projecthome

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.

1. Application returned by client and approved by Project Home & City/County.

↓

2. Home repair tech does Housing Quality Standards (HQS) Inspection & the allowable repairs to the home are determined.

↓

3. Work is either bid out to contractors or done by Project Home staff. → **3a.** If work is bid out to contractors, they may come to your home to bid on the work.

↓

4. Work is completed by deadline (usually 30 - 60 days).

↓

5. A final inspection is performed by Project Home staff to ensure all work is satisfactory. Lead dust sampling is done, if necessary.

↓

6. After work and lead clearance have passed, a final sign off & satisfaction survey to client.

↓

7. All work and materials are guaranteed by Project Home & its sub-contractors for 12 months from completion date.

↓

8. Client is ineligible for the Major Rehabilitation Loan for 3 years.

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MINOR HOME REPAIR: PROGRAM OVERVIEW

The Minor Home Repair program is a grant program and/or loan (0% interest, deferred payments) program that makes minor repairs for qualified homeowners in Dane County, the City of Madison, City of Sun Prairie, and 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

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.** *(These do not apply to City of Sun Prairie loan program.)*

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. If the property is sold within this time frame, the applicant must pay a penalty fee equal to 10% of the value of the loan, in addition to the loan being immediately due.
- The property cannot be in foreclosure, or going into foreclosure, within the next twelve (12) months.

5. SUN PRAIRIE ONLY

- The program offers a 0% interest, deferred payment loan.
- The loan is due when your home is sold or no longer your primary residence.
- There are no up-front payments and no monthly payments. Project Home will cover contractor costs.
- A mortgage will be signed and filled to secure repayment of the loan.
- This loan may also be used in conjunction with other grants or other programs as needed.

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2026 MINOR HOME REPAIR PROGRAM
APPLICATION PACKET CHECKLIST

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

TO BE RETURNED BY HOMEOWNER / APPLICANT:

☐	Program Application (4 pages)	ENCLOSED
☐	Waiver & Release and Indemnification Agreement	ENCLOSED
☐	Preliminary Homeowner Agreement	ENCLOSED
☐	Two Authorization to Release Info forms	ENCLOSED
☐	Income Certification Form	ENCLOSED
☐	Household Income & Asset Info form (24 CFR Part 5)	ENCLOSED
☐	EPA Booklets Acknowledgement of Receipt	ENCLOSED
☐	Copy of **SIGNED 2025** Federal tax return for all household members over 18 years of age who had income.	**PROVIDED BY APPLICANT**
☐	Proof of Home Ownership Acceptable documents include the following: • Copy of most recent property tax bill • Copy of mortgage statement • Copy of mobile home title showing you as owner • A bill of sale or other document that shows ownership	**PROVIDED BY APPLICANT**
☐	Grievance Procedure and Right to Appeal	ENCLOSED
☐	WI Marital Property Act Credit Application Form	ENCLOSED

Please return completed application to:

Project Home
3841 Kipp Street
Madison, WI 53718
info@projecthomewi.org

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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 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 (check one): ☐ Male ☐ Female

4. Disabled (check one): ☐ Yes ☐ No

5. Veteran (check one): ☐ Yes ☐ No

6. Homeless (check one): ☐ Yes ☐ No

7. Ethnicity (check one): ☐ Not Hispanic ☐ Hispanic

8. Marital Status (check one):

☐ 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 people living in the household on this chart.
Attach additional pages or use the back side of the application if you need more room.

	NAME(S)	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: (does not apply to City of Sun Prairie loan program)

- Single Family Home: **$397,000 after rehab value**
- Duplex: **$508,000 after rehab value (***work can only be done on 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: _____

_____

5. Does your home currently have any health and safety concerns *or* code violations that you know about? ☐ **Yes** ☐ **No**

If **YES**, please explain: _____

_____

6. What type(s) of repair work need to be done on your home?

_____

_____

_____

_____

CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that omission of information or failure to report information will disqualify me for the program. I understand that in order to receive HUD / CDBG funds I must allow third party verification of all income and assets and will cooperate to the fullest extent possible to obtain and provide income and asset verification. I agree to provide and return any documentation requested by Project Home and its subcontractors as soon as possible. I understand that failure to provide or return requested documentation in a timely manner will disqualify me for services through the program.

_____ _____

Homeowner / Applicant Signature Date

_____ _____

Co-Owner / Co-applicant Signature Date

INCOME INFORMATION

Please attach a ***signed*** copy of the **2025** Federal tax return for **all household members over 18 years of age who earned income**, even if they did not have to pay taxes or received a full refund. Your application is incomplete and cannot be approved without this information.

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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 this exemption, I have enclosed the following documentation:

- ☐ 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.

