

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

HOME BUYER APPLICATION

Date Received _____
(For Office Use Only)

Applicant(s) Name _____

Telephone Number: _____ / _____ (home) _____ / _____ (work)

Address: _____
(Street Address)

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

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

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

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 Division of Energy, Housing and Community Resources will advise you about it.

Name	Relationship to Applicant	Source of Income	Monthly Gross Income

Have you found a house you wish to purchase?

____ Yes. Address _____
____ No

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? _____

CURRENT ASSET INFORMATION

(Only 2% of your assets value listed below will be counted towards your total household income)

Circle Yes or No	ASSET																		
Yes No	Checking Account(s) Provide copy of last six months bank statements																		
Yes No	Savings Account(s) Provide copy of last six months bank statements																		
Yes No	Certificate of Deposit (CD) or Money Market Accounts Provide most current bank statements																		
Yes No	Revocable Trust(s) Provide documentation																		
Yes No	Real Estate other than primary residence (i.e. rental, land) Provide copy of property tax statement																		
Yes No	Stock, Bonds, or Treasury Bills Value \$ _____																		
Yes No	IRA/Lump Sum Pension/Retirement/Keogh/401(k) Provide documentation Value \$ _____																		
Yes No	Cash Value of Life Insurance Policy Provide documentation Value \$ _____																		
Yes No	Items held as an investment (antique car; coin, stamp, jewelry, gun collections, etc.) Provide documentation Value \$ _____																		
Yes No	Safe deposit box (list contents) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">_____</td> <td style="width: 20%; border: none;">Value</td> <td style="width: 20%; border: none;">\$ _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Value</td> <td style="border: none;">\$ _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Value</td> <td style="border: none;">\$ _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Value</td> <td style="border: none;">\$ _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Value</td> <td style="border: none;">\$ _____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">Value</td> <td style="border: none;">\$ _____</td> </tr> </table>	_____	Value	\$ _____	_____	Value	\$ _____	_____	Value	\$ _____	_____	Value	\$ _____	_____	Value	\$ _____	_____	Value	\$ _____
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_____	Value	\$ _____																	
Income from assets or sources other than those listed above.																			

(Only 2% of your assets value listed above will be counted towards your total household income)

CURRENT INCOME INFORMATION

Income Information: List the incomes of all persons 18 years of age or older.

Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

1. **Employment** – Have employer complete Employment Verification Form (enclosed)
2. **Self-Employment** – Provide copies of last **3 years** of Federal 1040 with Schedule C attached
3. **Unemployment Benefits and/or Worker's Compensation** – Provide copy benefit statement or check
4. **Veteran's Administration, GI Bill, or National Guard/Military benefits/income** – Provide copy of benefit statement or check
5. **Social Security Payment** Send benefit statement
6. **Unearned income from family members age 17 and under**
(i.e. Social Security, Trust Fund Disbursement, etc.) Send benefit statements
7. **Supplemental Security Income (SSI)** Send benefit statement
8. **Disability or death benefits other than Social Security** Send benefit statement
9. **Public Assistance** (i.e. TANF, W2) Send benefit statement
10. **Periodic payment from Trusts, Annuities, Inheritance, Retirement's funds or Pension, Insurance Policies, or Lottery Winnings** \$ _____
11. **Income from real or personal property**, (i.e. interest or dividends) \$ _____
12. **Alimony/spousal maintenance payments** (3 months check stubs) \$ _____
13. **Child Support Payments Received** (3 months documentation) \$ _____
14. **Section 8 Rental Assistance** (3 months documentation) \$ _____
15. **Income from a source other than those listed above.**
 - 1) _____ \$ _____
 - 2) _____ \$ _____

ITEM NEEDED FROM APPLICANT

1. Latest Federal Income Tax Form & W-2's
2. Proof of homeowner's Insurance
3. Current Mortgage Balance (Verification from Bank)
4. Current balance on Savings Acct. (Bank Statement)
5. Copy of checking Bank statements for 6-months

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

VERIFICATION OF EMPLOYMENT

Date:

To:

RE:

The applicant identified above has applied for a housing rehabilitation loan through the Grantee Community Development Block Grant Program. To be eligible for a loan under this program, an applicant's income may not exceed certain levels. Please provide the following information to verify the applicant's financial eligibility.

