



Village of West Milwaukee

4755 W Beloit Road
West Milwaukee, WI 53214
414645-1530 Ext

Strong Neighborhoods Grant Application

Instructions: All applicants must submit a completed application to be considered for a grant. A completed application includes:

- Application Form. A completed Application Form must include an itemized description of your proposed project and estimated cost for each item. Any item not listed on this worksheet will not be considered for reimbursement. A copy of the contractor estimates and/or receipts must be attached.
- A timeline outlining when the project will be completed.
- Before photos of the proposed project. Items will not be considered if before photos are not submitted. Photos may be digital.
- W-9 Form. A completed W-9 form must be completed and submitted to be eligible for this program. This form is required by the Village of West Milwaukee to process your reimbursement request.

All completed application materials may be submitted by mail or in-person to:

Village of West Milwaukee
4755 W Beloit Road
West Milwaukee, WI 53214

ADDITIONAL INFORMATION

A property that has any one or more of the following conditions is ineligible for the program:

- a) A property is not located within the corporate limits of the Village of West Milwaukee.
- b) Any property where the owner of that property is delinquent on any debt it owes to the Village of West Milwaukee.
- c) Properties owned in part or in whole by a tax-exempt entity.
- d) A property that has an open or issued Correction Notice. Applications submitted for projects that will close a Correction Notice may be considered on a case-by-case basis.
- e) Property can receive grant money once every year.

Please allow up to 30 days for review and a decision. Please refer to the Strong Neighborhoods – Housing Renovation Initiative Program for guidelines.

PROPERTY WORKSHEET

Owner/Applicant Information:

Name: _____

Property Address: _____

Mailing Address (If Different): _____

Phone Number: _____ E-mail Address: _____

Property Type (circle one): RENTAL OWNER-OCCUPIED

Gross monthly income: \$ _____

66.1105 (bq) "Household" means an individual and his or her spouse and all minor dependents.

Total Monthly Housing Expenses: Mortgage: \$ _____
 Insurance: \$ _____
 Taxes: \$ _____
 Total: \$ _____

Housing expenses must be less than 30% of gross monthly income.

Description of Project:

Project Budget:

FIX-UP/REPAIRS-Itemized Description of Work:
Cost

Estimated Cost

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL ESTIMATED COSTS \$ _____

I confirm the above statements to be true and plan to complete the work by (date): _____

The undersigned person(s) certifies that the information in and attached to this application is true to the best of their knowledge and belief, and hereby request the Village of West Milwaukee to provide assistance for the project described above. I have read and understand the Strong Neighborhoods initiative program packet _____. I understand that I may be audited by the Department of Revenue (DOR) and I should retain financial information that qualifies me for this program.

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____