

APPENDIX 6

City of Chetek CDBG Housing Manual

RENTAL UNIT APPLICATION

Date Received _____
(For Office Use Only)

Landlord Name: _____

Telephone Number: _____ / _____ (Home) _____ / _____ (Work)

Landlord Address: _____
(Street Address)

(City/Village/Town) (State) (Zip Code)

Rental Unit Address: _____
(Street Address)

(City/Village/Town) (State) (Zip Code)

Age of Structure: _____

(Rental Rehabilitation Applications must be completed for each building you wish to take a loan out on).

APARTMENT INFORMATION

Apartment #	No. of People	No. of Bedrooms	Monthly Rent	Utilities Included (Yes/No)
1				
2				
3				
4				
5				
6				

REHABILITATION REQUEST

What areas of rehabilitation would you request to be done on your rental unit(s)? Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> General Carpentry | <input type="checkbox"/> Chimney |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Siding | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> Insulation & Venting | <input type="checkbox"/> Masonry | <input type="checkbox"/> Int./Ext. Painting & Drywalling |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Gutters & Downspouts | <input type="checkbox"/> Other _____ |

Do you have any peeling or chipping paint in the rental units? _____ Yes _____ No

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.

I certify that the information in this application is correct and accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of Applicant

Date