

Dear Applicant:

Thank you for your interest in the Community Development Block Grant & HOME Program. We look forward to the opportunity to work with you.

Attached is the application form necessary as well as a release form and information on Lead Based paint. Please be certain to complete and sign the application and release forms prior to returning them to our office. For the Lead Based Paint forms, you are to keep the informational material and return the signed affidavit showing you received Lead Paint information along with the other forms.

In order for us to process this application, we will need the following information along with your application:

- Release form completed, signed and dated
- Affidavit of receipt of Lead Paint information
- Federal income tax returns for previous year
NOTE: If you are self-employed, you must provide income tax returns for the three previous years
- Property tax statement for previous year
- First page of homeowners insurance policy for residence

If you have any questions concerning this application or any other aspects of the CDBG or HOME program, do not hesitate to contact our office.

Sincerely,

Shelia Nice
Executive Director

CDBG & HOME PROGRAM

Home owners & home buyers:

OWNERS: This is a 0% interest, deferred payment loan to help rehab your home. (rehab list on first page)

HOMEBUYERS: First time homebuyers: This loan would assist with half of a down payment & closing cost to help purchase a home. You must have 10% down for your half. To qualify you must be income qualified, and you must be able to get the main loan through a local financial institution. We only loan funds for 10 % of the down payment & closing cost.

REPAYMENT POLICIES:

These loans are, as stated above a 0% interest loan, once you have the loan it does not have to be paid back until you no longer use the home as your primary residence, sell it,

OR

you borrow money (a mortgage on your property) from a financial institute for consolidation of consumer debt, such as credit cards, automobiles or other cash to homeowner'' transactions, or for any home equity loans other than for the sole purpose of rehabilitating one's primary residence. OR you default on your loan with us by not paying your property taxes, house payments at your bank or do not carry home owners insurance. At this point your loan would be due in full.

Landlords, for rental rehab (CDBG LOAN ONLY):

The program works the same except,

1. you would be charged a very low (normally 3%) interest rate on your loan
2. you would make monthly payments to repay the loan
3. you must rent to low to moderate families and the rent must meet HUD Guidelines.

**(CDBG) & HOME PROGRAM
APPLICATION**

Date Received _____
(for office use only)

Applicant Name _____ DOB: _____ Social Security Number _____

Applicant Name _____ DOB: _____ Social Security Number _____

Note: Please list names of all _____
property owners as shown on _____
deed or land contract. _____

Telephone Number: _____ / _____ (home) _____ / _____ (work)

Residence Address: _____
(Street Address)

_____ (City/Village/Town) _____ (State) _____ (Zip Code)

Mailing Address: _____
(if different) (Street Address)

_____ (City/Village/Town) _____ (State) _____ (Zip Code)

Township of Residence: _____

Age of Structure: _____

Year property was purchased: _____

Number of children living in the home under the age of 6: _____

Total number of people living in the home (including applicant): _____

Is property insured? Yes _____ No _____

If yes, name of insurance company and agent: _____

Is there currently a mortgage, lien, land contract, or other debt against this property? Yes _____ No _____

Please state below all your debts, amount currently owed, and to whom it is owed. If there is more than one loan, please list each one separately.

Type of Loan	Amount Owed	Reason	Lender Name & Address

ASSETS

Based on policy, a portion of all assets are counted as income. Please list below any checking accounts, savings accounts, CD's, stocks, bonds, IRA's , retirement accounts, etc.... as well as any other real estate owned.

<i>TYPE OF ACCOUNT</i>	<i>NAME & ADDRESS OF FINANCIAL INSTITUTION</i>	<i>CURRENT VALUE</i>
<i>Checking Accounts</i>		
<i>Savings Accounts</i>		
<i>CD's</i>		
<i>Stocks/Bonds</i>		
<i>IRA/Retirement Accounts</i>		
<i>Real Estate</i>	N/A	
<i>Other</i>		

CONFLICT OF INTEREST

A program requirement is that the applicant identify and disclose any potential conflict of interest. Conflict of interest may arise if an applicant for a loan is related by family or business ties to any employee, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the Community Development Block Grant program activities. Below is a list of people whose work is related to the CDBG program. Please indicate in the space provided if you have family or business ties with any of those persons.

** Family ties are defined as:

- * Spouse
- * Fiancee/Fiancé
- * Children and Children-in-Law
- * Brothers and Brothers-in-Law
- * Sisters and Sisters-in-Law
- * Parents and Parents-in-Law
- * Anyone who receives more than 50% of their support from the covered person (e.g., adopted child, foster child)

Do you have any family or business ties to any of the following people?

