

**CITY OF MERRILL
COMMUNITY DEVELOPMENT COMMITTEE
Wednesday, February 27, 2013 at 8:00 A.M.
Basement Conference Room at City Hall
1004 E. First Street**

**Voting members: Ronald Peterson, Chairman, Alderman Ryan Schwartzman,
Pete Koblitz, Nancy Kwiesielewicz, Adam Rekau, Daniel Schneider
and Betsy Wiesneski.**

AGENDA

1. Call to order
2. February 1, 2013 meeting minutes
3. Review the Community Development Block Grant (CDBG) application process.
4. The Committee may convene in closed session pursuant to Wis. State Statutes Sec. 19.85 (1) (f) for consideration and action on Modification/Extension Agreement for Loan # 2006-51-SESS.
5. The Committee may convene in closed session pursuant to Wis. State Statutes Sec. 19.85 (1) (f) for consideration of personal financial data related to economic development CWED loan File#2013-61-JOHN.
6. If the Committee has convened in closed session, the Committee will then reconvene in open session the committee will possibly take action on item #5.
7. Public Comment
8. Adjourn

Ronald Peterson, Chairman

Merrill City Hall is accessible to the physically disadvantaged. If special accommodations are needed, please contact Merrill City Hall at (715) 536-4880.

COMMUNITY DEVELOPMENT COMMITTEE MINUTES
February 1, 2013, City Hall, Merrill, WI

Present: Ryan Schwartzman, Adam Rekau, Pete Koblitz, Betsy Wiesneski and Ron Peterson.

Others Present: Jim Warsaw, CWED Director, Jack Sroka, Economic Development Director and Shari Wicke, Community Development Program Administrator

The meeting was called to order at 8:00 a.m. Mr. Schwartzman made a motion to approve the minutes of the previous meeting; seconded by Mr. Rekau. The motion carried.

Shari Wicke informed the committee of the 1st Time Homebuyer Seminar that will be held on February 21st 4:00p.m. – 7:p.m. No action needed.

Shari Wicke presented the Community Development Growth in 2012 report to committee. No action needed.

Jack Sroka presented the Murphy's Insurance request for subordination.

Mr. Rekau made a motion to approve the above request for a subordination to People's State Bank in the amount of \$19,902; seconded by Mr. Koblitz, motion carried.

Jack Sroka presented Custom Design Heating & Cooling LLC request to restructure payments.

Mr. Rekau made a motion to approve the above subordination to River Valley State Bank request to restructure his payments with collecting the past due interest payments to date and securing our mortgage with a second on the property at 108 Blaine Street; seconded by Ms. Wiesneski, motion carried.

Jack Sroka presented Legends of Merrill extension of loan term.

Mr. Koblitz made a motion to approve the above request extension of loan term for one year with same monthly payments along with paying back the interest amount past due and supplying personal financials for our records; seconded by Ms. Wiesneski, Ryan Schwartzman abstained from voting, motion carried.

Jack Sroka informed the committee of the status of Sheer Essential Salon & Spa economic development loan. The committee agreed to extend the loan for no more than one year. No action needed.

Jack Sroka presented Johnson Properties request for loan term extension.

Mr. Rekau made a motion to approve the above request for extension to modify the current note to reflect a 24 extension to July 1, 2014 and continue with same terms; seconded by Mr. Koblitz, Ryan Schwartzman abstained from voting, motion carried.

Ryan Schwartzman spoke during public comment that he really appreciates all the knowledge the committee members have taught him especially since he is a business man himself.

There being no further business to discuss, Mr. Schwartzman made a motion to adjourn; seconded by Ms. Wiesneski. The motion carried. Adjournment was at 9:10a.m.

Respectfully submitted,
Shari Wicke

COMMUNITY DEVELOPMENT PROGRAM
HOMEOWNER APPLICATION

First Name Middle Initial Last Name

First Name Middle Initial Last Name

Total number of people in household including applicant _____

Are you a U.S. Citizen or a Qualified Alien: Yes ____ No ____

List names of all people in household, include ages of children:

Has any child listed above had a blood test for Lead? Yes ____ No ____

Applicant's Address _____

Approximate Age of House _____ Years

Telephone No. (Home) _____ (Work) _____ Cell _____

Email Address: _____

Name of Homeowner's Insurance _____

Month/Year in which you purchased the home _____

Is there currently a mortgage, lien, land contract, or other debt against this property? Yes ____ No ____

If yes, please state below the type of loan, original amount owed, current amount owed, and to whom it is owed. If there is more than one loan against the property, please list each one separately.

Loan Type	Amount Owed		Lender's Name
	Original	Current	

Are you delinquent on any state or federal taxes? _____

Are you delinquent on your property taxes? _____

Are there other outstanding liens or judgements against you? _____

Are you in, or entering into bankruptcy proceedings? _____

Please list below the incomes of all persons, including yourself, 18 years of age or older who live in your household. Income includes, but is not limited to: income from all gross wages, salaries, commissions, net income from self-employment, net income from the operation of real property, interest and dividend income, Social Security, SSI, pensions, AFDC, alimony, child support, and other benefit income.

If you are uncertain about including something as income, please list it below and the Community Development Director will advise you about it.

