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 GREEN BAY, WISCONSIN 54305-3600

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The Northeastern Wisconsin CDBG-Housing program is administered by Brown County and includes the counties of: Brown, Calumet, Door, Fond du Lac, Kewaunee, Manitowoc, Marinette, Outagamie, Sheboygan, and Winnebago.**

****The Northeastern Wisconsin CDBG-Housing program may not fund projects in the Cities of Appleton, Fond du Lac, Green Bay, Neenah, Oshkosh, or Sheboygan. These cities should be contacted directly for similar programs.****

HOUSING REHABILITATION PROGRAM APPLICATION

Complete the application including all appendices. Failure to complete all sections of the application will delay the process. **Submitting an application does not automatically qualify you for assistance. Assistance is dependent on funds availability and program guidelines.** If you are married, it is required that your spouse be listed as the co-applicant. Please print legibly.

APPLICANT	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	PROPERTY ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE)			
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER OR WAY TO BE REACHED		BEST TIME TO BE REACHED	
CO-APPLICANT OR SPOUSE	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER/WAY TO BE REACHED		BEST TIME TO BE REACHED	



CHILDREN OR OTHER INDIVIDUALS LIVING IN THE HOME

List all individuals, other than the applicant and co-applicant, who live in the house for six or more months per year. This includes children, step-children, caregivers, or family members. Use a separate sheet of paper to list any additional persons beyond six. Failure to report all household members may result in disqualification.

NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

WISCONSIN MARITAL PROPERTY ACT CREDIT APPLICATION FORM

In order to comply with the provisions of the Wisconsin Marital Property Act, it is necessary for you to provide the following information:

1. Marital Status: _____ Married _____ Unmarried _____ Legally Separated (Date of Decree) _____
2. If married:
 - a. Spouse's name _____
 - b. Spouse's address _____
3. **Notice to married applicants:** No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to s. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under s.766.59, or court decree under s.766.70 Wisconsin Statutes adversely affects the creditor unless the creditor is furnished 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.

FINANCIAL HISTORY INFORMATION

	Applicant	Co-Applicant
Are you currently a party to a lawsuit, or do you have reason to believe that you will become party to a lawsuit in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligations, or loan guarantees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



An equal opportunity employer and service provider. Auxiliary aids and services available upon request

AGREEMENTS & ACKNOWLEDGEMENTS

The undersigned specifically acknowledge that:

Grant/Loan Agreements:

1. The property will not be used for any illegal or prohibited purpose or use;
2. All statements made in this application are made for the purpose of obtaining the loan/grant herein;
3. The property will be used as the primary residence of the applicants;
4. Verification or re-verification of any information contained in the application may be made at any time by Brown County, or its agents, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by Brown County, even if the loan/grant is not awarded.
5. Brown County, its agents, successors, and assigns will rely on the information contained in the application. I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change.

Additional Loan Agreements:

1. The loan requested by this application will be secured by a mortgage or deed of trust on the property purchased with the assistance of this application;
2. In the event payments on the loan indicated in this application become delinquent, Brown County, its agents, successors, or assigns may, in addition to all their other rights and remedies, report my name and account information to a credit reporting agency;
3. Ownership of the loan may be transferred to successors or assigns of Brown County without notice to me and/or the administration of the loan account may be transferred to an agent, successor, or assign of Brown County without prior notice to me.
4. Brown County, its agents, successors, and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

Certification:

I certify that the information provided in this application is true and correct as of the date of my signature on this application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information in this application may result in civil liability and/or criminal prosecution.

Applicant Signature

Date

Co-Applicant Signature

Date

Applicant Name (printed)

Co-Applicant Name (printed)

Income Verification Guidelines and Checklist

To be considered for the Housing Rehabilitation loan households must have gross incomes at or below 80% of the area median income, adjusted for household size and determined by HUD. ALL income, before any deductions, from individuals 18 and over **MUST be provided to Brown County. Failure to provide accurate information will delay and/or disqualify your application. Providing this information does not guarantee assistance. Loans are based on availability of funds, program guidelines and property evaluation.**