The information requested is for the confidential use of this agency and the Division of Energy, Housing and Community Resources. Below is the signature of the applicant authorizing us to obtain this information. Thank you for your cooperation.

Sincerely,

Program Administrator

* * * * *

Position: _____

Dates of Employment: _____

Current Hourly Rate: _____

Estimated Commission/Bonus: _____ Overtime: _____

You have my permission to release the above information.

Signature of Applicant

Date

The above information is furnished in strict confidence, in response to your request.

Signature of Employer

Date

COMMUNITY DEVELOPMENT PROGRAM

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the City of Merrill 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 transaction.
4. Current and previous Circuit Court, Criminal History, information in regards to the open to the public recorded law that may help determine the decision on assistance.

This information will be for the confidential use of the City of Merrill 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 as a duplicate original. The original signed release of information form will be kept on record with the City of Merrill.

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.

COMMUNITY DEVELOPMENT PROGRAM
CONFLICT OF INTEREST LIST OF PERSONS

Mayor:

Steve Hass

Community Development Committee:

Alderspersons:

Mike Rick
Rebecca Rutkowski
LaDonna Fermanich
Mark Weix
Robert Lass
Michael Caylor
Andrew Caylor
Nathan Meyer

Mark Weix, Alderman
Landis Holdorf
Betsy Meier Peterson
Nancy Kwiesielewicz
Pete Koblitz
Daniel Schneider
Chris Malm

Do you have family or business ties to any of the following people listed above?

_____ I am not related or have any business ties to any of the persons listed above.

_____ I am related to _____ in the following way _____.
Name

_____ I have business ties with _____ in the following way _____.
Name

Signature of Applicant Property Owner

Do you have family or business ties to any of the following people listed above?

_____ I am not related or have any business ties to any of the persons listed above.

_____ I am related to _____ in the following way _____.
Name

_____ I have business ties with _____ in the following way _____.
Name

Signature of Spouse or Co-Applicant

APPLICANT'S AUTHORIZATION TO TERMS AND CONDITIONS

Community Development Block Grant –Housing (CDBG- Housing) and Revolving Loan Fund (RLF) HOME Homebuyers Rehabilitation Program (HHR)

You have completed an application for rehabilitation assistance through the Grantee's Name Community Development Block Grant (CDBG) or HOME program for your property located at (Applicant's Address). Before any work may begin, we want to be certain that you understand the application process and that you understand your responsibilities before we may proceed with the rehabilitation work on your home/property.

Please read each statement below carefully and initial each line. By initialing and signing below, you are stating that you understand and agree to the terms and conditions outlined below. This authorization form will become part of our file. A copy of this document will be given to you for your records.

(Choose a program below 1a or 1b)

CDBG ONLY Applicants

____ 1a. I understand that the CDBG loan will be deferred at 0% interest for as long as I occupy the property as my primary residence and agree to and re-record and pay for the re-recording of the mortgage after 30 years.

HOME ONLY Applicants

____ 1b. I understand the terms and conditions of the Promissory Note/Agreement.

CDBG/HOME Applicants

____ 2. I understand that unforeseen costs may be incurred which may increase the cost of the project if contractors discover code violations in the process of bringing the home up to standards that could not be documented in the original inspection (i.e. contractor removes drywall and in the process, discovers mold or code violations behind the walls that must be addressed). I understand any additional items that are discovered through the rehabilitation process that are unsafe must be corrected, and I agree to sign additional mortgage(s).

____ 3. I understand that if unforeseen or unexpected conditions arise that would delay my project; I will be notified.

____ 4. With reasonable notice, Grantee's Name, Division of Energy, Housing and Community Resources (DEHCR), and applicable assignees reserve the right to enter and inspect any in-progress or completed project.

____ 5. Grantee's Name staff must have access to all areas of the home at the time of inspection. Rooms should not be shut off to Grantee's Name staff for any reason, including sleeping family member(s). Contractors must have access to the home to complete the contracted work.

