

HCRI

(Housing Cost Reduction Initiative)

Taylor County Housing Authority Short Term Rental/Mortgage Assistance

The Housing Authority has received funding through the State of Wisconsin's Housing Cost Reduction Initiative to help low income households with their rent/mortgage and other obligations in emergency situations.

We can provide interest free loans for:

- Mortgage Payment
- Mortgage Insurance
- Property Taxes
- Past Due Rent
- Past Due Utility Bills
- First Month's Rent
- Security Deposit
- Utility Deposits

Only households facing emergency situations will be eligible for assistance. Emergencies would include battered persons and their children, homeless persons, illness or injury, domestic abuse, divorce or separation, loss of a job, other income loss.

Through this program, we can help with your rent/mortgage and utilities for up to 3 months. We can pay security deposits and deposits for basic utilities including electric service, heat, water and sewer if funds are available. We can NOT help with telephone/cable bills, car payments and credit card debts.

We also must inspect the unit you are living in (or planning to live in). It must be in a clean safe sanitary condition. There can't be any major safety hazards.

YOU WILL BE REQUIRED TO PAY BACK THE MONEY YOU RECEIVED AS ASSISTANCE. By doing so, we will be able to help others in the future. You will be required to sign a lending note and make monthly payments that are affordable.

To be eligible for these loans, your gross income (before taxes) must be at or below the following limits.

Number of People in Household	Yearly Income Limit	Monthly Income Limits
1.....	\$20,500.....	\$1,708.34
2.....	\$23,400.....	\$1,950.00
3.....	\$26,350.....	\$2,195.84
4.....	\$29,250.....	\$2,341.67
5.....	\$31,600.....	\$2,633.34
6.....	\$33,950.....	\$2,716.67
7.....	\$36,250.....	\$3,020.44
8.....	\$38,600.....	\$3,216.67

Renter complete pages 1,4,5,6&7
Homeowners complete pages 1,2,3,6&7

HCRI APPLICATION

Housing Cost Reduction Initiative

Date of Application: _____ Phone: _____

Name: _____ Drivers License # _____

Other Names went by: Maiden or married names: _____

Address: _____

Co-applicant: _____ Drivers License # _____

Bring in S.S Cards and Drivers License

List all members planning to live in the unit **(include yourself)**

<u>First Name, Last Name</u>	<u>M.I.</u>	<u>D.O.B.</u>	<u>Relationship to Applicant</u>	<u>Social Security #</u>

INCOME (Employers Name & Address)

Name: _____ Address: _____

Name: _____ Address: _____

CHILD SUPPORT: County _____ Address _____ Amount _____

Other Income: (write in amount for all that apply)

SSI \$ _____ monthly amount Social Security \$ _____ monthly amount
 AFDC \$ _____ monthly amount Child Support \$ _____ monthly amount
 Pension \$ _____ monthly amount Unemployment \$ _____ monthly amount

Other Income _____ Monthly Amount \$ _____

ASSETS: Name of Bank/Credit Union & Address Account Balance

Checking: _____ \$ _____

Savings: _____ \$ _____

Stocks/Bonds: _____ \$ _____

Other: _____ \$ _____

HOME OWNERS: Complete this page, page 3 and page 6 of application.

Mortgage Holder/Holders

Financial Institute Name and Address

Financial Institute Name and Address

Beside you, is someone else listed on the Deed for the property? _____ No _____ Yes

If yes: Name _____

Are the property taxes paid up to date?

Yes _____ No _____ Amount needed to bring them up to date? \$ _____

Are the Utilities paid up to date?

Yes _____ No _____ Amount needed to bring them up to date? \$ _____

Name, address and phone number of utility companies:

Is your home insured? _____ No _____ Yes Company name _____

How long have you owned this property? _____

Do you have any judgments against you? _____ Yes _____ No

If you lived here for less than two years, please give last address where you lived.

Did you live at the last address by yourself? _____ Yes _____ No

If no with whom: _____

Do you have any felonies or drug related activities charged against you: _____ Yes _____ No

LOAN ASSISTANCE REQUESTED:

_____ PAST DUE MORTGAGE (Amount \$ _____)

_____ PAST DUE UTILITIES (Amount \$ _____)

_____ HOME OWNERS INSURANCE (Amount \$ _____)

_____ PROPERTY TAXES (Amount \$ _____)

Reason for emergency:

APPLICANT'S CERTIFICATION:

I/WE certify that the above information is true, accurate and complete to the best of my/our knowledge. I/We understand that giving false information is considered fraud and will result in loss of program benefits.

X _____
Signature of Applicant

Date

X _____
Signature of Applicant

Date

RENTAL CLIENTS

CURRENT LANDLORD:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

LAST THREE LANDLORDS YOU RENTED FROM:

1. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

2. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

3. NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Have you ever been served an eviction notice? _____ Yes _____ No

If Yes by whom & when: _____

Do you have any judgments against you through the court system? _____ Yes _____ No

If Yes by whom & when: _____

Do you have any overdue utility bills? _____ Yes _____ No

If Yes amount you owe, \$ _____

Company Name: _____

Are you current on your rent? _____ Yes _____ No

ASSISTANCE REQUESTED: (Please check the assistance you are applying for)

_____ PAST DUE RENT (Amount \$ _____)

_____ PAST DUE UTILITIES \$ _____

Utility company name: _____

Address: _____

_____ Utility Deposit \$ _____

_____ Security Deposit \$ _____

_____ First Month's Rent \$ _____

Other Agencies Involved: _____

Referred By: _____

*Have you received rent assistance in the last year including but not limited to FEMA or SECTION 8?

Yes _____ No _____

CURRENT EMERGENCY: (A brief statement of your current situation)

APPLICANT'S CERTIFICATION:

I/WE certify that the above information is true, accurate and complete to the best of my/our knowledge. I/We understand that giving false information is considered fraud and will result in loss of program benefits & possible criminal charges.

X _____
Signature of Applicant

Date

X _____
Signature of Applicant

Date

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				
	George Southworth				
	Tammy Mann				
	Joe Tomandl				
County Board	Jim Metz				
Dist. 1	Fred Parent				
Dist. 2	James Seidl				
Dist. 3	Mary Bix				
Dist. 5	John Werner III				
Dist. 6	Scott Mildbrand				
Dist. 7	George Southworth				
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	Joseph Sweda				
Dist. 17	David Krug				
Steering					
TCHA Staff	Shelia Nice				
	Jennifer Gustum				
County Clerk	Bruce Strama				
County Corp	Steve Anderson				

GENERAL RELEASE OF INFORMATION

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

To Whom It May Concern:

I/We have applied for a loan or housing assistance through Taylor County Housing Authority and hereby Authorize you to release 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 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 Taylor County Housing Authority in determining my/our eligibility for a mortgage loan, housing assistance 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 Taylor County Housing Authority.

Last, First, M.I

Last, First, M.I.

Social Security #

Social Security #

Address

Address

City, State, Zip

City, State, Zip

X _____
Signature

X _____
Signature

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 transactions 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.