yes / No	If yes, include copy of last year's federal income tax form with all schedules. (Last 3 years if self-employed).
Employed?	Yes / No	If yes, include copies of last 3 months paycheck stubs.
Social Security Income?	Yes / No	If yes, include copy of benefit letter for current year.
Disability Income?	Yes / No	If yes, include copy of benefit letter for current year
Pension / Annuity Income?	Yes / No	If yes, include copy most recent benefit letter
Pay Alimony?	Yes / No	If yes, include copy of judgement.
Receive Alimony?	Yes / No	
Pay Child support?	Yes / No	If yes, include copy of judgement.
Receive Child support?	Yes / No	
Unemployment Compensation?	Yes / No	If yes, include copy of claim information from DWD
Stocks, bonds, other investments?	Yes / No	If yes, include copy most recent statement for all accounts
Retirement, 401K, IRA, other?	Yes / No	If yes, include copy most recent statement for all accounts
Life insurance with cash value?	Yes / No	If yes, include documentation from insurance company
Trust with cash value?	Yes / No	If yes, include documentation

**Checking and/or savings accounts?**

List Checking and/or Savings Account:	Balance	Name of: Bank, S&L or Credit Union	Address of: Bank, S&L or Credit Union

Do you own real estate other than your primary residence, such as rental property, second home, land, etc.?  
Yes / No If yes, list all below:

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

Do you hold personal property as in investment such as gems, jewelry, art, collections, antique cars, etc.?  
Yes / No If yes, list all below:

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

Have you received lump sum receipts, including inheritance, capital gains, lottery winnings, insurance settlements, etc.? Yes / No If yes, list all below:

Payout Amount	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

**Liabilities and Pledged Assets.**

List the creditor's name address for all home loans, outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use backside of sheet, if necessary.

LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance
<b>Name and Address of Company</b>  <input type="checkbox"/> Jointly <input type="checkbox"/> Not Jointly	\$ Payment/Months	
<b>Name and Address of Company</b>  <input type="checkbox"/> Jointly <input type="checkbox"/> Not Jointly	\$ Payment/Months	
<b>Name and Address of Company</b>  <input type="checkbox"/> Jointly <input type="checkbox"/> Not Jointly	\$ Payment/Months	
<b>Alimony/Child Support Payments</b>		

## PLANNED EXPENSES AND PAYMENTS

PART 1A – EXPENSES	MONTHLY \$	PART 1B - DEBT PAYMENTS	MONTHLY \$
FOOD:		PLANNED CREDIT PURCHASES: <i>(Furniture appliances, etc.)</i>	
CLOTHING:		HOUSE PAYMENT:	
MEDICAL: <i>(not long term) (Doctor, eyeglasses, medications, etc.)</i>		CAR/TRUCK:	
PERSONAL: <i>(Beauty shop, barber, liquor, cigarettes, newspaper, magazines, etc.)</i>		CAR/TRUCK:	
HOUSEHOLD: FUEL: _____ ELECTRICITY: _____ TELEPHONE: _____ CABLE TV: _____ WATER AND/OR SEWER: _____ OTHER: _____	_____ _____ _____ _____ _____	OTHER VEHICLES, EQUIPMENT AND DEBT: (LIST) OTHER: <i>(Credit card, _____ Medical, installment _____ Loans, personal debts, _____ Other real estate, etc.) _____</i>	_____ _____ _____ _____
HOME REPAIR AND MAINTENANCE: <i>(Appliances, paint, yard, etc.)</i>		<b>TOTAL PART 1B:</b>	
EDUCATION: <i>(Tuition, books, supplies, fees, lunches, etc.)</i>		<b>TOTAL PART 1A:</b>	
GIFTS: <i>(Holidays, birthdays, charity, church, etc.)</i>		<b>TOTAL PART 1A &amp; 1B</b>	
RECREATION: <i>(Dining, entertainment, sport, vacation, hobby, etc.)</i>		<b>PART 2 - HOUSEHOLD INCOME</b>	
MISC POCKET EXPENSES: <i>(Sodas, lunches, allowances, etc.)</i>		APPLICANT/BORROWER: <i>(Wages, tips, overtime, etc.)</i>	
CAR: <i>(Gas, tires, repairs, license, etc.)</i>		CO-APPLICANT/CO-BORROWER: <i>(Wages, tips, overtime, etc.)</i>	
INSURANCE: REAL ESTATE: _____ AUTO(S): _____ HEALTH & LIFE: _____	_____ _____ _____	NET BUSINESS & OTHER INCOME: <i>(Social Security, retirement, alimony, child support, VA, public assistance, other income, rental income, etc.)</i>	
TAXES: REAL ESTATE: _____ PERSONAL PROPERTY: _____	_____ _____	<b>TOTAL INCOME:</b>	
UNION OR PROFESSIONAL DUES:		<b>TOTAL HOUSEHOLD INCOME SUMMARY</b>	
CHILD CARE: <i>(Daycare, baby-sitting, etc.)</i>		<b>A. TOTAL INCOME FROM PART 2:</b>	
CHILD SUPPORT/ALIMONY: <i>(Paid out)</i>			
PLANNED CASH PURCHASES: <i>(Furniture, appliances, etc.)</i>		<b>B. TOTAL EXPENSES AND DEBT (TOTAL PART 1A + 1B)</b>	
OTHER:		<b>D. BALANCE (A minus B)</b>	
<b>TOTAL PART 1A:</b>			

