SOUTHERN HOUSING REGION
HOME PURCHASER PROGRAM

Attached is an application for the Southern Housing Region CDBG Home Purchaser Program. You must complete the entire application and return it to our office along with all applicable documentation.

How did you hear about the program? (circle all that apply)

Newspaper Radio Local Newsletter Utility Bill Tax Bill
Website Facebook Other: ______________________

COUNTY YOU ARE PURCHASING IN?____________________________
(You MUST complete)

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
____YES _____NO (YOU MUST CHECK ONE)

Return application to:
Southern Housing Region
CDBG Home Purchaser Program
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: hfahrenbruch@msa-ps.com

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HOME PURCHASER PROGRAM APPLICATION

Office Use Only: Application Number ____________ Date Received ____________

All information contained in this application is strictly confidential.
Please fill out all pages (front and back).

Applicants Name: ____ Age ________

Co-Applicants Name: ____ Age ________
(Note: If you have a fiancé' or significant other living with you, please list here.

Current Street Address: ____
Street Address City State Zip

Mailing Address: (if different) ____
Street Address City State Zip

Phone Number: (Home) ____________ (Work): ____________ (Cell) ____________

Email Address: ______________________________

May we contact you via email? (circle one) Yes No

May we contact you at work? (circle one) Yes No

TOTAL NUMBER OF PEOPLE LIVIING IN THE HOME: ____________________

LIST ALL PEOPLE WHO LIVE IN THE HOME AT LEAST 50 % OF THE TIME (INCLUDING CHILDREN):

Name	Disabled?	Full-Time Student?	Birth Date	Relationship to You
	☐ Yes ☐ No	☐ Yes ☐ No		Self
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		
	☐ Yes ☐ No	☐ Yes ☐ No		

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

Sex of Applicant: ______Male _____Female
Head of Household: ______Male _____Female
Marital Status of Applicant: ____Single ___Married ___Divorced ___Separated ___Widowed

Racial/Ethnic Background, Check One:

_____	White	_____	American Indian/Alaskan Native & White
_____	Black/African American	_____	Asian & White
_____	Asian	_____	Black/African American & White
_____	American Indian/Alaskan Islander	_____	American Indian/Alaskan Native & Black/African American
_____	Native Hawaiian/Other Pacific Islander	_____	Balance of Other
_____	Hispanic		

INFORMATION ABOUT THE HOME YOU WOULD LIKE TO PURCHASE:

(If you do not have a specific home you are purchasing at this time, you may leave this section blank.)

Address of property interested in purchasing: ____

Have you applied for financing? (circle one) yes or no

If yes, from what lending institution?____

Name(s) that will be on the Title to the House:____________________________________

Purchase Price: $_______________ Approximate amount of mortgage: $___________

Year the house was built: ___________________

Do you have an accepted offer to purchase? (circle one) Yes No

HOMEOWNERS INSURANCE (once home is purchased)

Name of Insurance Co.: _________________________ Name of Agent: ___________________________
Policy Number: ____________________________ Expiration Date: ___________________________
Address of Agent: ____
Phone Number of Agent: ____

IMPROVEMENTS NEEDED (Check all that apply)

☐	Roof	☐	Insulation	☐	Interior Walls
☐	Exterior/Siding/Painting	☐	Furnace	☐	Water Heater
☐	Plumbing	☐	Foundation	☐	Doors
☐	Wiring/Electrical	☐	Windows	☐	Porch
☐	Chimney Repair	☐	Other (explain)		

****Only work that is considered essential and necessary will be permitted. All Lead Based Paint Hazards will need to be corrected. Hazards will be determined upon an initial project assessment of your entire home. All Lead Based Paint hazard repair costs will be granted and will not be included in your loan.**

How do I qualify?
You must be Low- to Moderate- Income. If you currently own your own home, you are not eligible for this program. In order to be eligible, your income must be below the following limits for the county you reside in:

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Columbia	$55,800	$63,800	$71,750	$79,700	$86,100	$92,500	$98,850	$105,250
Dodge	$51,350	$58,700	$66,050	$73,350	$79,250	$85,100	$91,000	$96,850
Jefferson	$56,250	$64,250	$72,300	$80,300	$86,750	$93,150	$99,600	$106,000
Kenosha	$54,800	$62,600	$70,450	$78,250	$84,550	$90,800	$97,050	$103,300
Ozaukee	$57,200	$65,400	$73,550	$81,700	$88,250	$94,800	$101,350	$107,850
Racine	$54,500	$62,300	$70,100	$77,850	$84,100	$90,350	$96,550	$102,800
Rock	$48,550	$55,450	$62,400	$69,300	$74,850	$80,400	$85,950	$91,500
Sauk	$53,600	$61,250	$68,900	$76,550	$82,700	$88,800	$94,950	$101,050
Walworth	$56,700	$64,800	$72,900	$80,950	$87,450	$93,950	$100,400	$106,900
Washington	$57,200	$65,400	$73,550	$81,700	$88,250	$94,800	$101,350	$107,850

How can the program assist you in purchasing a home?
Down payment and closing costs are available in the form of a 0% deferred payment loan. No payments are made and the funds are paid back to the program when the owner no longer lives in or owns the home.

