



City of Madison
RENTAL REHABILITATION LOAN PROGRAM
Application READ, SIGN, AND RETURN APPLICATION TO:

City of Madison - Community Development Division
P.O. BOX 2627 Madison, Wisconsin 53701-2627



If applying for multiple properties, submit a separate application for each property.

Title Holder _____

Applicants Name Donna Collingwood

Privately Owned ☒ Non-Profit Corporation/LLC _____ For Profit Corporation/LLC ☒

Phone Number 608-332-2018

Applicant's address 1130 Acewood Blvd. Zip 53716 State WI

Email address 33.freelancer@gmail.com

Indicate your primary language: ☒ English ☐ Spanish ☐ Hmong ☐ Other: _____

Do you require a translator? ☐ Yes ☒ No

Co-Applicants Name _____

Phone Number _____

Co-applicant's address _____ Zip _____ State _____

Email address _____

Indicate your primary language: ☐ English ☐ Spanish ☐ Hmong ☐ Other: _____

Do you require a translator? ☐ Yes ☐ No



I have reviewed a copy of the pamphlet "Protect Your Family From Lead In Your Home" with this application.

You can review a copy by going to [Pamphlet](#)

☒ YES

☐ NO

(please check one)

PROPERTY TO BE REHABILITATED

Address of the property 2337 E. Johnson St.

Remaining Balance(s) on all Loans for property \$ 51,900

Estimated Monthly Property Management Fees (utilities, maintenance, etc.) \$ 200.00

Monthly payment (principal and interest) \$ 615.00

Monthly taxes and insurance \$ 600.00

GROSS INCOME OF APPLICANT

Employer City of Madison
Address 210 MLK BLVD
Annual Gross Salary \$ _____ Monthly Gross Salary \$ 4700.00
Other Income \$ 2150.00 per month Source rental

GROSS INCOME OF CO-APPLICANT

Employer _____
Address _____
Annual Gross Salary \$ _____ Monthly Gross Salary \$ _____
Other Income \$ _____ per month Source _____

MGO 3.35(5)(e) Disclosure Statement

Are any of the Borrowers a City employee, elected City official, City board or committee member or an immediate family member of the aforementioned? "Immediate family" member of a City employee, official or board/committee member means a spouse, a registered domestic partner, or a relative by marriage, adoption or lineal descent who receives more than one-half of his or her support from the City employee, official or board/committee member.

☒ Yes ☐ No

If answered 'Yes' above, Borrowers will be required to provide written disclosure of the nature and extent of the relationship or interest to the Common Council and the Director of the Department of Planning and Community and Economic Development prior to loan approval.

- I certify that the information provided herein is true and complete.
- I authorize the City of Madison, and the Community Development Division (CDD) to review this application, to request, receive, and share information with lenders, translator, and others to verify its accuracy and completeness.
- I understand that my rental rehabilitation project is funded with city funds administered through the Community Development Division office (CDD) and CDD may review this information to verify its accuracy for compliance purposes.
- All owners must sign this application.
- I (we) am (are) not debarred by the US Department of Housing and Urban Development, do not have delinquent property taxes, have not had a property acquired by the City through tax foreclosure within the previous 5 years, do not have any outstanding judgments, and have not been convicted of a crime that could cause concern for neighborhood stability, health, safety, or welfare.
- By signing this application, you are authorizing the Community Development Division to pull a credit report.

Donna Collingwood
Applicant

9-14-58
Date of Birth

Co-Applicant

Date of Birth

Applicant Signature

Date

Co-Applicant Signature

Date

The following information is requested by the Federal Government in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate based on the information, nor on whether you choose to furnish it.

Applicant: I do not wish to furnish this information _____ (Initials) Co-applicant: I do not wish to furnish this information _____ (Initials)

APPLICANT	CO-APPLICANT
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or or Alaskan Native African American <input type="checkbox"/> Native Hawaiian or <input checked="" type="checkbox"/> White other Pacific Islander	Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or or Alaskan Native African American <input type="checkbox"/> Native Hawaiian or <input type="checkbox"/> White other Pacific Islander
Sex: <input checked="" type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary/Genderqueer <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe _____	Sex: <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary/Genderqueer <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe _____