

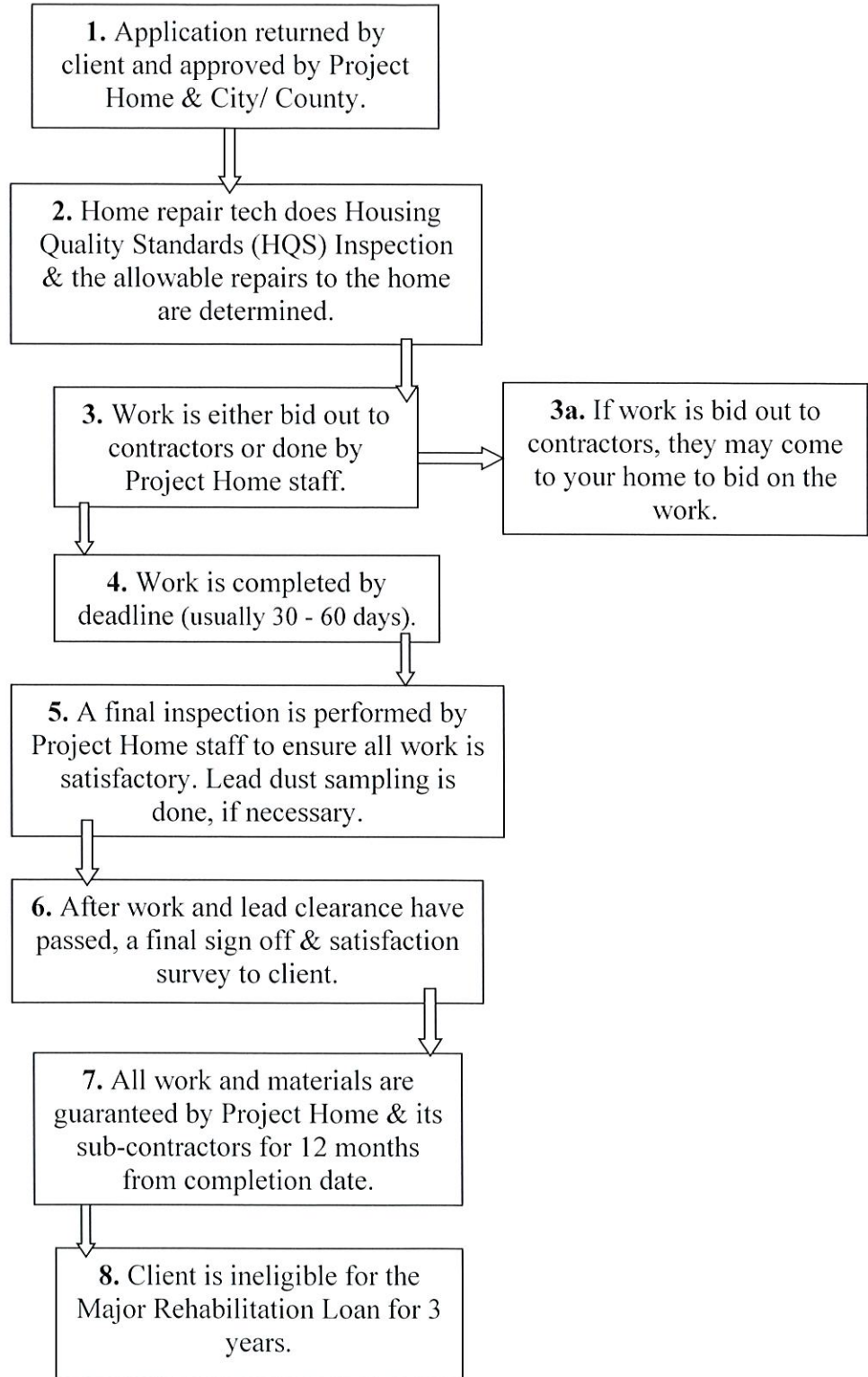


3841 Kipp St. Madison, WI 53718

### MINOR HOME REPAIR PROGRAM FLOW CHART

Follow this flow chart to better understand the process of the Minor Repair Program.

**Please call (608) 246-3737 x 2201 with questions.**





3841 Kipp St. Madison, WI 53718

## MINOR HOME REPAIR PROGRAM

The Minor Home Repair program is a **grant** program that makes minor repairs for qualified homeowners in the City of Madison and Dane County (participating municipalities). After the homeowner has been qualified for the program, Project Home staff performs a Housing Quality Standards (HQS) inspection. Only items that fail the inspection are eligible to be repaired. Health and safety repairs and accessibility modifications are given priority. New construction and remodeling are not allowed through the program.

### QUALIFICATIONS

#### 1. LOCATION

Your home must be owner occupied and located in a participating municipality to qualify.

#### 2. INCOME (effective 6/1/2026)

Your total gross household income cannot exceed 80% of the Dane County Median Income.

Household Size	Maximum Annual Gross Income
1	\$74,800
2	\$85,450
3	\$96,150
4	\$106,800
5	\$115,350
6	\$123,900
7	\$132,450
8	\$141,000

#### 3. VALUE OF YOUR HOME (effective 12/1/2025)

Your home cannot exceed 95% of the Dane County Median Purchase Price for a home.

Single family home: **\$397,000 after rehab value**    Duplex: **\$508,000 after rehab value**

#### 4. Other Qualifications

- » The homes must be owner occupied and the primary residence of the program participants.
- » The property cannot be currently on the market to be sold or be put on the market to be sold within the next twelve (12) months.
- » The property cannot be in foreclosure, or going into foreclosure, within the next twelve (12) months.

Project Home 3841 Kipp St. Madison, WI 53718  
(608) 246-3737 Fax: (608) 246-3722





## 2026 MINOR HOME REPAIR PROGRAM APPLICATION PACKET

Please be sure to include all forms listed below when you return your application. Failure to include all required documents will delay the approval of your application and may cause your application to be denied.

If you have any questions about the application, please contact Vicky Kutz at (608) 246-3737 ext. 2201 or by email at [vickyk@projecthomewi.org](mailto:vickyk@projecthomewi.org)

### TO BE RETURNED BY HOMEOWNER / APPLICANT:

- |                          |  |                                    |
|--------------------------|--|------------------------------------|
| <input type="checkbox"/> | Program application  | ENCLOSED                           |
| <input type="checkbox"/> | Preliminary Homeowner Agreement for Home Repair  | ENCLOSED                           |
| <input type="checkbox"/> | Two authorization to release information forms   | ENCLOSED                           |
| <input type="checkbox"/> | Income & asset information forms   | ENCLOSED                           |
| <input type="checkbox"/> | Income certification form  | ENCLOSED                           |
| <input type="checkbox"/> | Lead booklet sign off form   | ENCLOSED                           |
| <input type="checkbox"/> | Copy of <b>SIGNED 2025</b> Federal tax return <u>for all household members over 18 years of age who had income.</u>  | <b>TO BE PROVIDED BY APPLICANT</b> |
| <input type="checkbox"/> | Proof of home ownership.<br>Acceptable documents include:<br>-<br>Copy of most recent property tax bill<br>- Copy of mortgage statement<br>- Copy of mobile home title showing you as owner<br>- A bill of sale or other document that shows ownership | <b>TO BE PROVIDED BY APPLICANT</b> |

Please return completed application to: **Project Home, 3841 Kipp St. Madison, WI 53718**

## MINOR HOME REPAIR PROGRAM APPLICATION

Please attach additional pages if you do not have enough space to provide all of the requested information on the application.

Date (mm/dd/yyyy): \_\_\_\_\_

Homeowner(s) Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email / Other Phone: \_\_\_\_\_

### HEAD OF HOUSEHOLD INFORMATION

Fill out the following information for the head of household ONLY.

1. Head of Household Name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

3. Sex (circle one): **Male** / **Female**

4. Disabled (circle one): **Yes** / **No**

5. Veteran (circle one): **Yes** / **No**

6. Homeless (circle one): **Yes** / **No**

7. Ethnicity (check one):  Not Hispanic

8. Marital Status (check one):

Hispanic

Single  Married  Separated  Divorced  Widowed

9. Race (you may check more than one race category):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White



### HOUSEHOLD MEMBER INFORMATION

Please include ALL persons living in the household on this chart. Attach additional pages or use the back side of the application if you need more room.

NAME	AGE	INCOME SOURCES	INCOME AMOUNTS
1.			
2.			
3.			
4.			
5.			
6.			

### HOME INFORMATION

Your home must be owner occupied (all owners on the title must live in the home). The assessed value of the home cannot exceed 95% of the Dane County Median Purchase Price for a home.

Assessment limits:

- Single family home: **\$397,000 after rehab value**
- Duplex: **\$508,000 after rehab value**
- *\*\*work can only be done on the owner's side of the duplex*

1. What is the current assessed value of your home? \$ \_\_\_\_\_

2. What year was your home built? \_\_\_\_\_

3. Is your home currently on the market to be sold, or are you putting your home up for sale in the foreseeable future?                    **YES**                    **NO**

If **YES**, please explain: \_\_\_\_\_

4. Is your home currently going through foreclosure, or will it be going into foreclosure in the foreseeable future?                    **YES**                    **NO**

If **YES**, please explain: \_\_\_\_\_





**Tax Exempt Certification**

*If you were not required to file a federal tax return, please complete and return with your application materials.*

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

I certify that I am exempt from filing Federal income taxes for the year **2025** because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As proof of my income I have attached:

- Documentation of any household income, including social security award letters for everyone over the age of 18.
- Last 3 months of paycheck stubs or 3 months of payroll stubs
- Last 3 months of bank statements from all accounts (all pages even if blank)

I certify that this information is complete and accurate. I agree to provide, upon request, additional documentation. I understand that knowingly providing false information will disqualify me from participating in the program. This information will only be used to determine the eligibility status of the household.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**WAIVER AND RELEASE AND  
INDEMNIFICATION AGREEMENT**

This Waiver and Release and Indemnification Agreement (the "Agreement") is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the "Effective Date"), by and between Project Home, Inc., a Wisconsin non-stock corporation ("Project Home") and \_\_\_\_\_ ("Homeowner").

**WHEREAS** Project Home is a not-for-profit organization which administers various programs designed to provide funds to qualified homeowners for certain home repairs (the "Program").

**WHEREAS** the home repairs funded under the Program are made by third-party contractors selected by the Homeowner.

**WHEREAS**, the Homeowner has applied to participate in a Program for the property located at \_\_\_\_\_ (the "Property").

**WHEREAS**, as a condition of Homeowner's participation in a Program, Homeowner agrees to waive, release, indemnify and hold Project Home harmless for any and all liability related to Homeowner's participation in a Program and the repairs made to the Property.

**NOW, THEREFORE**, in consideration of the foregoing recitals, the covenants and agreements contained herein, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged and agreed, the parties hereto agree as follows:

**1. Waiver and Release.** Homeowner agrees to release and forever discharges Project Home and its affiliates and predecessors, successors, subsidiaries, officers, directors, owners, partners, agents, volunteers, advisors and employees (individually a "Released Party" and collectively the "Released Parties") from any and all claims, causes of actions, damages, compensation, and liabilities of any and all kinds whatsoever, whether now known or unknown, that Homeowner may have, or hereinafter can, shall or may have against Project Home or a Released Party arising out of, as a consequence of, or on account of Homeowner's participation in a Program or the repairs made to the Property.

**2. Indemnification.** Homeowner agrees to indemnify and hold Project Home and each of the Released Parties (individually an "Indemnitee" and collectively the "Indemnitees") harmless from and against, and agrees to defend fully and promptly, with the counsel of Indemnitees' choosing, each Indemnitee from and reimburse fully and promptly each Indemnitee for, any and all liabilities, obligations, losses, damages, penalties, actions, judgments, suits, costs, expenses or disbursements of any kind whatsoever (including without limitation attorneys' fees and costs) which may at any time be imposed on, incurred by or asserted against any Indemnitee in any way relating to or arising out of Homeowner's participation in a Program or the repairs made to the Property.

**WAIVER AND RELEASE AND  
INDEMNIFICATION AGREEMENT**

3. **Assignment**. This Agreement and the rights hereunder may be assigned only with the prior written consent of the other party.

4. **Binding Effect**. This Agreement shall be binding upon the parties hereto and their respective heirs, successors, legal representatives and permitted assigns.

5. **Applicable Law**. This Agreement and all questions arising in connection herewith shall be governed by and construed in accordance with the internal laws of the State of Wisconsin without regard to conflicts of laws principles.

6. **Counterparts**. This Agreement may be executed in one or more counterparts, all of which shall be considered but one and the same agreement and shall become effective when one or more such counterparts have been signed by each of the parties and delivered to the other party.

**IN WITNESS WHEREOF**, the Homeowner has executed this Agreement as of the Effective Date.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name) \_\_\_\_\_



**MINOR HOME REPAIR PROGRAM**

**AUTHORIZATION TO RELEASE INFORMATION**

By signing this form I/we give my/our permission and consent to Project Home, Inc. to request and receive any and all information concerning my/our income and assets including, but not limited to, employment, Social Security, SSI, checking, savings, and IRA accounts, credit matters, and all other information required in connection with my/our application to obtain a housing rehabilitation grant.

This form may be reproduced or photocopied and a copy of this form shall be as effective a consent as the original which I/we have signed.

**APPLICANT / HOUSEHOLD INFORMATION MEMBERS CERTIFICATION**

I/we understand that all information provided herein is private and confidential for program use only. The applicant / household members certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a housing rehabilitation grant and is true and complete to the best of my/our knowledge.

\_\_\_\_\_  
Name of Applicant (Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Co-Applicant (Print)

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Co-Applicant (Print)

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Co-Applicant (Print)

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date



**Project Home Repair and Rehabilitation Programs  
Preliminary Homeowner Agreement**

**TO:** Property owner(s)

**RE:** Repair / Rehabilitation work on the property at: \_\_\_\_\_

As the owner of the property listed above, I hereby certify the following:

- I have received and completed the application for the Dane County Minor Home Repair program. To the best of my knowledge, these documents have been filled out honestly and correctly.
- The above property **is not currently for sale and will not be listed for sale** throughout the process of repair work or final inspection of the property. **The property will not be put on the market to be sold for one year** (12 months) from the date of service.
- There will be **no other construction or remodeling projects** during the process of Project Home and its subcontractors doing work on the home, or during final inspection of the property.
- I agree to ensure, to the best of my ability, that there will be **no delays in repair work** at the above property, including but not limited to: halting the work for any reason, promptly notifying Project Home of any changes in residency or contact information (such as moving or a change in phone number), returning requested documents at my earliest convenience, and scheduling appointments with Project Home and its subcontractors in a timely fashion. Timely scheduling means returning calls promptly and being available for appointments on weekdays during standard business hours of 7:30 a.m. – 4:30 p.m. as necessary.
- I understand that Project Home’s Home Repair technician’s time is charged to my project including but not limited to inspections, preparing scope of work, travel time to/from work site, contacting contractors, responding to phone calls, emails, purchasing materials, and related paperwork. Multiple changes/ delays to the scope of work will result in less work being able to be completed at your home.
- The minor home repair program is primarily focused on health and safety repairs and code violations. The program is not designed to be a remodeling project, Therefore, not all repairs will fit into the scope of the program.

**Failure to comply with this agreement could result in work not being completed and the homeowner being charged for any unfinished work on the home.**

\_\_\_\_\_  
HOMEOWNER NAME (PRINT)

\_\_\_\_\_  
HOMEOWNER SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

Project Home  
3841 Kipp St.  
Madison, WI 53718  
(608) 246-3737

**MINOR HOME REPAIR PROGRAM  
AUTHORIZATION TO RELEASE INFORMATION FORM**

**Purpose:** Your signature on this form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Minor Home Repair Program.

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG Program. This information will be used to establish eligibility for the CDBG program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign an authorization to release information form prior to the receipt of benefit. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**Authorization:** I authorize the above-named CDBG Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Minor Home Repair Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

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**Head of Household—Signature, Printed Name, and Date**

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**Other Adult Member of the Household—Signature, Printed Name, and Date**

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**Other Adult Member of the Household—Signature, Printed Name, and Date**

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**Other Adult Member of the Household—Signature, Printed Name, and Date**

**Minor Home Repair Income Certification Form**

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

To participants in the Minor Home Repair Program:

In order to document that benefits are received by the target population defined by the Federal Department of Housing and Urban Development, we request that you review the income limits stated below, and check the appropriate description. We appreciate your help in tracking the use of these funds. If you have additional comments or questions concerning the program, please contact us at (608) 246-3737 x 2201

**CHOOSE ONE (A or B): Effective 12 /1 /2025**

\_\_\_\_\_ **A.** We hereby certify that we are owner-occupants a single-family home assessed **at \$397,000** or less, or duplex valued **\$508,000** and that within the past twelve months our household income has been less than the maximum shown for my/our household size.

<u>Household Size</u>	<u>Maximum Annual Gross Income</u> (Total combined income from all sources for all members of the household.)
1	\$74,800
2	\$85,450
3	\$96,150
4	\$106,800
5	\$115,350
6	\$123,900
7	\$132,450
8	\$141,000

\_\_\_\_\_ **B.** Our income exceeds the income limits indicated above.

I certify that the above information is true and accurate. Household annual gross income includes total income from all sources, including, but not limited to: wages, interest, dividends, commissions, rents received, payment from annuities, retirement plans, social security, and any other source of income. I agree to provide documentation to verify household income level upon request by the agency, funding source, or HUD.

