

CDBG PROGRAM

Carolyn Martin, Housing Representative



APPLICATION PACKET

Town of Marshall – Homebuyer Assistance Application

Once you've completed the application, you may email it to Carolyn Martin or call her to set up an appointment. You may also request a physical application or contact Carolyn with any questions.

Carolyn Martin | cmartin@cdbg.us | 715-415-0514



Community Development Block Grant Program

About the Homebuyer Assistance Program

The property to be purchased must be owner-occupied, occupied by the purchasing tenant, or vacant at the time of purchase. CDBG funds should be used for down payment and closing costs where the interest rate reflects local lending rates. CDBG housing funds may provide up to 50% of the required down payment costs, not to exceed ten percent (10%) of the purchase price of the home.

All down payment assistance must be matched with a 1:1 ratio. The matching down payment may be from other grant or loan funds, or the homebuyer's monetary contribution. The matching sources must be documented in the project file. Closing costs are not subject to the 1:1 ratio match.

Every homebuyer applicant must contribute at least \$1,000 of their own funds towards the purchase of the property. This amount may be applied towards down payment or eligible closing costs.

Eligible closing costs include:

1. Loan origination fees
2. Loan discount points
3. Appraisal costs
4. Credit report
5. Title search and preparation charges
6. Title insurance
7. Transfer fees
8. Recording costs
9. Surveyor charges
10. Private mortgage insurance premiums

Every homebuyer applicant must receive housing counseling **prior** to purchase, covering the following areas:

1. Homebuyer Education
2. Basics of the Home Purchase Process
3. Post-purchase Expectations

Date Received: _____
(For Office Use Only)



Community Development Block Grant Program Homebuyer Assistance Application

Applicant Information

Full Name(s): _____
Primary Applicant *Co-Applicant*

Telephone Number: _____

Residence Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

I receive mail at this address

Mailing Address: _____
(if different) *Street Address* *Apartment/Unit #*

City *State* *ZIP Code*

Primary Applicant:

Are you a citizen of the United States or
qualified alien? YES NO

Co-Applicant:

Are you a citizen of the United States
or qualified alien? YES NO

Home and Loan Information

Number of people living in the home (including applicants): _____

Are you pre-approved for a loan? YES NO

Have you found a home you wish to purchase? YES NO

If yes, list address: _____

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? _____

Amount of money your household can contribute toward the payment of a home: \$ _____

Current Income Information

Please list all people who live in your home, beginning with yourself. List the incomes of all persons 18 years of age or older. Reference "Income Sources to List and Required Documentation" table for examples of types of income to list and the necessary documentation required for verification. If more than one income source per person, reference corresponding number from table below separated by a comma.

Name	Age	Relationship to Applicant	Source(s) of Income <small>Use numbers from table below</small>	Monthly Gross Income
		self		

Income Sources to List and Required Documentation

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

Current Assets Information

Please list all current assets and submit required documentation for each asset. Only 2% of your assets value listed below will be counted toward your total household income.

Asset	Own?
Checking Account(s) <i>Provide copy of current statement and six month's average balance on bank letterhead; include six months average interest if applicable</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Savings Account(s) <i>Provide copy of current statement and six month's average balance on bank letterhead; include six months average interest if applicable</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Certificate of Deposit (CD) or Money Market Accounts <i>Provide most current bank statements</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Real Estate other than primary residence, e.g. rental, land <i>Provide copy of property tax statement</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Revocable Trust(s)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Stock, Bonds, or Treasury Bills Value \$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
IRA/Lump Sum Pension/Retirement/Keogh/401(k) <i>Provide documentation</i> Value \$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cash Value of Life Insurance Policy <i>Provide documentation</i> Value \$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Investment items <i>Antique car, coin, stamp, jewelry, gun collections, etc</i> <i>Provide documentation</i> Value \$ _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
Safety deposit box <i>Please list items and values: _____</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Income from assets or sources other than those listed above:	

Wisconsin Marital Property Act

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 SINGLE MARRIED DIVORCED LEGALLY SEPARATED WIDOWED
2. If married:
- a. Spouse's name: _____
- b. Spouse's address: _____
3. Notice to applicants: No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stat.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under 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 the obligation is incurred.

Conflict of Interest – Town of Marshall

Please note any family or business ties to any of the following people. Possible conflict of interest includes parents or parent-in laws, son, daughter, or daughter and son-in law, brother or sister or brother and sister in law, spouse or fiancée or fiancé. Note your relationship in the space beside the name. If you are not related to any of the following people, please check the box at the bottom of the list.

Joseph Lorence _____	Louis Konieczny _____
Marion Dernovsek _____	Michelle Sheffield _____
Jolanta Grzeszkowiak _____	Norman Mudgett _____
Brett Bechtel _____	Carolyn Martin _____
Bill Chapman _____	Scott Jones _____
Jasmine Stansbury _____	

To the best of my knowledge, I am not related to any of the persons listed.

or

I have noted all relationships to listed parties.

Racial & Ethnic Background (Not Required)

If you choose not to answer the questions below, please check this box:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> American Indian / Alaskan Native & Black / African American |
| <input type="checkbox"/> American Indian / Alaskan Native & White | <input type="checkbox"/> Balance / Other |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | |

Disclaimer and Signature

I/we, the undersigned owners of the described property, certify that the statements in this application are true, accurate, and complete to the best of my/our knowledge and belief and understand that false information given may lead to disqualification from the program. I/we 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 this application. It is understood that this information is given for the purpose of obtaining financial assistance through the CDBG Program and will be used for no other purpose.

Primary Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



Community Development Block Grant 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 Grantee 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.

The information will be for the confidential use of the Grantee 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 Grantee.

Applicant

Last First MI

Social Security Number

Street Address

City, State, Zip Code

Signature Date

Co-Applicant

Last First MI

Social Security Number

Street Address

City, State, Zip Code

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 Block Grant Program

Verification of Employment

Date:

To:

RE: Loan Applicant:

Address:

The applicant identified above has applied for a housing 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 Block Grant Program

Verification of Retirement or Disability Pension

Date:

To:

RE: Loan Applicant:

Address:

The applicant identified above has applied for a housing 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

Type of monthly benefits: _____

Monthly amount: _____

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 Block Grant Program

Verification of Unemployment Compensation

Date:

To:

RE: Loan Applicant:

Address:

Social Security No.:

The applicant identified above has applied for a housing 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

Weekly Compensation Amount: _____

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 Unemployment Compensation Official

Date



Community Development Block Grant Program

Carbon Monoxide and Lead Information

Please review the information regarding lead and carbon monoxide in the home.

- “Protect Your Family From Lead in the Home” from the United States Environmental Protection Agency:
<https://www.epa.gov/sites/default/files/2020-04/documents/lead-in-your-home-portrait-color-2020-508.pdf>
- 2009 Wisconsin Act 158 requiring carbon monoxide detectors in buildings containing one or two dwelling units: <https://docs.legis.wisconsin.gov/2009/related/acts/158.pdf>

Printed copies are available from Carolyn if preferred. Please check the box only if you prefer written materials instead of the above online links to the lead and carbon monoxide documentation.

I would like to request written materials instead of online links to the above documentation



Community Development Block Grant Program

Lead-Based Paint Pamphlet Receipt Form

I have received the information in the EPA pamphlet entitled "Protect Your Family from Lead in Your Home."

Signature of Applicant

Date

Signature of Applicant

Date



Community Development Block Grant Program

Carbon Monoxide Pamphlet Receipt Form

I have received Wisconsin Act 158 information regarding carbon monoxide in the home.

Signature of Applicant

Date

Signature of Applicant

Date