

APPLICATION FOR HOME IMPROVEMENT & HOME BUYER PROGRAMS

Instructions:

Attached is an application for Down Payment & Closing Cost Assistance and Owner Occupied Rehabilitation Programs. Please make sure to answer, completely, all questions and provide addresses & phone numbers for all sources of income and assets.

In order to expedite the application process, please also provide the following information:

- **Most recent Federal Income Tax Return**
- **3 most recent check stubs**
- **2 most recent bank statements**
- **Most recent statements from any other assets held (e.g.: stocks, bonds, mutual funds, 401K, insurance policies etc.)**

Owner Occupied Rehabilitation Programs:

- **Copy of most recent appraisal of property (if available)**
- **A copy of your homeowner's insurance policy.**

Down Payment & Closing Cost Program:

- **Mortgage Lender info; company name, contact person and phone.**
- **Accepted Offer to Purchase**
- **Home Buyer's Workshop Completion Certificate**

Applications may be returned via mail to the address below or in person between 7:30 a.m. and 4:30 p.m. to 18 N Jackson Street, first floor.



CITY OF JANESVILLE *Housing & Neighborhood Services*

18 N Jackson Street ~ P.O. Box 5005 ~ Janesville, WI 53547 ~ Phone: (608) 755-3078 ~ Fax: (608) 755-3207
www.ci.janesville.wi.us

APPLICATION FOR DOWN PAYMENT ASSISTANCE & HOUSING REHABILITATION PROGRAMS

BORROWER INFORMATION

Application Date: _____ / _____ / _____

Ethnicity:(check one) Hispanic or Latino _____ Not Hispanic or Latino _____

RACE: (Circle all that apply) 1=White; 2=Black/African American; 3=American Indian/Alaskan Native; 3=Asian; 4=Native Hawaiian/Other Pacific Islander; 6=Other

Name: _____ Soc. Sec. #: _____
 Street: _____ DOB: _____
 Apt/Suite: _____ Box No.: _____ Marital Status: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ (may we reach you at work?)
 Email Address: _____

CO-BORROWER INFORMATION

Ethnicity: (check one)
 Hispanic or Latino _____ Not Hispanic or Latino _____

RACE: (circle all that apply) 1=White; 2=Black/African American; 3=American Indian/Alaskan Native; 3=Asian; 4=Native Hawaiian/Other Pacific Islander; 6=Other

Name: _____ Soc. Sec #: _____
 Street: _____ DOB: _____
 Apt/Suite: _____ Box No.: _____ Marital Status: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ (may we reach you at work?)
 Email Address: _____

Other Household Members

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Social Security No.</u>	<u>Birth Date</u>	<u>Sex</u>

Household Type: Please place an 'x' next to all that apply

for office use only

_____ 1. Elderly _____ 4. Female Head of Household _____ 7. Large Family(> 5) _____ 2.Non-Elderly _____ 5. Handicapped/Disabled _____ 3.Single Parent _____ 6. Household w/ Children	_____ DPCC _____ RECP _____ HIP
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I. Household Information: Please answer YES or NO to each question

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you expect any additions to the household within the next twelve (12) months?
If yes, name & relationship _____
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have full custody of your child(ren)?
If no, explanation _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are any household members temporarily absent?
If yes, who? _____
Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are any household members permanently absent?
If yes, who? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever filed for Bankruptcy?
If yes, explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do any of your children have an elevated blood lead level (EBL)?
If yes, name: _____
When was last test? _____ |

II. Income Information

Do YOU or ANYONE in your household receive or expect to receive income from:

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Employment wages or salaries? (including part-time work, overtime, tips, bonuses commissions and cash payments) |

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Self Employment? If yes, please include a year-to-date statement of earnings |
|--------------------------|--------------------------|---|

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

YES

NO

3. Regular Pay as a member of the Armed Forces, including housing allowance?

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

4. Unemployment benefits or workman's compensation?

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

5. Public assistance, W-2, etc...

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

6. Child Support or Alimony? (any AWARDED amounts & arrears)

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

7. Social Security, SSI or any payments from the Social Security Administration?

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

8. Pensions, annuities or other retirement benefits?

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

9. Veteran's Benefits?

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

YES

NO

10. Severance Benefits?

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

11. Settlements? (Such as Insurance Settlements)

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

12. Disability, death benefits, or life insurance dividends?

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

13. Regular gifts or payments from anyone outside the household? (this includes anyone supplementing your income or paying your bills)

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

14. Lottery winnings or inheritances?

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

15. Payments from rental property or other forms of real estate?

Household Member	Tenant Name, Phone # *Please attach copy of lease*	Monthly Rent

16. Any other income sources or types not listed?

Household Member	Source, Address, Phone # Contact Name	Monthly Amount

YES **NO**

17. Did you or any member of your household change employers in the last two (2) years?

Household Member	Source, Address, Phone # Contact Name	Last Day of Employment

III. Asset Information

Include ALL assets held and the corresponding annual interest rate, dividends, or any other income derived from the asset. An asset is defined as any lump sum payment that you hold and have access to (less any applicable penalties for early withdraw). Include the value of the asset and corresponding income from the asset in the space provided. Include ALL assets held by ALL household members, including minors. Check either YES or NO to each question.

