

CWCAC

AFFORDABLE HOUSING PROGRAM

Homebuyer Down Payment Assistance Application

All information contained in this application is strictly confidential.

HOUSEHOLD INFORMATION			
Applicant Name:	Age:	Birth Date:	
Spouse/Co Applicant Name:	Age:	Birth Date:	
Residence Address:	City:	Zip:	
Mailing Address (If different)	City:	Zip:	
Home Phone:	Cell Phone:	Primary E Mail Address:	
Head of Household: Male _____ Female _____	Total # of People who will be Living in Purchased Home:	How many are younger than 6:	
List all names, ages, and relationship (son, daughter, niece, nephew, etc.) of all persons who will be living in home when purchased (do not include those listed above):			
Name	Age	Birthdate	Relationship to Applicant

INCOME INFORMATION
<p>Please list the income of all persons living in your home. Income includes: Gross Wages (amount before taxes), salaries, commissions, net income from self employment (amount after expenses), net income from rental properties, interest, dividend, Social Security, SSI, Pensions, Alimony, and Child Support.</p> <p><i>Note: Student Income from grants or loans and <u>earned</u> income, such as wages and self-employment, received by minor children (under age 18), is <u>not</u> included as income. Unearned income, such as SSI, SSA, Child Support, received by and/or for minor children is included as household income.</i></p>

Name of Household Member Receiving Income:	Name of Employer or List Source of Income	Length of Employment	Monthly Income Amount

FINANCING INFORMATION
Are you working with any other agencies to assist with the purchase of a home? Yes _____ No _____ If yes, list agency, contact person and phone number:
Agency: _____ Contact Person: _____ Phone: _____
Do you have a specific home you interested in purchasing? Yes _____ No _____

Do you have an accepted Offer To Purchase? Yes _____ No _____
If yes, complete this section and if applicable, provide a complete copy of the accepted Offer to Purchase with your completed application--

Address of Property: _____ **City:** _____

Purchase Price: _____ **Age of Home:** _____

Real Estate Agent: _____ **Phone:** _____

Have you applied for mortgage financing? Yes _____ No _____ If yes, complete this section:

Lending Institution Name: _____

Loan Officer Name: _____

Phone: _____ **E Mail Address:** _____

Projected Mortgage: \$ _____ Required Down Payment: \$ _____

Amount you can/will pay out of your own funds toward this home purchase: \$ _____

Source(s) of your contribution toward purchase (savings/gift/etc.): _____

Name(s) that will be on the Title to the property at the time of purchase:

CONFLICT OF INTEREST

1. Are you a current Employee of CWCAC: Yes _____ No _____

2. Do you have family or business ties to any of the following people: Yes _____ No _____

Kelly Hess, Program Coordinator	Fred Hebert, Executive Director

If you answered YES, to question #2, please disclose the nature of the relationship

Name(s) of Covered Person(s)	Relationship

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 CWCAC Housing Program to obtain verification of any information contained in this application from any source named herein. We have given our permission to the CWCAC Housing Program 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.

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 of the obligation is incurred

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 CWCAC Housing Program and will be used for no other purpose.

Signature of Applicant: _____ Date: _____

Signature of Spouse/Co Applicant: _____ Date: _____

Funding is provided, in part or in full, by the WI Dept. of Administration, Dept. of Energy, Housing and Community Resources (DEHCR)



Photocopies of the following must be included with your completed application:

- A copy of each working household member's Federal Income Tax Form for the most recent year. If you are self-employed, make sure to include all schedules. Contact the Program Administrator if you do not file income tax.
- Copies of award letters to verify other income sources including Social Security Statement, Pension Statement, Child Support, Unemployment, et all....
- A copy of all employed household member's pay check stubs for the most recent 3-month period showing Gross Year to Date earnings and an Employment Verification Form completed by the Employer— (included with this application packet).
- Verification documents for any applicable Assets identified on Asset Disclosure Worksheet— (included with this application packet).
- A copy of the Offer to Purchase, Inspection Summary, and/or Loan Pre-Approval/Commitment letter from your lending institution (if applicable at time of application).

Return your application with supporting documentation to:

CWCAC
Affordable Housing Program
Central Wisconsin Community Action Council, Inc.
Attention:
PO Box 430
Wisconsin Dells, WI 53965

Phone: (608) 254-8353 ext. 234
kelly@cwacac.org

Application Number:	Date Application Received:
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CWCAC Housing Program Household Financial Relationships Disclosure

Applicant Name _____ Date _____

The CWCAC Housing Program 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 the CWCAC Housing Program.