OFFICE	NAME OF OFFICIAL	No Ties	Business Ties	Family Ties	Please explain any relationship that exists
TCHA Board	Charles Webster				
	Al Beadles				
	Scott Copenhaver				
	Tammy Mann				
	Joe Tomandl				
County Board	Jim Metz				
Dist. 1	Fred Parent				
Dist. 2	James Seidl				
Dist. 3	Daniel Minter				
Dist. 5	John Werner III				
Dist. 6	Scott Mildbrand				
Dist. 7	David Lemke				
Dist. 8	Charles Zenner				
Dist. 9	Diane J. Albrecht				
Dist. 10	Dave Bizer				
Dist. 11	Dennis Fuchs				
Dist. 12	Rollie Thums				
Dist. 13	Lester B. Lewis				
Dist. 14	Allen Beadles				
Dist. 15	Scott Copenhaver				
Dist. 16	Raymond F. Soper				
Dist. 17	David Krug				
Steering					
TCHA Staff	Shelia Nice				
	Jennifer Gustum				
County Clerk	Bruce Strama				
County Corp	Steve Anderson				

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 the obligation is incurred.

If you are applying for funds to assist with down payment to purchase a home please fill in the questions below:

What Financial Institution are you working with: _____

Name of loan officer you are working with: _____

Do you have a home picked out _____ yes _____ NO

If Yes Address: _____

What amount of funds are you putting toward the down payment: Remember you must have half of the down payment: _____.

I certify that the information I entered in this application is correct and accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of Applicant

Date

"Are you a United States Citizen or a Qualified Alien? _____ Yes _____ No

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

Age of Applicant: _____

Racial/Ethnic Background, Check One:

____ Black/African American ____ Asian ____ White

____ Hispanic ____ Native American ____ Native Hawaiian/other pacific islander

____ Asian & White ____ Black/African American & White

____ American Indian/Alaskan Native or Black/African American

____ Balance/other

GENERAL RELEASE OF INFORMATION

*Taylor County Housing Authority
224 S. 2nd Street, Medford, WI 54451
(715)748-1456*

To Whom it May Concern:

I/We have applied for a loan or housing assistance and hereby authorize you to release to Taylor County Housing Authority 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. Child support, unemployment, public assistance and any other source of income.
4. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.
5. Current and previous Circuit Court, Criminal History, information in regards to the open to the public records law that may help determine the decision on assistance.

This information will be for the confidential use of the Taylor County Housing Authority 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 will be kept on record with Taylor County Housing Authority.

Last, First, M.I.

Last, First, M.I.

Social Security #

Social Security #

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date

NOTICE TO BORROWERS: This note 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 or another government agency without your consent except as required by law.

**AFFIDAVIT AS TO RECEIPT OF
"PROTECT YOUR FAMILY FROM LEAD IN THE HOME"**

I hereby certify that Taylor County Housing Authority has provided me with a copy of the informational pamphlet, "Protect Your Family From Lead In Your Home". I have reviewed this material and will retain the information for my records.

Signature of Applicant

Date

Signature of Applicant

Date

Please list the things you would like Rehab work done on.

Emergency work that needs to be done:

Rehab that is not an emergency that should be done:

Thank you,
Shelia Nice, Executive Director

Refinancing/Subordination

Subordinating to a loan means that Taylor County/Taylor County Housing Authority (Grantee) would allow a financial institution to hold their position on the mortgage.

The Grantee may elect to subordinate its CDBG mortgage to another lender under the following conditions:

- a. The funds resulting from the subordination will be used to:
 1. Refinance an existing mortgage to obtain a reduced interest rate.
 2. Refinance an existing mortgage to obtain a comparable interest rate and extended payment terms.
 3. Obtain a home equity loan for the sole purpose of rehabilitating their primary residence.
 4. Refinance an existing mortgage as necessary to halt foreclosure proceedings by a bank or to halt tax deed proceedings by the county.

- b. Taylor County Housing Authority will **not** consider requests to subordinate for consolidation of consumer debt, such as credit cards, automobiles or other “cash to homeowner” transactions, or for any home equity loans other than for the sole purpose of rehabilitating one’s primary residence. A subordination will not be awarded if it places the Grantee’s security interest in jeopardy, as determined by standard underwriting practice, unless required to halt foreclosure or tax deed proceedings.

- c. Homeowners who anticipate refinancing an existing loan and request that the Grantee subordinate its mortgage position, must submit in writing the following information:
 - 1) The reason for the subordination request.
 - 2) The name, address, and contact person(s) at the cooperating financial institution.
 - 3) The new mortgage amount that would take precedence over the Grantee’s mortgage.
 - 4) Copies of estimates for any rehab/construction work being completed.

- d. Written requests for subordination agreements must be approved by the Taylor County Housing Authority. The subordination agreement must be drafted at the homeowner’s expense by the cooperating financial institution or legal counsel.

I hereby have read, understand, and agree to the above. I have received a copy of this page.

Signed

Date