



ASHLAND COUNTY HOUSING AUTHORITY

P.O. Box 349 Mellen, WI 54546

Phone: 715-274-8311 Fax: 715-274-4303

www.ashlandcountyhousingauthority.org

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

First Name: _____ Last Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Residence Address: _____ Mailing Address (if different): _____

Email Address: _____

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

Please list household members who are 18 years of age or older along with their incomes.

Household Member	Source of Income (Wages, Social Security, Child Support, etc.)	Monthly Gross Income

List any asset accounts (checking, savings, CDs, etc.).

Household Member	Bank Name	Type	Amount

File #: _____

Date Received: _____

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 each type of debt, amount currently owed, and to whom it is owed.

Type of Loan	Amount Owed	Lender Name

List the names of all property owners as shown on deed:

List the types of repairs needed:

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

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

If yes, indicate the address: _____

If no, by which date would you 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 of money your household can contribute toward the down payment on a home: \$ _____

CONFLICT OF INTEREST

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

Names	Relationship
Denise Lutz	
Nicole Horak	
John Penn	
Karen Miller	
Robert Kretschmar	
Bradley Ray	
Kathy Krupp	

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 all that apply:

___ White

___ American Indian/Alaskan Native

___ Black/African American

___ Native Hawaiian/Other Pacific Islander

___ Asian

___ 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. Bank account, stock holdings, and any other asset balances.
4. 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.

HOME APPEAL POLICY

If an applicant has been determined income ineligible or the dwelling unit has been determined to be ineligible by the Ashland County Housing Authority, the applicant will be mailed a denial letter along with an appeal form by the Executive Director. The applicant will have the right to appeal the denial by doing the following:

1. Direct the appeal to the Executive Director

Denise Lutz, Executive Director
Ashland County Housing Authority
P.O. Box 349
Mellen, WI 54546
715-274-8311

2. Include the name of the program to which they are appealing for
3. Describe a short summary of the reason for the appeal
4. Appeal within 15 days of the date of the denial letter

The Ashland County Housing Authority will then respond to the appeal within 15 days of receiving the appeal.

If the denial of service is sustained, the applicant must be informed they have the right to appeal the determination. If there is no resolution after internal review, the applicant will be informed they have the right to appeal to:

Division of Energy, Housing, and Community Resources
P.O. Box 7970
Madison, WI 53707-7970

I have read and reviewed the Ashland County Housing Authority HOME/HCRI Appeal Policy.

Signature of Applicant

Date

Signature of Applicant

Date

HOME SUBORDINATION POLICY

The Ashland County Housing Authority will subordinate its Home mortgage to another lender under the following conditions:

- Refinance an existing mortgage to obtain a reduced interest rate.
- Refinance an existing mortgage to obtain a comparable interest rate and extend payment terms.
- Obtain a home equity loan for the sole purpose of rehabilitating their primary residence.
- Refinance an existing mortgage as necessary to halt foreclosure proceedings by a bank or to halt tax deed proceedings by the county.
- Obtain a home equity loan to pay for medical emergencies.

I have read and reviewed the Ashland County Housing Authority Subordination Policy.

Signature of Applicant

Date

Signature of Applicant

Date