(1) _____	\$ _____
Name	Gross annual earnings
# _____	_____
Social Security #	Source of Income (Including employers name)

(2) _____	\$ _____
Name	Gross annual earnings
# _____	_____
Social Security #	Source of Income (Including employers name)

(3) _____	\$ _____
Name	Gross annual earnings
# _____	_____
Social Security #	Source of Income (Including employers name)

(4) _____	\$ _____
Name	Gross annual earnings
# _____	_____
Social Security #	Source of Income (Including employers name)

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.

The questions below are used for non-discrimination purposes. You are not required to answer them.

Sex of Applicant _____	Co-applicant _____
Age of Applicant _____	Co-applicant _____
Marital Status of Applicant _____	Co-applicant _____
Race of Applicant _____	Co-applicant _____

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

Signature of Applicant

Date

Signature of Co-Applicant

Date

HOME IMPROVEMENT NEEDS

A thorough inspection of your house will be conducted prior to approval of your loan. To assist the housing inspector, please use the following checklist to note any items you would like the inspector to pay particular attention. If any of the items are causing damage to your home, or you consider them a safety or health hazard, please check the appropriate damage/hazard line.

	<u>Items for inspection</u>	<u>Damage/Hazard</u>
Electric Service	_____	_____
Wiring	_____	_____
Furnace	_____	_____
Water Heater	_____	_____
Plumbing	_____	_____
Toilet	_____	_____
Roof	_____	_____
Foundation	_____	_____
Windows	_____	_____
Storm Windows	_____	_____
Porches	_____	_____
Insulation	_____	_____
Siding	_____	_____
Facia & Soffits	_____	_____
Exterior Painting	_____	_____
Floors	_____	_____
Walls & Ceilings	_____	_____
Interior Painting	_____	_____
Hand Rails	_____	_____
Handicap Accessibility	_____	_____

CITY of MERRILL
Community Development Department
Shari Wicke, Community Development Program Administrator
1004 E. First Street, Merrill, WI 54452
Phone: 715-536-4880, Fax: 715-539-2668
Email: shari.wicke@ci.merrill.wi.us

ITEMS NEEDED FROM APPLICANT

1. Latest Federal Income Tax Forms & W-2's.
2. Latest Property Tax Bill.
3. Proof of Homeowner's Insurance.
4. Mortgage Balance, Copy of Deed, or Land Contract.
5. Current payroll check stubs.

COMMUNITY DEVELOPMENT PROGRAM

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the City of Merrill the requested information listed below:

1. Previous and past employment history including employer, period employed, title of position, income, and hours worked.
2. Disability payments, social security, and pension funds.
3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.
4. Current and previous Circuit Court, Criminal History, information in regards to the open to the public recorded law that may help determine the decision on assistance.

This information will be for the confidential use of the City of Merrill in determining my/our eligibility for a mortgage loan or to confirm information I/we have supplied. Please complete the attached verification request.

A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed release of information form will be kept on record with the City of Merrill.

Last, First, M.I.

Last, First, M.I.

Social Security #

Social Security #

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date

NOTICE TO BORROWERS: This notice to you is required by the Right to Financial Privacy Act of 1978. The Department of Housing and Urban Development, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD, FHA, or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

FINANCIAL VERIFICATION

Return To: City of Merrill
Community Development
1004 E. First Street
Merrill, WI 54452

APPLICANT NAME: _____

APPLICANTS SIGNATURE _____

FINANCIAL INSTITUTION NAME: _____

The applicant identified above has given his or her permission for you to release the following information necessary for **City of Merrill** to determine his or her eligibility for our programs. Please fill out the lower portion of this page to the best of your ability and return it to **City of Merrill Community Development** at the address listed above. If you have any questions please contract our office at **(715) 536-4880**.

TO BE COMPLETED BY FINANCIAL INSTITUTION OFFICIAL:

Date the client took out mortgage _____

Mortgage amount when they took out the loan _____

Current Balance on Mortgage _____

Interest rate on loan _____

Are they current at this time Yes ___ No ___

How many payments have the clients missed or been late on _____

Do they hold an escrow account for insurance or property taxes Yes ___ No ___

Checking current balance _____ Total Interest received in prior year _____

Savings current balance _____ Total Interest received in prior year _____

Other current balance _____ Total Interest received in prior year _____

Any comments _____

X _____
Signature of Financial Institution Official

Date

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

VERIFICATION OF EMPLOYMENT

Date:

To:

RE:

The applicant identified above has applied for a housing rehabilitation loan through the Grantee Community Development Block Grant Program. To be eligible for a loan under this program, an applicant's income may not exceed certain levels. Please provide the following information to verify the applicant's financial eligibility.

The information requested is for the confidential use of this agency and the Wisconsin Division of Housing and Community Development. Below is the signature of the applicant authorizing us to obtain this information. Thank you for your cooperation.

Sincerely,

Program Administrator

* * * * *

Position: _____

Dates of Employment: _____

Current Hourly Rate: _____

Estimated Commission/Bonus: _____ Overtime: _____

You have my permission to release the above information.

Signature of Applicant

Date

The above information is furnished in strict confidence, in response to your request.

Signature of Employer

Date