

OFFICE USE ONLY

(Loan number)

OWNER-OCCUPANT APPLICATION FORM

Community Development Block Grant Program

Applicant(s) Name: _____

If anyone else is listed as property owner on the deed or land contract, please list below:

Do you, the applicant(s), occupy the dwelling in which you are applying for? ____ Yes ____ No

Telephone Number: (____) _____ (Home)

(____) _____ (Work)

(____) _____ (Cell)

_____ (Email)

Best time to call: _____ AM/PM

Resident Address: _____

(Street Address, City, Zip)

(County)

(Mailing Address if different)

Including yourself how many people occupy this unit? _____

Ages of children who live in the home? _____

Requested Home Improvements:

Age of Structure: _____

Is this property a Historical Site, or eligible to become one? ____ Yes ____ No

Are your property taxes delinquent? ____ Yes ____ No

Is there currently a mortgage, lien, land contract, judgment(s) or any other debt against this property?

____ Yes ____ No

How did you hear about this program?

If you have questions, or are unsure if information or document should be included please call at 715-536-4880 or attach it and it will be determined if is needed.

Below please list any type of debt, amount currently owned and whom it is owed. IF there is more than one loan against the property please list each one separately.

Fair Market Value (found on your property tax or appraisal)	Dollar Amount owed, against property from all sources	Equity= (fair market value- amount owed)
\$		\$

Income

Please list below the income of all persons who live on your household. Income includes, it is not limited to income from all gross wages, salaries, commissions, tips, net income from self-employment, net income for the operation of real property, interest and dividend income, Social Security, SSI, Pensions, AFDC, alimony, child support, tribal per capita, veteran’s benefits, worker compensation, unemployment, SSI caretaker supplement, gambling, general relief, and other benefit income

If you are uncertain about including something as income, please list it below and the Housing Rehab program will advise you about it.

Name household member	Income Type	Income Month 1	Income Month 2	Income month 3	Total in 3 months

Ages of children living in the household (under 18years) _____

Total household income \$ _____

Are you a United States Citizen or Qualified Alien? ____ Yes ____ No

You are not required to answer the questions below. However, if you do, you will help future efforts to obtain federal funds.

Sex of Applicant: _____

Age of Applicant: _____

Marital Status of Applicant: _____

Race of Applicant: _____

Handicapped: _____

If you chose not to answer the question listed above, please check this box:

Please answer the following asset(s) questionnaire completely. Failure to do so will result in delay of application processing

Yes or No	Asset	Cash value/ Balance
<p>_____ Yes _____ No</p>	<p>Checking account(s) Name(s) on account: _____ _____</p>	<p>\$ _____</p>
<p>_____ Yes _____ No</p>	<p>Savings account(s) Name(s) on account _____ _____</p>	<p>\$ _____</p>
<p>_____ Yes _____ No</p>	<p>Certificates of Deposit or Money Market Account(s) Name(s) on account: _____ _____</p>	<p>\$ _____</p>
<p>_____ Yes _____ No</p>	<p><u>Revocable Trust</u> <u>If yes, provide description:</u> _____ _____</p>	<p>\$ _____</p>
<p>_____ Yes _____ No</p>	<p>Stocks, Bonds or Treasury Bills List Names: _____ _____</p>	<p>\$ _____</p>

<p>____ Yes ____ No</p>	<p>Real Estate- Own rental property(ies) or other land If yes, list location and mortgage holder and send copy of <u>Property Tax Statement</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>
<p>____ Yes ____ No</p>	<p>IRA/Lump Sum/ Pension/ Retirement/Keogh/401k (even if you are not eligible to receive it)</p>	<p>\$ _____</p>
<p>____ Yes ____ No</p>	<p><u>Whole Life Insurance Policy</u> How many policies: _____ Names on account(s): _____</p> <p>_____</p> <p>*Attach cash value sheet</p>	<p>\$ _____</p>
<p>____ Yes ____ No</p>	<p>More than \$500 on hand</p>	<p>\$ _____</p>
<p>____ Yes ____ No</p>	<p>Items held and an investment (antique car, coin collection,ect) Please list:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>
<p>____ Yes ____ No</p>	<p>Safe Deposit box List asset contents:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>
<p>____ Yes ____ No</p>	<p>Disposed of asset(s) (gave away money/assets) for less that fair market value in the past 2 years (i.e. land or 2nd home) List:</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>
<p>____ Yes ____ No</p>	<p>Income from asset(s) or sources other than those listed above:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p>

Please read each item carefully before initialing. If you do not understand, please ask for assistance.

