

CITY OF FOND DU LAC
HOME OWNERSHIP INCENTIVE LOAN PROGRAM
APPLICATION



Name of Owner(s): 1. _____

2. _____

Mailing Address: _____

Telephone Number: Home: _____ Work: _____

Address of Project: _____

Do you own the unit? YES NO

If yes, how long have you owned the unit? _____

Is the property located in the City of Fond du Lac? YES NO

Only property located within the City is eligible for the program.

Was this property originally built as a single-family home? YES NO

No. of units before conversion and rehab: _____

No. of units after conversion and rehab: _____

Is this or will this be owner-occupied? YES NO

The owner must reside in the property to be eligible for the program.

Assessed and/or appraised value of property:

Assessed: _____ Appraised: _____

Have you received a housing citation within the past year? YES NO

If "Yes", when: _____

What was the violation: _____

Are there delinquent taxes? YES NO Special Assessments? YES NO

Are you current on your water utility bills? YES NO

Do you currently have homeowner's insurance? _____ YES _____ NO
The City will be listed as an endorsed insured on the policy during the term of the loan.
Insurance coverage must be sufficient to cover all mortgage holders, including the City loan.

Insurance Agent and Contact Information:

Please list conversion and rehabilitation activities you would like to perform:

Estimated cost of project: \$ _____

How will you be financing the purchase and/or renovations? _____

Is there a mortgage against the property? _____ YES _____ NO

Name of 1st Mortgage Holder _____

Any other mortgages or liens against the property:

The City will obtain a credit report on all applicants for the program. Funds will be allocated first to those applicants who have credit scores at or above 670 and collections under One Thousand Dollars (\$1,000.00). Applicants not meeting these criteria may be placed on a waiting list and/or referred to other programs before any action is taken on their application.

I certify that the above information is true and correct to the best of my knowledge. Any false information provided will result in the rejection of this application.

I further certify that I have received a copy of the "Homeownership Incentive Guidelines" and understand and accept these "Guidelines" as the basis for review of this application.

NAME (Please Print): _____ **DATE:** _____

APPLICANT SIGNATURE: _____

NAME (Please Print): _____ **DATE:** _____

APPLICANT SIGNATURE: _____

APPLICANT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

All applicants must sign the attached release form.

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