2. Does anyone, age 18 or over, live in your household with you? ____ 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 the CWCAC Housing Program. Failure to disclose all individuals can place you at risk to lose earnest money and/or 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 assistance I may receive. I further agree to not hold the CWCAC Housing Program, its officers, employees, or assigns responsible for any financial or other loss that I incur by providing false information.

Applicant Signature Date

CWCAC Affordable Housing Program

Fair Housing Act Information Form

Statement of Purpose:

CWCAC Affordable Housing Program 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.

CWCAC Affordable Housing Program 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 CWCAC Affordable Housing Program are 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

CWCAC Funded Housing 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 CWCAC Housing Program, 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. These unemployment insurance files may be provided to and accessed by Federal Home Loan Bank of Chicago, WHEDA, HUD, Wisconsin Community Action Program, Department of Administration, The City of La Crosse Planning Department or USDA Rural Development.

This information will be for the confidential use of the CWCAC Housing Program in determining my/our eligibility for a loan/grant 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 CWCAC Housing Program.

Applicant

Co Applicant

Last Name, First Name, MI

Last Name, First Name, MI

Social Security Number

Social Security Number

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 DEHCR/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. **You are not required to provide the CWCAC Housing Program or any of its agents, officers, or employees with your social security number. Failure to provide your social security number may limit your participation in programs or make you ineligible for programs.**

CWAC Income Calculation Worksheet

List all income sources in the table below. Total each row in the in the far-right column.

All income from individuals 18 and over who are not full-time students MUST be included in the table below. Failure to provide accurate information will delay and/or disqualify your application. Income from unmarried partners or significant others must be included below, and listed in the Co-Applicant areas.

	Base Pay [gross pay] x [# of times paid/mo]	Overtime	Bonuses	Total	Staff initial when verified*
Applicant: Employment					
Applicant: Second Employment					
Applicant: Social Security Retirement					
Applicant: Social Security Disability					
Applicant: Supplemental Security Income (SSI)					
Applicant: Child Support received					
Co-Applicant: Employment					
Co-Applicant: Second Employment					
Co-Applicant: Social Security Retirement					
Co-Applicant: Social Security Disability					
Co-Applicant: Supplemental Security Income (SSI)					
Co-Applicant: Child Support received					
Other Income: _____					
Other Income: _____					
Other Income: _____					
Other Income: _____					
Other Income: _____					
Monthly Income Totals					

I certify the above amounts to be true and accurate to the best of my knowledge on the date affixed below.

Applicant Signature Date Co-Applicant Signature Date

Bottom section to be completed by CWAC program staff only

Monthly Income Totals x 12 = \$ _____ per year Annual Income

CMI %:

Review completed by:

Signature:

CWCAC Homebuyer Program Assets & Liabilities Worksheet

Asset Type	Value	Monthly Contribution	Belongs to
Savings Account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Checking Account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Money Market Account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
IRA			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
IRA			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
401K or retirement account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Real property (land, home you rent to someone, commercial property)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant

Liability Type	Total Amount Owed	Monthly payments	Owed by
Car loan Year/Make/Model:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Car loan Year/Make/Model:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Child Support			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Collection account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Collection account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Student loans			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Other loans or debts			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Other loans or debts			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant

Applicant Name:

Co-applicant Name:

CWCAC
CENTRAL WISCONSIN COMMUNITY ACTION COUNCIL LLC.
AFFORDABLE HOUSING PROGRAM

Asset Disclosure Form

Please complete the following information and return any required documentation.

1. SAVINGS ACCOUNT

- No, we do not have a savings account (no documentation required)
 Yes, we have a savings account*

*Required documentation (submit documentation for all savings accounts maintained)

- Current month print-out showing account balance, including interest rate

AND

- Copy of 1099 form showing interest accrued in the previous year

2. CHECKING ACCOUNT

- No, we do not have a checking account (no documentation required)
 Yes, we have a checking account*

*Required documentation (submit documentation for all checking accounts maintained)

- 6-month print-out showing monthly account balance

3. STOCKS, BONDS, SAVINGS CERTIFICATES, MONEY MARKET FUNDS, OR OTHER INVESTMENT ACCOUNTS

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

- List all investment items below. Include all assets earnings made on the investments within the past 12 months (i.e. amount made outside of personal contributions: interest, dividends, etc.) —*also include written documentation*

Investment Type	Net worth of Investment	12-month earnings

4. EQUITY IN REAL PROPERTY OR OTHER PRINCIPAL INVESTMENTS

Equity is the estimated current market value of the asset minus the unpaid balance on all loans against the asset and any reasonable costs associated with selling the asset (i.e. broker fees).

