

*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.*

*Homeo*

Carolyn Martin | [cmartin@cdbg.us](mailto: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

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|  | Community Development Block Grant Program  *Homebuyer Assistance Application* |

|  |
| --- |
| Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(For Office Use Only)* |
|  |

## 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** Use numbers from table below | **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) Provide copy of current statement and six month’s average balance on bank letterhead; include six months average interest if applicable |  | YES | NO |
| Savings Account(s) Provide copy of current statement and six month’s average balance on bank letterhead; include six months average interest if applicable |  | YES | NO |
| Certificate of Deposit (CD) or Money Market Accounts Provide most current bank statements |  | YES | NO |
| Real Estate other than primary residence, e.g. rental, land Provide copy of property tax statement |  | YES | NO |
| Revocable Trust(s) |  | YES | NO |
| Stock, Bonds, or Treasury Bills | Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| IRA/Lump Sum Pension/Retirement/Keogh/401(k) Provide documentation | Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| Cash Value of Life Insurance Policy Provide documentation | Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| Investment items Antique car, coin, stamp, jewelry, gun collections, etc  Provide documentation | Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| Safety deposit box Please list items and values: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | YES | NO |
| 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: |  |  |  |  |  |
|  | 1. Spouse’s name: |  | | | | |
|  | 1. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| James Shaw |  | Carolyn Martin |  |
| Scott Jones |  | Norman Mudgett |  |
| Gary Pomeranke |  |  |

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:

|  |  |  |  |
| --- | --- | --- | --- |
|  | White |  | Hispanic |
|  | Black/African American |  | Asian & White |
|  | Asian |  | Black/African American & White |
|  | American Indian / Alaskan Native |  | American Indian / Alaskan Native & Black / African American |
|  | American Indian / Alaskan Native & White |  | Balance / Other |
|  | 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** |  | |  |  | Co-Applicant |  | | |
|  |  | |  |  |  |  | | |
| Last | *First* | | *MI* |  | *Last* | *First* | | *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: 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