APPLICANT'S EMPLOYER

EMPLOYER PHONE NUMBER

APPLICANT'S TITLE/ DEPARTMENT

EMPLOYER ADDRESS

CO-APPLICANT EMPLOYER

EMPLOYER PHONE NUMBER

CO- APPLICANT'S TITLE/ DEPARTMENT

EMPLOYER ADDRESS



Please provide the following information and documents to Brown County:

- >>> 3 consecutive months of paycheck stubs and/or Unemployment
- >>> Last 1 year FULL tax returns (Federal) and W2s and 1099s
- >>> 6 months of bank statements history OR letter from applicant stating no accounts
- >>> Documentation supporting any and all other forms of income received or assets owned by any member of the household (Example SSI Award Letters, SSDI Award Letters, etc)
- >>> Most recent mortgage loan statement (if any)

See chart below for types of income received and assets owned and provide any applicable documentation. Check all applicable boxes.

<p><u>INCOME TYPES:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Wages/Salary/Tips <input type="checkbox"/> Child Support Received <input type="checkbox"/> Dividends/Interest <input type="checkbox"/> Disability Long Term <input type="checkbox"/> Disability Short Term <input type="checkbox"/> Pensions/Annuities/IRA <input type="checkbox"/> Social Security <input type="checkbox"/> Self-Employment 	<ul style="list-style-type: none"> <input type="checkbox"/> Alimony Received <input type="checkbox"/> SSI Caretaker Supplement <input type="checkbox"/> Gambling/Lottery/Bingo <input type="checkbox"/> General Relief <input type="checkbox"/> Gift/Donation <input type="checkbox"/> Government Relief/Disaster <input type="checkbox"/> Land Contract Payment <input type="checkbox"/> Unemployment Compensation 	<ul style="list-style-type: none"> <input type="checkbox"/> Rental Income <input type="checkbox"/> Social Security Supplemental Income <input type="checkbox"/> Subsidized Housing Utility Allowance <input type="checkbox"/> TANF/W2 <input type="checkbox"/> Tribal per Capita <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers' Compensation
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Provide your estimate of Annual Household Income	\$
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<p><u>ASSET TYPES:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cash in savings or checking accounts <input type="checkbox"/> Cash in safe-deposit boxes, home safe, or other location <input type="checkbox"/> Cash value of a revocable trust available to applicant <input type="checkbox"/> Equity in rental property or other capital investment <input type="checkbox"/> Mortgages or deeds of trust held by applicant. 	<ul style="list-style-type: none"> <input type="checkbox"/> Cash value of stocks, bonds, Treasury bills, certificates of deposit, mutual funds, or money market accounts. <input type="checkbox"/> Individual retirement, 401(k), Keogh, or other similar retirement accounts. <input type="checkbox"/> Retirement and pension funds 	<ul style="list-style-type: none"> <input type="checkbox"/> Cash value of life insurance policies available to you before death. <input type="checkbox"/> Personal property held as an investment (gems, jewelry, coins, antique cars, etc.). <input type="checkbox"/> Lump sum or one-time receipts (inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements, etc.)
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Provide your estimate of Total Asset Valuation	\$
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I certify that the above information is to be true and accurate to the best of my knowledge on the date affixed below:

Applicant Signature _____
Date

Co-Applicant Signature _____
Date



Brown County Fair Housing Act Information Form

Statement of Purpose:

Brown County requests the following information in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so.

Brown County may neither discriminate on the basis of this information, nor on the basis of whether or not you choose to furnish it. Under Federal regulations Brown County is required to note race and gender on the basis of visual observation or surname even if you do not choose to supply such information.

	Applicant	Co-Applicant
Race/National Origin	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> American Indian/Alaskan Native & White
	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American
<input type="checkbox"/> Other/Multi-racial	<input type="checkbox"/> Other/Multi-racial	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Male
	<input type="checkbox"/> Female	<input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino

Applicant: I do not wish to furnish this information

Co-Applicant: I do not wish to furnish this information



Brown County General Release of Information

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to Brown County, the program administrator, 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. Information regarding previous or current unemployment benefits received as well as the remaining benefit amount.

This information will be for the confidential use of Brown County, in determining my/our eligibility for a 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 Brown County.