1. This is an owner-occupied property. I understand the Housing Rehab funds are offered as a loan payable upon resale or transfer if title of the property. The loan will be secured by a mortgage and/or promissory note that I can pay any or all of the balance any time prior to resale or transfer of property.
_____Applicant _____Co-Applicant
2. I understand my property will be assessed to determine if the house meets or can meet decent, safe and sanitary conditions. Based on the assessment, The Housing Rehab Program reserves the right to deny funding.
_____Applicant _____Co-Applicant
3. I understand I must carry adequate homeowner's insurance on the property, and keep the policy in force during the life of the loan.
_____Applicant _____Co-Applicant
4. I understand the contract between the contractor and I (us) is my responsibility to ensure that the work is done, and done correctly. This is not the responsibility of the administrator, or the Housing Rehab Program.
_____Applicant _____Co-Applicant
5. I authorize if I intentionally make statements or conceal any information in an attempt to obtain this loan; it is a violation of federal and state laws that carry severe criminal and civil penalties
_____Applicant _____Co-Applicant
6. I authorize the Housing Rehab Program agents to verify all information given by me about my property, income, employment, and assets to determine my eligibility
_____Applicant _____Co-Applicant
7. I authorize and direct all custodians of my records including my insurance company, employer, public and private agencies, banks, financial institutions, or credit data service to release information to the Housing Rehab Program.
_____Applicant _____Co-Applicant

Housing Rehab Program Privacy and Disclosure Notice

We may collect non-public personal information about you from the following sources:

- Information that you provide to us, such as on the applications of other forms
- Information about your transaction with us or others
- Information from others, such as a real estate appraisers and employers

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products and services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information. If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices described in this notice.

Below are Items listed that must be sent back with your application, please check them as you attach. Failure to send back all applicable items may result in delay of project. Prior to attachment of these documents, please free all papers from social security numbers, account numbers and employee numbers as they are personal and not needed in our application processing.

_____ Last 3 months of check stubs of all members in the household (18 or older and not a full-time student

_____ Proof of college enrollment of full time student(s)

_____ The first \$480.00 worth if check stubs from any full-time college student(s)

_____ All current award letters (SS, SSI, Disability, etc.)

_____ Copy of current 1040

_____ Entire 1040 if self-employed (last 3 years)

_____ Copy of property tax(es)

_____ Copy of current mortgage balances

_____ Letter from bank on average 6 months of checking(s) & savings accounts etc.

_____ Copies of 401k, CD(s), IRA, Keough, or any pension balances

_____ Proof of child support payments (3 months) (if you do not receive any, a copy or court order)

_____ Proof of alimony/spousal maintenance payments

_____ Copy of proof of property insurance

_____ Copy(ies) of proof of any other income or asset(s)

*All check stubs, award letters and pension must show gross amount

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.

I, the undersigned, certify that all information in this application is correct and accurate to the best of my knowledge. Failure to comply with the conditions within this application may result in the withdrawal of the Housing Rehab Program participation. I acknowledge that I received and reviewed the brochures "Protect Your Family From Lead In Your Home", and "Renovate Right" that were attached to this application. I understand that failure to attach any applicable documentation needed with this application (see checklist) may result in delay or denial of project.

MUST HAVE ALL APPLICANTS SIGN APPLICATION

Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

Authorization of Release if Information Form
Community Development Block Grant

Name: _____

Address : _____

Date: _____

This form will authorize you to release any information to the Housing Rehab Program

We are particularly interested in:

- Verification of Taxes
- Request for mortgage status
- Title verification
- Checking and savings account(s)
- Verification of Insurance(s)
- Verification of employment
- Verification of income
- Social Security verification
- Verification of benefits
- (Other) all assets

Notice to Applicants

Notice to borrowers: this notice to you is required by the Right to Financial Privacy Act 1979. The Department of Housing and Urban Development, Federal Housing Administration or Veterans Administration have the 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 release by this institution to another government agency without you consent except as required by law.

I, the undersigned, do hereby authorize the release of information to the Housing Rehab Program, Weatherization and any other housing rehabilitation programs that I may benefit from

Applicant signature _____ **Date** _____

Co-Applicant signature _____ **Date** _____