

File #: _____
 Date Received: _____
 (Office Use Only)

**2011-2013 HOME REHABILITATION PROGRAM and
 HOMEBUYER ASSISTANCE (DOWNPAYMENT & CLOSING) APPLICATION**

Ashland County Housing Authority
 124 Wilderness Drive
 P.O. Box 349
 Mellen, WI 54546
 (715) 274-8311

APPLICATION FORM

Applicant(s) Name _____

Residence Address: _____
 (Street Address) (Mailing Address)

 (City/Village/Town) (State) (Zip)

Telephone Number: _____ / _____ Home _____ / _____ Work

Total number of people living in the home (including Applicant): _____

INCOME

Please list below all persons who live in your household. List the incomes of all persons 18 years of age or older. 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.

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

Name	Relationship to Applicant	Source of Income	Monthly Gross Income

FOR HOME REHABILITATION FILL OUT THIS SECTION

Age of Structure: _____

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

If Yes, Please state below the type of debt, amount currently owed, and to whom it is owed. If there is more than one loan against the property, please list each one separately.

<u>TYPE OF LOAN</u>	<u>AMOUNT OWED</u>	<u>LENDER NAME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Please List names _____
Of all property owners _____
As shown on deed or _____
Land contract: _____

TYPE OF REPAIRS NEEDED:

FOR HOMEBUYER ASSISTANCE (DOWNPAYMENT & CLOSING) FILL OUT THIS SECTION

Have you found a house you wish to purchase?
____ Yes ____ No Address _____

If no, what is the timeframe within which you would like to acquire a home? _____

Name of financial institution through which home would be financed? _____

Are you pre-approved for a loan ?
____ Yes ____ No Amount: \$ _____

Amount of money your household can contribute toward the down payment on a home: \$ _____

CONFLICT OF INTEREST

Do you have family or business ties to any of the following people? If Yes, disclose the nature of the relationship.

Names of covered persons:	Relationship
Denise Lutz	
Nicole Horak	
John Penn	
Maya Wenner	
Robert Kretzschmar	
Jeffrey Pankratz	
Maxine Kleinsteiber	

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.

You are not required to answer the questions below. If you choose not to answer them, please check this box.

Age of Applicant: _____

Racial/Ethnic Background, Check One:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Balance/Other |

Hispanic: Yes No

I certify that the above information is true, accurate and complete to the best of my knowledge.

Signature of Applicant

Date

Signature of Applicant

Date

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the Ashland County Housing Authority 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 transition.

This information will be of the confidential use of the Ashland County Housing Authority 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 a duplicate original. The ordinal signed release of information form will be kept on record with the Ashland County Housing Authority

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.