Applicant

Co-Applicant

Last Name, First Name, MI

Last Name, First Name, MI

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date

NOTICE TO BORROWERS: the Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, 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 DHIR/DOH, 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.



Brown County Housing Rehabilitation Request

DESIRED REHABILITATION / HOME MODIFICATIONS

Please describe the areas of your home MOST in need of repair/rehabilitation, in order of need (attach additional pages if necessary). **Failure to provide sufficient details may result in a delay in rehabilitation services. The program has a cap of \$24,999 per application**

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

Have you ever had any previous home repair/rehabilitation performed on this property with community development block grant funds?

YES NO

IF YES, WHICH HOME REPAIRS?

ARE YOU WORKING WITH ANOTHER ORGANIZATION TO ADDRESS ANY OF THE ABOVE NEEDED REPAIRS?

YES NO

IF YES, WHICH ORGANIZATION?



Brown County Household Financial Relationships Disclosure

Applicant Name _____ Date _____

Brown County must consider all income earned by residents of the household. Please complete this questionnaire. Providing false information may be cause for disqualification from the program.

1. Are you married? Yes No

For purposes of this question, if you were married and do not have a final divorce decree you are still considered married under the provisions of Brown County's programs.

2. Does anyone, age 18 or over, live in your household with you presently? Yes No

If someone you consider a "significant other" is living with you now, that person must be listed below. Also include any children, age 18 and over, who live with you.

Place additional names on the back of this form

Failing to completely disclose all income-earning household members is one of the top reasons for disqualification from Brown County's home rehabilitation program. Failure to disclose all individuals can place you at risk to face additional financial penalties.

Statement of Understanding

I hereby state that the above information is true and accurate to the best of my knowledge. I understand that failure to disclose household members and/or to provide accurate marriage status information may place me at jeopardy of losing earnest money, may cause me to incur fees, and may place me at risk for immediate repayment of any homebuyer assistance I may receive. I further agree to not hold Brown County, its officers, employees, or assigns responsible for any financial or other loss that I incur by providing false information.

Applicant Signature

Date



Brown County Privacy & Disclosure Notice

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

- Information that you provide to us, such as on applications or other forms;
- Information about your transaction with us or others; and
- Information from others, such as credit bureaus, 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 or 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 as described in this notice.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of completed copies of the Privacy Notice.

Applicant Signature

Date

Co-Applicant Signature

Date



NORTHEAST WISCONSIN CDBG HOUSING LOAN PROGRAM
ACKNOWLEDGEMENT OF LOAN CLOSING COSTS

Verification of child support, letter report, inspection, and other fees are needed for verification of the application process. **The cost for these services will be included in the CDBG program to the owner.** The services include:

- Letter Report Fee \$45
- Initial Housing Quality Standards (HQS) Assessment \$115
- Interim HQS Assessment(s) (if necessary) \$75
- Final HQS Assessment \$75
- Lead-Based Paint Risk Assessment (if necessary) \$200
- Lead-Based Paint Clearance (if necessary) \$150
- Asbestos Assessment (if necessary) \$150
- Recording Fee \$30

If you withdraw your application or we are unable to proceed because of inadequate equity, judgments, liens, or unpaid taxes, before the loan is closed but after the costs are incurred, you will be expected to reimburse the CDBG program for the inspection fee, title search, and any other costs incurred to the point of withdraw. A copy of the bill will be given to you for your records.

Signing this form is your acknowledgement and agreement to pay for the services charged.

Signed: _____
Applicant Name Date

Signed: _____
Applicant Name Date



Brown County Wisconsin Fund Repayment

If the CDBG-Housing program provides a loan for replacement of a private on-site wastewater treatment system (POWTS), and the homeowner qualifies for reimbursement under the Wisconsin Fund program and receives the Wisconsin Fund reimbursement, the reimbursement must be applied to the CDBG-Housing loan principal.

ACKNOWLEDGMENT OF WISCONSIN FUND REPAYMENT REQUIREMENT

Each of the undersigned hereby acknowledges that any reimbursement from the Wisconsin Fund for replacement of the private on-site wastewater treatment system will be provided in full to Brown County to apply to the principal of the CDBG-Housing loan.

Applicant Signature

Date

Co-Applicant Signature

Date

