

Received: _____

COMMUNITY DEVELOPMENT PROGRAM
INITIAL HOMEOWNER APPLICATION

First Name Middle Initial Last Name

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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:

Applicant's Address _____

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

Email Address: _____

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

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

(2) _____ \$ _____
Name Gross annual earnings

(3) _____ \$ _____
Name Gross annual earnings

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