Are there any restrictions on the location or type of home I purchase?
All homes purchased must be located within the Southern Housing Region. The homes also must be vacant or occupied by the seller or buyer. You should look for a home that does not have peeling or deteriorated paint. State regulations for lead-based paint may make purchasing a home with paint problems unfeasible.

How much money is available?
CDBG funds can pay for up to ½ of a reasonable down payment, not to exceed 10% of the purchase price. It may also be possible to use rehab as equity for down payment. The program can also pay for eligible closing costs, not to exceed $2,500 (NOTE: pre-paid taxes and insurances are not eligible closing costs). There will also be funds available to do rehab to the home that is purchased.

Do I still need to go to a bank?
Yes, you will need to get financing for your mortgage. Typically, the interest rate should not be more than 2% above the current interest rate offered by local lenders in your area. Please be aware that the committee meets only 1 time per month and these projects may require additional approval time. We may not be able to fund your project under this program if the interest rate is too high.

How much money will I be required to have toward the down payment?
It will depend upon the amount the bank is requiring, but this program requires that you have at least $1,000 of your own money to go toward the purchase. Earnest money can be applied to the $1,000.

What is the most I can receive?
The most you can receive will depend upon the repairs needed to the home that is purchased. Each project is considered on a case-by-case basis.

Counseling Requirement
All participants in the CDBG Program will be required to receive home purchaser counseling. Counseling will be provided one-on-one with each applicant by program staff.

PLEASE ALSO INCLUDE:

1) **Copy of your most recent Federal Income Taxes along with any schedules. If you do not file taxes, please sign here:____________________________**

Circle Y for Yes, N for No	Income Source	Documentation Required
1. Y N Start Date: ______ Start Date: ______ Start Date: ______	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation Employer: ______________________________ Phone #:____________ Fax #: ________________ Email address:______________________ Mailing address:____ Employer: ______________________________ Phone #:____________ Fax #: ________________ Email address:______________________ Mailing address:____ Employer: ______________________________ Phone #:____________ Fax #: ________________ Email address:______________________ Mailing address:____	Will need most recent **3 months** of check stubs ______________ Homeowner name ______________ Homeowner name ______________ Homeowner name
2. Y N	Self employed (Describe type of business) ____	Will need copies of last 3 years of Federal Income Tax Form 1040 and applicable Schedules
3. Y N	Unemployment benefits and/or Worker's Compensation.	Will need most recent 3 months of check stubs
4. Y N	Social Security, Supplemental Security Income (SSI) or Disability	Send benefit statement
5. Y N	Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies. If yes, list sources and whose name is on account: 1)____ 2)____	Send most recent documentation $_____________ $_____________
6. Y N	Income from real or personal property i.e.: interest or dividends	$_____________
7. Y N	Alimony/spousal maintenance payments.	Will need most recent 3 months of check stubs
8. Y N	I am entitled to receive Child Support Payments. **If yes, then answer the following**: ☐ I am currently receiving child support payments. (check one) ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ I am not receiving any child support payments but it is court ordered that I do.	Will need last 3 months of what you have received **and** copy of court order $_____________ $_____________
9. Y N	Income from a source other than those listed above. If yes, list sources: 1) ____ 2)____	Will need last 3 months of what you have received $_____________ $_____________

Circle Y for Yes, N for No	Assets	Cash Value/Balance	
10. Y N	Checking account(s). If yes, list bank(s) and the location(s): 1)________________________ Interest Rate:_______ 2)________________________ Interest Rate:_______	Will need last 6 months bank statements OR a signed statement from bank with 6 month average balance.	**Name on Account** _____________ _____________
11. Y N	Savings account(s). If yes, list bank(s)and the location(s): 1)______________________Interest Rate:______ 2)______________________Interest Rate:_______	Will need most current bank statement $_____________ $_____________	**Name on account** _____________ _____________
12. Y N	Certificates of Deposit (CD) or Money Market Accounts If yes, list source/bank names and location: 1)_____________________Interest Rate:_______ 2)_____________________Interest Rate:_______	Need documentation $_____________ $_____________	**Name on account** _____________ _____________
13. Y N	Real Estate-Do you own rental property or land? If yes, list location and mortgage holder: 1)____ 2)____	$_____________ $_____________	Please send copy of property tax statement
14. Y N	Stocks, Bonds, or Treasury Bills. If yes, list source/bank names and location on next page: 1)_____________________Interest Rate:_______ 2)_____________________Interest Rate:_______	$_____________ $_____________	**Name on account** _____________ _____________
15. Y N	IRA/Lump Sum Pension/Retirement/Keogh/401(k) Account, etc. If yes, list source/bank names & addresses or contact info on next page: 1)_____________________Interest Rate:_______ 2)_____________________Interest Rate:_______	Need documentation $_____________ $_____________	**Name on account** _____________ _____________
16. Y N	Whole Life Insurance Policy. If yes, how many policies ____ List sources: 1)_____________________Interest Rate:_______ 2)_____________________Interest Rate:_______	Need documentation $_____________ $_____________	**Name on account** _____________ _____________
17. Y N	Income from assets or sources other than those listed above. If yes, list type(s) below 1)____ 2)____	Need current documentation $_____________ $_____________	