## Declarations

**If you mark the box for “Yes” to any questions “A” through “G”, please explain in the space provided below. If answer is “No”, leave box unmarked.**

	Applicant #1	Applicant #2
A. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you been discharged in bankruptcy within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you directly or indirectly been obligated on any loan in the last 7 years, which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? <i>(This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, and manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If “Yes” provide details, including date, name, and address of Lender, FHA, or VA case number, if any, and reasons for the action.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligation, bond, or loan guarantee? If “Yes” give details as described in d above.	<input type="checkbox"/>	<input type="checkbox"/>
F. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
G. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>

Will you occupy the property as your primary residence?  Y  N | Have you had owned a home in the last three years?  Y  N

**Please explain any “Yes” answers to questions A through G in this space:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Conflict of Interest

- |               |                 |                |                 |
|---------------|-----------------|----------------|-----------------|
| Tammy Clausen | Michael Kaufman | Michael Starks | Rachel Cox      |
| Thomas Gainor | Cathy Lins      | Laura Melby    | Johnnie Hawkins |
| Kari Honer    | Ray Schmitz     | Richard McKee  | Brian Moore     |
|               | Judy Nutter     | Barry Ziegahn  | Tamekia Keys    |
|               |                 |                | Andrea Lippens  |

I have reviewed the above list of persons involved with or associated with NHS. (Please check one of the below.) The definition of family means: Spouse, Fiancée, Children and children-in-law, Brothers and brothers-in-law, Sisters and sisters-in-law, Parents and parents-in-law, and anyone who receives more than 50% of their support from the person (e.g., adopted child, foster child). The definition of business relationship means: Co-ownership of or major stakeholder in a business owned by the above named, or an employee, or employer of the above named.

- To the best of my knowledge, I do not have any family or business relationship with any of the persons listed above.  
 I am related to or have a business relationship with \_\_\_\_\_ in the following way: \_\_\_\_\_

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

- To the best of my knowledge, I do not have any family or business relationship with any of the persons listed above.  
 I am related to or have a business relationship with \_\_\_\_\_ in the following way: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Co-Applicant**

**CERTIFICATION AND AGREEMENT**

**I/we certify that I/we have received, read, and understand all the statements in this application including the following:**

**Marital Property Notification:**

No provisions 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 affect 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.

**LEAD-BASED PAINT PAMPHLET RECEIPT:**

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

**APPLICANTS AUTHORIZATION TO TERMS AND CONDITIONS OF LOAN**

\_\_\_\_ I/we have received, read and understand the Terms and Conditions of Potential Grants and/or Loans as part of my/our application for rehab assistance with NHS of Southwest Wisconsin.

**GRIVENCE POLICY RECEIPT:**

\_\_\_\_ I/we have read a copy of the GRIVENCE POLICY AND PRACTICES OF NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.

**PROGRAM DISCLOSURE STATEMENT RECEIPT:**

\_\_\_\_ I/we have read a copy of the PROGRAM DISCLOSURE STATEMENT OF NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.

**CONSUMER AUTHORIZATION AND HOLD HARMLESS RELEASE FOR CoreLogic CREDCO LLC:**

\_\_\_\_ I/we have read a copy of the **CONSUMER AUTHORIZATION AND RELEASE** for CREDCO and agree to “hold harmless” CREDCO for any misinformation on my/our credit report provided by them to NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.

**SUBORDINATION POLICY RECEIPT:**

\_\_\_\_ I/we have read a copy of the SUBORDINATION POLICY AND PRACTICES OF NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.

**PRIVACY POLICY RECEIPT:**

\_\_\_\_ I/we have received a copy of the PRIVACY POLICY AND PRACTICES OF NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.

