

Central Housing Region CDBG Program

Homeowner Application

Office use only: Application Number _____ Date Received _____

COUNTY PROPERTY IS LOCATED IN:

1. APPLICANT NAME (LAST, FIRST, MI)		4. HOME PHONE NUMBER _____/_____	
2. CO-APPLICANT NAME (LAST, FIRST, MI)		5. CELL/ALTERNATE PHONE NUMBER _____/_____	
3. PROPERTY ADDRESS		6. MAILING ADDRESS (IF DIFFERENT)	
6. Ages of children in the home:	8. Is dwelling in a floodplain?	9. Age of home:	10. Primary residence? <input type="checkbox"/> YES <input type="checkbox"/> NO
11. Other funds applied for (i.e. Wisconsin Fund, HOME Program):		12. Is property a Historical Site or is it eligible to become one?	
13. How did you hear about the CDBG Program?			

I. FINANCIAL INFORMATION

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

Mortgage is: ____ current ____ delinquent ____ in foreclosure ____ for sale. Mark all that apply.

FAIR MARKET VALUE OF PROPERTY (found on property tax bill)	AMOUNT OWED (loan/liens against property)	OWED TO	EQUITY (fair market value minus amount owed)

LIST NAMES OF ALL PROPERTY OWNERS AS SHOWN ON DEED OR LAND CONTRACT:	PROPERTY HELD IN: <input type="checkbox"/> FEE SIMPLE <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/> OTHER
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GROSS MONTHLY INCOME: Income includes, but is not necessarily 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.

Name	Relationship to applicant	Source of income	Monthly Gross Income

II. CONFLICT OF INTEREST

Do you have family or business ties to any of the individuals listed below? Yes_____ No_____

If **yes**, disclose the nature of the relationship.

Names of covered persons	
Alan K. Peterson, Juneau County Chairperson	Marge Bostelmann, Committee Member – Green Lake County
Julie Oleson, Juneau County Housing Auth., Executive Director	Sue Wendt, Alternate Committee Member – Green Lake County
Tom Brounacker, Committee Member – Juneau County	Brenda Jahns-Grams, Committee Member – Marquette County
Trena Larson, Committee Member – Adams County	Toni Simonson, Committee Member – Marathon County
Jeanne Dodge, Committee Member – Portage County	Deb Behringer, Committee Member – Waushara County
Al Haga, Alternate Committee Member – Portage County	Hilde Henke, Committee Member – Wood County
Ryan Brown, Committee Member – Waupaca County	Jason Grueneberg, Alternate Committee Member – Wood County
David Thiel, Alternate Committee Member – Waupaca County	

CHECK/CIRCLE DATA WHICH APPLIES		
Race/Ethnicity of Head of Household (optional)	Size of Household (required)	Head of Household (optional)
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Balance/Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Do not wish to disclose	_____ Person(s) (Who live in the home at least 6 months out of the year)	Female Elderly (>62) Person with disability or handicap

LIST REQUESTED REHABILITATION:

MARITAL PROPERTY AGREEMENT

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.

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 application or other forms,

- Information about your transaction with us or others, and
- Information from others, such as 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.

APPLICANT'S STATEMENT AND RELEASE

IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

This is an owner occupied property. I understand the Housing Rehab funds are offered as a loan payable upon resale or transfer of 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.

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 Central Housing Region CDBG Program reserves the right to deny funding.

I understand I must be carrying homeowners insurance on the property, and keep the policy in force during the life of the loan.

I understand the contract is between me (us) and the contractor and it is my responsibility to ensure that the work is done, and done correctly. This is not the responsibility of the administrator, or the Central Region Housing CDBG Program.

I/we understand if I/we intentionally make false statements or conceal any information in an attempt to obtain this loan; it is in violation of federal and state laws that carry severe criminal and civil penalties.

I /we authorize the Central Region Housing CDBG Program agents to verify all information given by me about my property, income, employment, and assets to determine my eligibility.

I/we 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 Central Housing Region CDBG Program.

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

By my signature, I certify that I have read and understand all statements in this application and all information I have given is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

How did you hear about the CDBG Program? _____