

Renew Monona Loan Program Application Form

Please complete and return to:

Monona City Hall
Attn: Patrick Marsh, Administrator
5211 Schluter Rd., Monona, WI 53716
Phone: (608) 222-2525
pmarsh@ci.monona.wi.us



All applications must be received by **5:00 pm on Friday, April 15, 2011.**

Applicant Information:

Name of Applicant: _____

Address: _____ Phone: _____

Name of Employer: _____ Contact Person: _____

Employer Address: _____

Employer Phone: _____ Number of years at this job: _____

Co-Applicant Information:

Name of Co-Applicant: _____

Address: _____ Phone: _____

Name of Employer: _____ Contact Person: _____

Employer Address: _____

Employer Phone: _____ Number of years at this job: _____

Other Information:

Household size: _____ How long have you lived at your current residence? _____

Do you rent or own your current residence? Rent Own

Have you purchased a home before? _____

If yes, how long ago?: _____

Marital status (check one): Married Separated Unmarried (divorced, single, widowed, single co-habitants)

Property Where Improvements will be Made:

Property Address: _____

Number of bedrooms: _____ Age of home: _____

Are you currently: purchasing this home? residing in this home?

If purchasing, please complete the following information:

Offered purchase price: \$ _____ Amount of down payment: \$ _____

Realtor name and company: _____

Realtor Phone: _____ Do you have an accepted offer to purchase? _____

Primary lender name: _____

Primary lender address: _____

Primary lender contact person: _____ Phone: _____

All applicants, please use the space below to describe the home upgrades that you propose to make should you receive program loan funds:

Total Cost of Improvements: \$ _____

Amount of Loan You Are Seeking:* \$ _____

*The maximum loan amount is \$10,000 or 50% of the total cost of improvements, whichever is less.

Certification: I hereby certify that to the best of my knowledge and belief, the content of the application is true and correct. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that giving false information on this application will result in disqualification from the Renew Monona Loan Program.

Signature of applicant: _____ Date: _____

Signature of co-applicant: _____ Date: _____

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| For internal use only |
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