1. \_\_\_\_\_  
**Name of Applicant / Owner (Print)**

2. \_\_\_\_\_  
**Name of Co-applicant / Co-owner (Print)**

\_\_\_\_\_  
**Applicant / Owner Signature**

\_\_\_\_\_  
**Co-applicant / Co-owner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**24 CFR Part 5 Household Income and Asset Information**

Name of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Income\***

\*see attached sheet for types of income *not* included in determining income eligibility.

**Does your household receive income from any of the following sources?**

1. Employment Wages?  Yes  No

If yes, sources and amount: \_\_\_\_\_

\_\_\_\_\_

2. Self-employment or operation of a business?  Yes  No

If yes, sources and amount: \_\_\_\_\_

\_\_\_\_\_

3. Interest, dividends, and other net income of any kind from real or personal property?  Yes  No

If yes, sources and amount: \_\_\_\_\_

\_\_\_\_\_

4. Payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or any other similar types of periodic receipts?  Yes  No

If yes, sources and amount: \_\_\_\_\_

\_\_\_\_\_

5. Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay? (Do not include lump-sum payments or settlements.)  Yes  No

If yes, sources and amount: \_\_\_\_\_

\_\_\_\_\_

6. Welfare assistance payments made under the W2 program?  Yes  No

If yes, sources and amount: \_\_\_\_\_

\_\_\_\_\_

7. Alimony and / or child support payments?  Yes  No

If yes, sources and amount: \_\_\_\_\_

8. Regular contributions or gifts received from people or organizations outside the household?

Yes  No

If yes, sources and amount: \_\_\_\_\_

9. Any regular pay, special pay, and allowances of a member of the Armed Forces? Do not include special pay received for being exposed to hostile fire.  Yes  No

If yes, sources and amount: \_\_\_\_\_

**Assets\*\***

\*\*see attached sheet for types of assets *not* included in determining income eligibility.

**Does your household have any of the following types of assets?**

1. Cash held in savings accounts, checking accounts, safe deposit boxes, or in the home?  Yes  No

If yes, sources and amount: \_\_\_\_\_

2. A revocable trust available to the applicant?  Yes  No

If yes, sources and amount: \_\_\_\_\_

3. Equity in rental property or other capital investments?  Yes  No

If yes, sources and amount: \_\_\_\_\_

4. Any stocks, bonds, Treasury bills, certificate of deposit (CDs), mutual funds, and money market accounts?  Yes  No

If yes, sources and amount: \_\_\_\_\_

5. Individual retirement 401(K), or Keogh accounts?  Yes  No

If yes, sources and amount: \_\_\_\_\_  
\_\_\_\_\_

6. Retirement or Pension funds?  Yes  No

If yes, sources and amount: \_\_\_\_\_  
\_\_\_\_\_

7. Life insurance policies available to household before death?  Yes  No

If yes, sources and amount: \_\_\_\_\_  
\_\_\_\_\_

8. Any personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.?  Yes  No

If yes, sources and amount: \_\_\_\_\_  
\_\_\_\_\_

9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements or other amounts not intended as periodic payments?

Yes  No

If yes, sources and amount: \_\_\_\_\_  
\_\_\_\_\_

10. Mortgages or deeds of trust held by anyone in the household?  Yes  No

If yes, sources and amount: \_\_\_\_\_  
\_\_\_\_\_

11. Has the household disposed of any assets for the less than their fair market value in the last 2 years?  Yes  No

If yes, type of asset and value: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Co-owner's Signature

\_\_\_\_\_  
Homeowner's Printed Name

\_\_\_\_\_  
Co-owner's Printed Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Date (mm/dd/yyyy)



3841 Kipp St. .  
Madison, WI 53718  
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Dane County Minor Home Repair Program

I / We have received a copy of the following EPA informational booklets:

- **“A BRIEF GUIDE TO MOLD, MOISTURE, AND YOUR HOME”** (EPA402-K-02-003, 9/2010)
  - **“A CITIZEN'S GUIDE TO RADON”** (EPA 402/K 12/002 May 2012)
  - **“RENOVATE RIGHT”** ( EPA-740-K-10-001September 2011 )

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HOMEOWNER(S) FULL NAME(S) (PLEASE PRINT)

---

ADDRESS

---

CITY, STATE, ZIP CODE

---

HOMEOWNER SIGNATURE

---

DATE

---

CO-OWNER SIGNATURE

---

DATE