**BY SIGNING BELOW, I/WE CERTIFY THAT STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE FURTHER UNDERSTAND THAT FALSE STATEMENTS WILL VOID THIS APPLICATION AND DISQUALIFY ME/US FROM RECEIVING ANY HOUSING ASSISTANCE THROUGH NHS OF SOUTHWEST WISCONSIN, INC. AND THAT I/WE HAVE RECEIVED, READ, AND UNDERSTAND ALL OF THE ABOVE POLICIES, WAIVERS AND INFORMATION.**

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

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

**NHS of Southwest Wisconsin, Inc.**

AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for housing assistance through NHS of Southwest Wisconsin, Inc. and as evidenced by my/our signature(s), I/We hereby authorize NHS of Southwest Wisconsin, Inc. to obtain verification of any and all information relating to my/our: **INCOME, ASSETS, EMPLOYMENT, CREDIT STANDING, PROPERTY OWNERSHIP, MORTGAGE STANDING, HOMEOWNER’S INSURANCE AND HOUSING EXPENSES.** Furthermore, I/we authorize the release of such information at the request of NHS of Southwest Wisconsin, Inc.

A photographic copy of this authorization, including a photographic copy of my/our signature(s), may be deemed the equivalent of the original and may be used as duplicate original.

I/We understand that this information will be kept confidential by NHS of Southwest Wisconsin, Inc. and will be used solely for the purposes of determining my/our eligibility for participation in Housing Programs provide by NHS of Southwest Wisconsin, Inc.

\_\_\_\_\_  
Signature of Applicant Date  
  
**XXX-XX-**  
\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Co-Applicant Date  
  
**XXX-XX-**  
\_\_\_\_\_  
Social Security Number

**Authorization is valid for one year from date of signing.**

125 E. Seminary St. Richland Center, WI 53581  
608-647-4949  
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**\*READ ALL OF THE FOLLOWING INFORMATION AND KEEP FOR YOUR RECORDS\***

**Applicant's Authorization to Terms and Conditions of Loan**

***The information below will be filled out by the NHS Rehab Development Coordinator and copy signed at loan closing.***

You have completed an application for home improvement assistance through Neighborhood Housing Services of Southwest Wisconsin for your property located at \_\_\_\_\_.

Before any work is started, we want to be certain that you fully understand all that is involved in the rehab process so we may proceed with the work.

Read each statement below carefully.

1. I have received a complete explanation and copy of the home improvement work to be performed and the cost involved, as outlined in the bid specifications.
2. I understand that I may select the lowest bid or any bid within 10% above the lowest bid. If I prefer a contractor who submits a higher bid, I will be expected to pay the difference between that bid and the lowest bid.
3. I have been shown the competitive bids for the specified work and have selected the firm(s) of: \_\_\_\_\_ to be the contractor(s) and will abide by the terms of the contract covering this work.
4. I understand that in matters concerning the selection of colors, types of fixtures and other items not involving a change in the specifications, the choice will be mine and I will deal directly with the contractor.
5. I understand that in matters regarding scheduling the contractor will communicate directly with me. The scheduling of work may require some flexibility on my part in order to complete the job in a timely manner.
6. I understand that it is my responsibility to make sure that all work areas are accessible to the contractor.
7. I understand and agree that I will not make any changes to the work specifications without the written approval of the NHS Rehab Development Coordinator or Development Specialist.
8. I understand and agree that it will be necessary to allow authorized personnel to inspect the work in progress and upon completion, in order to assure that this work meets the specifications.
9. I understand that should disputes concerning payment to contractors arise, final determination will be made by the NHS Rehab Development Department, and I will abide by that decision.

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**NHS of Southwest Wisconsin  
GRIEVANCE/APPEAL STATEMENT**

In the event the applicant disagrees with the rejection of his/her application, an appeal may be made in writing within 30 days of receipt of denial by agency. Applicant should include a short summary of why the decision is being appealed and include the name of the housing program being denied (i.e., HOME/HHR; HCRI; CDBG). Appeals should be directed to the NHS of Southwest Wisconsin Loan Committee in care of the Executive Director; 125 E Seminary Street, Richland Center, WI 53581. The NHS Loan Committee and Executive Director will review the appeal and notify the appellant of their final decision in writing within 60 days of receipt.



## **Neighborhood Housing Services of Southwest Wisconsin Program Disclosure Statement**

Neighborhood Housing Services of Southwest WI is a HUD-approved, non-profit, community development agency serving all of Richland County (with certain programs extending to all of Southwest Wisconsin). The HomeOwnership Center provides pre-purchase education and individual counseling for homeownership, foreclosure prevention counseling, reverse mortgage counseling, financial capability classes and counseling, and post purchase education, as well as down payment assistance funds to qualifying borrowers. The NHS agency also consists of a Home Rehab Program, providing loans to low to moderate income homeowners to repair or rehab their homes, a New Home Construction Program, and the Park Hotel Senior Citizen Apartments. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

Clients of NHS of Southwest WI are not obligated to receive, purchase or utilize any other services offered by the organization to receive housing counseling. This includes, but is not limited to, lenders, realtors, inspectors, or other housing professionals who present at NHS sponsored educational seminars or classes, down payment assistance or rehab loans, or the purchase of new homes constructed by NHS. Although NHS may provide a list of housing professionals in the area, clients are not required to purchase their services and may select any licensed professional of their choice. Rehab contractors must be on the NHS approved contractor listing.