YES **NO** **Do you or ANYONE in your household have:**

1. Checking or Savings Accounts?

Household Member	Name & Address of Source	Account #	Monthly Amount

2. CD's money markets accounts or Treasury Bills?

Household Member	Name & Address of Source	Account #	Monthly Amount

3. Trust Funds?

Household Member	Name & Address of Source	Account #	Monthly Amount

4. Stocks, Bonds, or Mutual Funds?

Household Member	Name & Address of Source	Account #	Monthly Amount

5. Pensions, IRA's KEOUGH or Other Retirement Accounts?

Household Member	Name & Address of Source	Account #	Monthly Amount

YES **NO**

 6. Cash on hand over \$500.00?
Household Member: _____
Amount: _____

 7. Real Estate, including a primary residence, farm, vacant land, vacation home, rental property, commercial space, or other investments?

Household Member	Name & Address of Source	Account #	Monthly Amount

 8. Payments under a land contract? (If yes, attach a copy of amortization schedule)

Household Member	Name & Address of Source	Account #	Monthly Amount

 9. Personal Property Held as an Investment?
(This includes paintings, coin or stamp collections, artwork or show cars, and antiques)

Household Member	Type of Investment	Value

 10. A Safe Deposit Box?
Household Member (s): _____
Contents: _____
Monetary Value of Contents: _____

 11. Assets held jointly with a person who is not a household member?

Household Member	Name/Type of Asset Jointly Held	Relationship to you	Value

 12. Whole Life Insurance Policy?

Household Member	Name & Address of Source	Account #	Value

YES **NO** 13. Received any lump sum payments in the last 24 months? (this includes lottery winning, insurance settlements, inheritances, etc...)

Household Member	Type of Lump Sum	Amount	Where is money now?

14. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past two (2) years?

Household Member: _____

Amount: _____

Explanation: _____

VI. MARITAL STATUS INFORMATION

1. Are you currently separated, but not divorced from your spouse?

IF YES, CONTINUE WITH THE FOLLOWING QUESTIONS

a. Are you legally separated from your spouse? (If yes, attach a copy of current legal separation agreement)

b. Have you pursued legal action?

If no, list reason: _____

c. Do you currently receive any monetary support from your spouse?

If yes, list monthly amount received: _____

V. HOUSING INFORMATION

1. Do you currently own your own home?

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS

- a. When did you purchase this home? _____
- b. When was this home constructed? _____
- c. What mortgages (loans) and/or liens exist on the property?

Lender	Address & Phone #	Balance on loan	Monthly Payments

- d. Who is your agent for homeowner's insurance?
Name: _____ Company: _____
Address: _____ Policy # _____

IF NO, HAVE YOU EVER OWNED YOUR OWN HOME?

- a. If yes, when did you move from this home? _____
- b. Why did you move from this home? _____

IMPORTANT, PLEASE READ CAREFULLY

All questions that were answered YES will be verified through appropriate third-party sources. It will be your responsibility to provide all necessary information to properly process your application and verify your eligibility. This will include names, addresses, telephone and fax numbers, account numbers where applicable and any other information required to expedite this process.

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS
PLEASE PRINT LEGIBLY

Household Member: _____

Current Address: _____

Date of Birth: _____

Social Security Number: _____

Sex: _____

Race: _____

I, the undersigned, do hereby certify that the information listed above is true and correct and authorize the release of any and all local, state, and federal criminal history records pertaining to me to the City of Janesville, Housing & Neighborhood Services, Home Improvement/Home Buyer Programs. This criminal history investigation is for the purposes of determining my eligibility for the Home Improvement/Home Buyer assistance programs.

I understand that the rules governing participation in these programs allow that if any household member(s) have engaged in drug-related criminal activity, my application for participation in the Home Improvement/Home Buyer Program(s) may be denied.

I understand that if my application is denied, I may request an informal review.

I understand the above statement will remain in effect for the entire length of my application period and for the duration of my loan.

Signature

Date

Attention:

Failure to sign this release form by ALL adult household members will immediately disqualify you for assistance from the Home Improvement/Home Buyer Program(s). A household member does not have to have been arrested or convicted in order to be disqualified due to drug-related criminal activity.

SIGNATURE CLAUSE

I/We understand that Housing & Neighborhood Services staff are relying on this information to prove my/our household's eligibility for the Down Payment and Closing Cost Assistance and/or Owner occupied Housing Rehabilitation Programs. I/We certify that all the information and answers to the above questions are true and complete to the best of my/our knowledge. I/We authorize the Home Improvement Program to obtain verification of any and all information, including but not limited to, my/our income, assets, employment, property ownership, mortgage status, homeowner's insurance, and housing expenses. I/we understand this may include a credit report. I/we will provide all necessary information and expedite this process in any way possible. I/we understand that participation is contingent upon meeting federal income and local program requirements.

I/We acknowledge receipt of the booklet entitled "Protect Your Family From Lead In Your Home" and understand that homes constructed prior to 1978 likely contain lead-based paint.

I/we understand that this information will be kept confidential by the Home Improvement Program and will be used solely for the purposed of determining eligibility for participation in the Program and used in statistical tables, study and research.

I/We understand that no work completed or contracted, nor materials purchased prior to the **loan closing** may be funded through the proceeds of a home improvement loan.

ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 MUST SIGN BELOW:

I have read, understand, and agree to the certifications as set forth above.

Signature of Applicant Date

Signature of Applicant Date

Signature of Applicant Date



