



EXTERIOR HOME REPAIR PROGRAM

HOMEOWNER APPLICATION

Please complete and return to:

City of Ripon
Attn: Adam Sonntag, City Administrator
100 Jackson St., Ripon, WI 54971
Phone: (920) 748- 4914
asonntag@cityofripon.com

Applicant Name: _____

Telephone Number: _____ **Email:** _____

Residence Address: _____

____ By checking this box, I hereby certify that I am both the owner and occupant of the above-listed property (owner-occupied) and I do not have any delinquent property taxes or fees owed to the City. I understand that this is a requirement of the EHRP to be eligible for the opportunity to receive funds through this program.

Income Certification

Homeowners below the threshold of 80% of County Median Household Income (MHI) are eligible for program grant funding with no match requirement. The MHI limits for this program are below. Please check the corresponding family size and income limit box that would qualify you for grant funding below:

Family Size	1	2	3	4	5	6	7	8
80% MHI Limits	\$47,150	\$53,900	\$60,650	\$67,350	\$72,750	\$78,150	\$83,550	\$88,950

Annual Income: _____

Please submit a copy of the most recent year's IRS tax form, W-9, or other income documentation form.

____ Describe Attached Form: _____

Housing Improvement(s)

Age of Structure: _____ **Assessed Property Value:** _____

Years Lived in Structure: _____

Description of Home Improvement/ Weatherization Needed:

Homeowners are required to submit at least two (2) estimates for the project from contractors and for supplies as part of the grant application. Please submit the estimates along with this application. If work is being self-performed, the applicant shall provide an itemized materials list with cost estimates.

Grant amount you are requesting: _____

*If funding is available, the maximum amount of grant per dwelling unit for single-family homes will be \$5,000. The minimum project award that will be considered is \$2,000.

I certify that the information in this application is correct and accurate to the best of my knowledge. I consent to the disclosure of such information for purposes of verifying ownership and residency, grant income requirements, and that the property taxes and utility bills are current as related to my application for a home improvement grant. I understand that giving false information on this application will result in disqualification from the Exterior Home Repair Program. I understand that if a grant is awarded, activities, as proposed, shall be completed as outlined in the Program. I understand that the acceptance of this grant may count as eligible taxable income for myself and/or my household and that I may need to report this to the IRS on this year's tax return.

Signature of Applicant

Date

For Office Use Only:

Date Received: _____ Application Complete: _____

Income Verification: _____

Grant Approved or Denied: _____

Signature: _____

Date: _____

Notes:

For more information, please visit: www.cityofripon.com/housing or contact Adam Sonntag, City Administrator at asonntag@cityofripon.com or (920) 748- 4916.