Your primary residence is NOT considered as an asset.

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

- List all investments below, include fair market value minus any loans attached to the investment and costs associated with selling the asset—*also include written documentation*

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

5. CASH VALUE OF TRUSTS THAT ARE AVAILABLE TO THE HOUSEHOLD

No, we have no assets under this category (no documentation required)

Yes, we have assets under this category*

*Required documentation

Please list current balance available in all trusts held by your or any family member—*also include written documentation*

\$ _____

6. IRA, KEOGH, OR SIMILAR RETIREMENT SAVINGS ACCOUNTS, EVEN IF WITHDRAWAL WOULD RESULT IN A PENALTY

No, we have no assets under this category (no documentation required)

Yes, we have assets under this category*

*Required documentation

Provide documentation showing balance of funding available in all retirement savings accounts. Also include documentation outlining penalties issued for early withdrawal.

7. CONTRIBUTIONS TO COMPANY RETIREMENT/PENSION FUNDS THAT CAN BE WITHDRAWN BEFORE RETIREMENT OR TERMINATING EMPLOYMENT

No, we have no assets under this category (no documentation required)

Yes, we have assets under this category*

*Required documentation

Provide documentation showing balance of funding available in all retirement/pension funds. Also include documentation outlining penalties issued for early withdrawal. **This information can be obtained from your employer.**

8. ASSETS THAT, ALTHOUGH OWNED BY MORE THAN ONE PERSON ALLOW UNRESTRICTED ACCESS BY THE APPLICANT(S)

No, we have no assets under this category (no documentation required)

Yes, we have assets under this category*

*Required documentation

List all shared assets below, include fair market value minus any loans attached to the investment and costs associated with selling the asset—*also include written documentation*

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

9. LUMP SUM RECEIPTS, INCLUDING INHERITANCE, CAPITAL GAINS, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, AND/OR OTHER CLAIMS

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

- List and provide written documentation of all lump sum payments made to you or any member of your family within the past 12 months

Type of Payment	Amount

10. PERSONAL PROPERTY HELD AS AN INVESTMENT (GEMS, JEWELRY, COIN COLLECTIONS, ANTIQUE CARS, ETC.)

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

- List all property below, include fair market value minus any loans attached to the investment and costs associated with selling the asset—*also include written documentation*

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

11. CASH VALUE OF LIFE INSURANCE POLICIES

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

- Provide documentation showing money available through cash-out of any insurance policies held by you or a family member. **This information can be obtained from your insurance provider.**

12. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE IN THE LAST 24 MONTHS

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

- List all assets sold for less than fair market value in the past 24 months. Provide written documentation for all sales.

Asset Description	Fair Market Value	Amount sold for

**CWCAC Affordable Housing Program
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

AGENCY COPY—SIGN AND RETURN WITH YOUR APPLICATION

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APPLICANT COPY—KEEP FOR YOUR REFERENCE

Appeal Policy

CWCAC Affordable Housing Program:

Designated CWCAC Affordable Housing Program staff receives applications, verify applicant eligibility and approve loans for program applicants. CWCAC Affordable Housing Program staff will utilize defined program underwriting ratios to determine affordability of homebuyer activities. In an effort to maximize the available housing funds.

Generally, program applications will be processed on a first come first served basis. Additional priority may be given to program specific target populations or in response to program specific housing conditions:

When the application information is reviewed and verified by designated program staff, they will determine the eligibility of the applicant to receive CWCAC Affordable Housing Funds. A Notice of Ineligibility will be sent to all applicants determined to be ineligible for assistance.

If deemed ineligible to receive program funds, an applicant may appeal the decision by submitting in writing a request for reconsideration and the reason for the request.

Appeals should be directed to:

CWCAC Affordable Housing Program
PO Box 430
Wisconsin Dells, WI 53965
Phone: (608) 254-8353
Fax: (608) 254-4327

At the discretion of the designated program staff or upon written request of the Applicant, the appeal may be concurrently reviewed by the CWCAC Affordable Housing Program Executive Committee.

Decisions of the CWCAC Affordable Housing Program Executive Committee are final.

Appeal outcomes will be sent via USPS to applicants within 30 days of the receipt of the request for appeal.

Acknowledgement of Receipt

Applicant Signature

Date

Co Applicant Signature

Date

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