____ 6. I understand that household pets must be controlled at all times. If the Grantee's Name staff member(s) believes that any pet acts aggressively or is dangerous, the pet must be contained or removed from the home for the safety of Grantee's Name staff and the contractors. If the pet is not contained or removed, the Grantee's Name staff member(s) and/or the contractor will leave the premises without completing the scheduled work and may result in the cancellation of the project.

- ____7. I understand and agree to keep the premises free of all hazards. All improperly stored chemicals, combustible materials, or other fire hazards that present a danger to the inspector and/or contractor(s) must be removed. The home should also be free of maintenance or housekeeping practices that limit the access of the contractors to the dwelling or create an unhealthy work environment (i.e. animal feces or raw sewage in the home). If this is not completed, the project may be cancelled.
- ____8. I understand that after receiving notification from Grantee's Name, that Grantee's Name reserves the right to cancel a project at any time with reason. Reasons for cancellation may include, but are not limited to: work exceeding the original allocation, loss of funding, failure of homeowner to comply with the terms of the funding and/or contract, the homeowner or property has been determined to be ineligible for funding.
- ____9. I understand that I or any other members of the household, relatives, friends...etc may not engage in any abusive behavior towards contractors, subcontractors, or Grantee's Name staff. "Abusive behavior" includes, but is not limited to, kicking Grantee's Name staff or contractors off of the property, use of profanity, yelling, or any threatening or intimidating actions. Violation of the provision may result in cancellation of the project. Any costs incurred at that point will be the responsibility of the homeowner.
- ____10. I understand that in matters concerning the selection of paint colors, types of fixtures and other items not involving a change in the specifications of work write-up, the choice will be mine and I will deal directly with the contractor.
- ____11. I understand and agree that it will be necessary to allow authorized personnel **to take pictures before, during (if an interim inspection is performed) and after the home rehabilitation process.** Grantee's Name will inspect the work in progress and upon completion, in order to assure that work meets the specifications.
- ____12. I understand and agree that I will **NOT** make any changes to the work write-ups or specifications without prior written approval of the CDBG/HOME administrator.
- ____13. I understand and agree that I cannot perform any rehabilitation or renovation work on my property during the CDBG/HOME project until all work has been completed. If I perform any rehabilitation or renovation work during the project, my project may be deemed ineligible and all cost including labor and materials incurred will become my responsibility. Grantee's Name or the CDBG/HOME program will not be held liable to correct any mistakes that may occur during my renovation. I further understand that work may cease until I complete my renovation work. The only exception, with prior written authorization of Grantee's Name is if I, the homeowner, am licensed to conduct a specific type of activities, such as a licensed electrician.
- ____14. I understand that I must maintain my homeowner's insurance, remain current on my property taxes during the entire period that the lien is in place against my property and will not transfer title of the property.
- ____15. I understand that if my house was built prior to 1978, a lead base paint clearance test may be completed at the end of my rehabilitation project based on the scope of work completed. The lead clearance test is to ensure that no lead hazards exist, following the completion of the rehabilitation project. I understand that I will receive a copy of the clearance report.
- ____16. I understand that if disputes arise, that it may delay my project completion date.
- ____17. I understand payment(s) will be made in the form of a single party check made out to the Contractor. I understand that authorization must be made by myself, the homeowner, for release of funds to the Contractor by signing the payment request form.

____18. I agree that should disputes concerning payment to contractors arise, final determination will be made by the CDBG/HOME administrator at Grantee's Name, and I agree to abide by the decision of the administrator.

I have read, understand, and accept all of the Terms and Conditions as outlined above.

Print Name

Owner Signature

Date

Print Name

Owner Signature

Date

Original in file
Copy - Borrower _____

Date

AFFORDABILITY CALCULATION BREAK DOWN SHEET

Purchase Price \$

Down payment \$

Closing Costs \$

Balance Monthly Payment \$

Property Taxes (X 12months) \$

Monthly take home pay: \$	(-)	Total of Monthly Expenses) \$
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Monthly Expenses:

House Payment \$

Property Tax \$

Insurance (Home) \$

Vehicle Payment(s) \$

Vehicle Ins. \$

Heating \$

Student Loan(s) \$

Gas & Food \$

Credit Cards \$

Other Needs \$

TOTAL	\$	
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