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE. **Read and initial statements below**:

____ 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 of transfer of property.

____ I understand the Southern Housing Program will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, the Southern Housing Program reserves the right to deny funding.

____ I understand I must carry homeowner's insurance on the property and keep the policy in force during the life of the loan. I also understand that I am required to supply proof of insurance annually, any changes in insurance, and confirm annually that this is my primary residence.

____I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.

____I authorize the Southern Housing Program to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility.

____I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to the Southern Housing Program

____ Failure to comply with these conditions could result in the withdrawal of the Southern Housing Program participation or the recall of the full amount of the Southern Housing Program loan plus interest.

____I understand there is a $30 fee to record your mortgage and $525 in project review fees. These fees are included in the loan.

____ I understand if a loan closing has not been done for my project within 12 months of the income verification, my income will need to be re-verified to ensure I still income qualify.

____ I understand that if the awarded bid is $50,000 or more, my project will need approval from the Department of Administration.

APPEAL PROCESS

Any applicant may appeal the decision of the CDBG Program Administrator by submitting, in writing, a request for reconsideration and the reason for the request to the Program Administrator. If the applicant appeals the Program Administrator's decision, the CDBG Housing Committee will review the appeal. If the applicant would like to appeal the CDBG Housing Committee's decision, the applicant may appeal to DOA/DEHCR. DOA/DEHCR will review for consideration and a written response will follow to the applicant. DOA/DEHCR's determination on the appeal is final.

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No provision of 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 of obligation is incurred.

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.
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CONFLICT OF INTEREST		
Do you have any family or business ties to any of the following people? Yes____ No____		
Darren Schroeder, County Board Chair	Steven Balsiger, Board Member	Liz Miller, Board Member
Shonna Neary, Lead County	Tim Henney, Board Member	Keith F. Miller, Board Member
Nate Olson, Dodge County	Derek Granquist, Board Member	Susan Schweitzer, Board Member
Ben Wehmeier, Jefferson County	Denise Brusveen, Board Member	Douglas Richmond, Board Member
Andy Buehler, Kenosha County	Tess Carr, Board Member	Steven Rohrbeck, Board Member
Andrew Struck, Ozaukee County	Brad Cook, Board Member	Rich Bailey, Board Member
Julie Anderson, Racine County	Adam R. Field, Board Member	Troy Ryan, Board Member
Andrew Baker, Rock County	Andrew Fischer, Board Member	Donna Fowler, Board Member
Brent Miller, Sauk County	Andrew Groves, Board Member	David Faust, Board Member
Gene Bobier, Walworth County	James Stilson, Board Member	Henry St. Maurice, Board Member
Jay Shambeau, Washington County	Joe Harvestine, Board Member	John Stevenson, Board Member
Jeffrey A. Leckwee, Board Member	Char Holtan, Board Member	Tom Dunn, Board Member
Josiah Wynn, Board Member	Andrew C. Kolberg, Board Member	Hannah Fahrenbruch, Program Assistant
Kari Justmann, Housing Team Leader	Susan Maier, Program Administrator	

If yes, list name of person and disclose the nature of the relationship:

I/We, the undersigned owners of the described property, have applied for a loan and hereby authorize you to release to the Southern Housing Region the requested information: 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 and 3) any information deemed necessary in connection with a consumer credit report or a real estate transaction.

I/We, the undersigned owners of the described property, certify that the above statements are true, complete and accurate to the best of my/our knowledge, and understand that false information given may lead to disqualification from this program. I fully understand that it is a federal, state and local crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning the facts of the application.

I/We hereby authorize the Southern Housing Region to obtain verification of any information contained in this application from any source named hereinto for the confidential use in determining my/our eligibility. We have given our permission to the Southern Housing Region to request and receive information required to verify employment, mortgages, deed, trust accounts, savings accounts, credit accounts, financial status and any other information necessary to complete application for a loan.

I/We authorize a Lead Hazard Review of my/our property. I/We agree that results will be used to determine the scope of my project and that soil sampling will not take place.

I/We certify that all information contained in this application is true and complete to the best of (my) (our) knowledge and belief. It is understood that this information is given for the purpose of obtaining financial assistance through the Southern Housing Region and will be used for no other purpose.

Signature: ________________________________ Date: _________________________

Signature: ________________________________ Date: _________________________