Agency Relationships: NHS has financial affiliation with HUD, NeighborWorks America, the State of Wisconsin, Richland County, the City of Richland Center, Federal Home Loan Bank of Chicago, and AnchorBank. As a housing counseling program participant, you are not obligated to use the products and services of NHS or our industry partners.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, NHS, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with NHS grantors such as HUD, the State of Wisconsin, or NeighborWorks America.

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### **CONSUMER AUTHORIZATION AND RELEASE**

I hereby authorize CoreLogic Credco, LLC ("CREDCO" or "FAC") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing counseling agency, NHS of Richland County ("Counselor") for Counselor to provide housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C.1681b(a)(2).

I acknowledge that the Report is provided "AS IS" AND THAT CREDCO MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND CREDCO EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO's parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, "CREDCO's Affiliates") from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO or CREDCO's Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by CREDCO hereunder.

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## Subordination Policy

NHS of Southwest Wisconsin will consider subordinations up to 100% of appraised value of property. NHS will require an appraisal that is no more than 1 year old, submitted with the request for subordination by the customer or lender. Subordinations must be made with sufficient equity in the transaction providing NHS with prudent security of all funds subordinated.

The NHS Executive Director is authorized by the NHS Executive Board to make all decisions regarding requested Subordinations.

NHS will charge a \$50 fee for approved subordinations plus recording fee. If the request for subordination comes less than 10 days from the date of closing, the fee to subordinate will be \$100.

NHS will consider subordination requests for the following reasons:

- Refinance an existing mortgage to obtain a reduced interest rate
- Refinance an existing mortgage to obtain a comparable interest rate and extend payment terms
- Obtain a home equity loan for the sole purpose of rehabilitating primary residence. Copies of estimates for any rehab/construction work must be included with the request
- Refinance an existing mortgage as necessary to halt foreclosure proceedings by a bank or to halt tax deed proceedings by the county
- Obtain a home equity loan to pay for medical emergencies

NHS will not consider subordination requests under the following circumstances:

- Homeowner receives cash at closing, except as needed for approved requests above
- Predatory Lending practices are involved
- Excessive fees (more than 5% of loan amount)
- Excessive interest rates (more than 3% above prime market rate)
- Loan has been flipped within a period of two years with no discernible benefit to the borrower
- Loan contains such features as single premium credit insurance, prepayment penalties, balloon payments, or mandatory arbitration clauses
- Loan is for an amount that is larger than an independent appraised value of the property, except in requests to halt foreclosure or tax deed proceedings or to assist with medical emergencies

Appeal: Following issuance of a denial letter for a requested subordination by the NHS Executive Director the homeowner can appeal in writing to the NHS Loan Committee within 30 days of the issuance of the denial letter by sending a letter of appeal to: NHS of Southwest Wisconsin, 125 E. Seminary Street, Richland Center, WI 53581; Attention: Executive Director. Phone contact number is 608-647-4949. Homeowner should include a short summary as to the reason for the appeal. The NHS Executive Director will respond to the appeal letter within thirty (30) working days of receipt date of the appeal in writing, reporting the decision of the NHS Loan Committee. The NHS Loan Committee decision will be final.

## PRIVACY POLICY AND PRACTICES OF NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.

Neighborhood Housing Services of Southwest WI, Inc. values your trust and is committed to the responsible management, use, and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. "Personal information" as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal information such as credit history, income, employment history, financial assets, bank account information, and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

### ***Information We Collect***

We collect personal information to support our lending operations and financial fitness counseling, and to assist you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on application or other forms,
- Information about your transactions with us, our affiliates, or others,
- Information that we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references, and any other sources necessary to verify customer information.

### ***Information We Disclose***

We may disclose the following kinds of personal information about you:

- Information that we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts, and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history, and parties to your transactions; and
- Information that we receive from a consumer reporting agency, such as your credit bureau reports, your credit history, and your creditworthiness.

### ***To Whom We Disclose***

We may disclose your personal information to the following types of nonaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans, and
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, and research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

### ***You May Opt-out of Certain Disclosures***

You have the opportunity to "opt-out" of disclosures of your non-public personal information to third parties (such as your creditors), that is, direct us not to make those disclosures. If you choose to "opt-out," we will not be able to answer questions from your creditors. If at any time you wish to "opt-out" or change your decision with regard to your "opt-out" you may call us at 608-647-4949.

### ***Confidentiality and Security***

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, assisting you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. In addition, our employees are trained in the importance of maintaining confidentiality and client privacy. Our safeguards comply with federal regulations to guard your personal information.