_____ _____

Applicant Signature Date (mm/dd/yyyy)

_____ _____

Co-applicant Signature Date (mm/dd/yyyy)

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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.

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)_____

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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 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. If the property is sold within this timeframe, the applicant mut pay a penalty fee equal to 10% of the value of the loan, in addition to the loan being due immediately.

- ☐ 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 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 Signature:_____ Date:_____

(Print Name)_____

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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.

Applicant Name (Print)	*Applicant Signature*	*Date*
Co-Applicant Name (Print)	*Co-Applicant Signature*	*Date*
2nd Co-Applicant Name (Print)	*2nd Co-Applicant Signature*	*Date*
3rd Co-Applicant Name (Print)	*3rd Co-Applicant Signature*	*Date*

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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.

Head of Household Signature	*Printed Name*	*Date*
2nd Adult in Household Signature	*2nd Printed Name*	*Date*
3rd Adult in Household Signature	*3rd Printed Name*	*Date*
4th Adult in Household Signature	*4th Printed Name*	*Date*

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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 6/1/2026

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

Household Size	Maximum Annual Gross Income (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.

_____ _____

Applicant / Owner Name (Print) *Co-applicant / Co-owner Name (Print)*

_____ _____

Applicant / Owner Signature *Co-applicant / Co-owner Signature*

_____ _____

Date *Date*

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Household Income and Asset Information (24 CFR Part 5)

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: _____

OVER →

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, i.e. 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 less than their fair market value in the last two (2) years? ☐ **Yes** ☐ **No**

If yes, type of asset and value: _____

_____

Please sign below:

Homeowner's Signature: _____

Homeowner's Printed Name: _____

Date (mm/dd/yyyy):_____

Co-owner's Signature: _____

Co-owner's Printed Name: _____

Date (mm/dd/yyyy):_____

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3841 Kipp Street
Madison, WI 53718
(608) 246-3737

Acknowledgement of Receipt

We / I have received a copy of the following Environmental Protection Act (EPA) informational booklets:

- **A BRIEF GUIDE TO MOLD, MOISTURE, AND YOUR HOME** (EPA 402-K-02-003 Revised 9/2012)
- **A CITIZEN'S GUIDE TO RADON** (EPA 402-K-12-002 Revised 2016)
- **RENOVATE RIGHT** (EPA-740-K-10-001 Revised 9/2011)

_____

Homeowner(s) Full Names (please print)

_____

Address

_____ _____ _____

City *State* *Zip*

Homeowner Signature: *Date:*

_____ _____

Co-Owner Signature: *Date:*

_____ _____

GRIEVANCE PROCEDURE AND RIGHT TO APPEAL

The following are typical reasons that applications might be denied for services:

- ❖ Household Income Limits
- ❖ Housing repair needs
- ❖ Inadequate equity
- ❖ Lack of adequate ownership position
- ❖ Loan-To-Value Ratio too high
- ❖ Other – applicant would need to specify on appeal

If I feel that the decision to deny my application was reached without full/complete information, based on bias, or based on inadequate or incorrect information, I understand that I have the right to appeal this decision.

All appeals:

- Must be made in writing to Project Home
- Must be made within 30 days of denial of services
- Must include a specific reason to reexamine your application materials

All Appeals:

- Should be addressed to: Wyolanda Singleton, Project Home Inc. 3841 Kipp St. Madison, WI 53718
- Received by Project Home within 30 days of the denial of services
- Will receive a written response within 30 days of receipt at Project Home, Inc.

Homeowner Name (Print)	*Homeowner Signature*	*Date*
Co-Owner Name (Print)	*Co-Owner Signature*	*Date*

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WISCONSIN MARITAL PROPERTY ACT CREDIT APPLICATION FORM

In order to comply with the provisions of the Wisconsin Marital Property Act, it is necessary for you to provide the following information:

1. Marital Status:

   ☐ Married
   ☐ Unmarried
   ☐ Legally Separated: Date of Decree:_____

2. If married:

   a. Spouse's name:_____

   b. Spouse's address:_____

1. **Notice to married applicants**: No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to s. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under s.766.59, or court decree under s.766.70 Wisconsin Statutes adversely affects the creditor unless the creditor is furnished 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.

If you wish to have a marital property agreement, unilateral statement or court decree considered in connection with your application, you may enclose a copy of it with this form.

Fair Housing Act Information Form

Statement of Purpose: *PROJECT HOME requests the following information in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so.*

PROJECT HOME may neither discriminate on the basis of this information, nor on the basis of whether or not you choose to furnish it. Under Federal regulations program partner agencies are required to note race and gender on the basis of visual observation or surname even if you do not choose to supply such information.