

Village of Milltown Housing Program

✧ 89 Main Street West Milltown, WI 54858 ✧

This is to follow up on the Village of Milltown CDBG Housing program application inquiry. If you are interested in applying for an interest free loan for your primary residence in the Village of Milltown please fill out the attached forms and return back to my attention.

- Homeowner Application
- Income/Asset Questionnaire forms
- General Release form
- Verification of Employment (if you collect Social Security, include the benefit statement)
- Verification of Mortgage form-fill in the name and address of your bank or mortgage company. Sign, date, & return.
- Lead safety pamphlet receipt – sign, date and return
- Lead safety pamphlet – keep for your records

In addition to these forms, please include a copy of your **2014 Income Taxes**, **last four pay stubs**, **property tax statement from 2014**. We will also need a **copy of your mortgage**. Since mortgages can be numbers of pages long, we will only need a copy of the page which shows the legal name(s) of mortgagor, and a copy of the page that shows the exact legal description.

Upon receipt of this information, we will verify your income and mortgage amount. Please note that there must be enough equity in your home to secure the loan. If your application meets all the criteria, we will contact you to set up an initial inspection.

Funds are limited and it's a first come first serve basis. Please return application as soon as possible so you don't miss out on this great opportunity!!

If you have any questions, please call me at 715-235-9081.

Sincerely,

FOR VILLAGE OF MILLTOWN,

Janet Zimmer

Janet Zimmer
Housing Administrator
%Cedar Corporation
604 Wilson Avenue
Menomonie, WI 54751
1-800-472-7372

VILLAGE OF MILLTOWN
Housing Rehab/Repair Program Application
89 Main Street West Milltown, WI 54858

Applicant Name: _____ **Co-Applicant Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (if different): _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Work Phone: (____) _____ **May we call you at work?** Yes No

E-mail: _____

LIST ALL PEOPLE WHO LIVE IN THE HOME

Name	US Citizen?	Disabled?	Birth Date	Relationship to You
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Self
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

****EQUITY: \$** ******* This Section Office Use Only *******

Assessed Value of Home	Name(s) on Property Title	Date of Purchase	Year Property Built

Is this your primary residence? Yes No Are the property taxes paid up to date? Yes No

What type of property is this?

Single Family Multi-Family (# of units _____) Mobile Home

Other _____

LIST ALL DEBT AGAINST PROPERTY (For Example: Mortgages, Lines of Credit, Judgments)

Name of Lender	Loan Number	Original Amount	Balance Due	Term (# of years)	Interest Rate	Type of Loan (WHEDA, VA, etc.)

Age of House: _____

Number of Bedrooms: _____

Property Insurance Company: _____

Insurance Company Address: _____

Policy #: _____

Who is your heat provider? _____

What type of heat source do you have? Natural Gas Electricity LP Oil Wood

Who is your electricity provider? _____

Race (check one-optional) American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African American Asian White or Other Multi-Racial

Ethnicity Hispanic/Latino Other

Are you currently living in housing you consider to be adequate, safe and decent? Yes No

Renovations Desired:

CONFLICT OF INTEREST

Do you have family or business ties to any of the following people?
If yes, disclose the nature of the relationship.

Person	Not Related	Related	Relationship
Louise White, Village President			
Amy Albrecht, Clerk/Treasurer			
Elverna Blomgren, Housing Committee			
Lernard Erickson, Housing Committee			
Joyce Stener, Housing Committee			
Janet Zimmer, Housing Administrator			

*** Elected/appointed officials, municipal employees or consultants involved in the decision-making processes of the program are not eligible to receive housing rehabilitation assistance through the program either for themselves, or those with whom they have family or business ties, during their tenure or for one year after.*

*** In no case may the Grantee's Chief Elected Official receive a CDBG loan*

COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY

Income Information: Identify each source and amount of income currently received by the household or that is anticipated to be received in the next 12 months.

Circle Y for Yes, N for No	Income Source	Name of Employee
1. Y N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation Employer: _____ Phone #: _____ Mailing address: _____ Employer: _____ Phone #: _____ Mailing address: _____ Employer: _____ Phone #: _____ Mailing address: _____	_____ _____ _____
2. Y N	Self employed (List the nature of self-employment) _____	Will need copies of last 3 years of Federal 1040 with Schedule C attached.
3. Y N	Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home.	\$ _____
4. Y N	Unemployment benefits and/or Worker's Compensation.	Send benefit statement or copy of check
5. Y N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	Send benefit statement or copy of check
6. Y N	Social Security payments.	Send benefit statement
7. Y N	<u>Unearned</u> income from family members age 17 and under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____
8. Y N	Supplemental Security Income (SSI).	Send benefit statement
9. Y N	Disability or death benefits other than Social Security.	Send benefit statement
10. Y N	Public Assistance (examples: TANF, AFDC, W2)	\$ _____

11. Y N	Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies, or lottery winnings. If yes, list sources and whose name is on account: 1) _____ 2) _____	\$ _____ \$ _____
12. Y N	Income from real or personal property ie: interest or dividends	\$ _____
13. Y N	Alimony/spousal maintenance payments.	\$ _____
14. Y N	I am entitled to receive Child Support Payments. If yes, then answer the following: <input type="checkbox"/> I am currently receiving child support payments. <input type="checkbox"/> I am not receiving any child support payments but it is court ordered that I do. Check one: <input type="checkbox"/> I am not pursuing the payments for the following reasons: _____ <input type="checkbox"/> I am making efforts to collect the child support owed to me. Please list the efforts you are making: _____	\$ _____ \$ _____
15. Y N	Section 8 rental assistance	\$ _____
16. Y N	Income from a source other than those listed above. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____

Asset Information

Identify each asset, its value, and rate of interest currently held by the household.

Circle Y for Yes, N for No	Asset	Cash Value/Balance	Name on Account
17. Y N	Checking account(s). If yes, list bank(s) and the location(s): 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
18. Y N	Savings account(s). If yes, list bank(s) and the location(s): 1) _____ 2) _____	\$ _____ \$ _____	Name on account _____ _____
19. Y N	Certificates of Deposit (CD) or Money Market Accounts If yes, list source/bank names and location: 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____	Name on account _____ _____ _____
20. Y N	Revocable trust(s) If yes, provide description 1) _____ 2) _____	\$ _____ \$ _____	Name on account _____ _____
21. Y N	Real Estate-Do you own rental property or land? If yes, list location and mortgage holder: 1) _____ 2) _____	\$ _____ \$ _____	Please send copy of property tax statement _____
22. Y N	Stocks, Bonds, or Treasury Bills. If yes, list source/bank names and location: 1) _____ 2) _____	\$ _____ \$ _____	Name on account _____ _____

23. Y N	IRA/Lump Sum Pension/Retirement/Keogh/401(k) Account, etc. If yes, list source/bank names & addresses or contact info: 1) _____ ----- 2) _____ -----	\$ _____ \$ _____	Name on account _____ _____
24. Y N	Whole Life Insurance Policy. If yes, how many policies ____ List sources: 1) _____ 2) _____	\$ _____ \$ _____	Name on account _____ _____
25. Y N	More than \$500 cash on hand.	\$ _____	
26. Y N	Items held as an investment (antique car, coin collection, etc.) If yes, list items: 1) _____ 2) _____	\$ _____ \$ _____	
27. Y N	Safe deposit box. If yes, list contents: _____	\$ _____	
28. Y N	Disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. (ie: land or 2 nd home)	\$ _____	
29. Y N	Income from assets or sources other than those listed above. If yes, list type(s) below 1) _____ 2) _____	\$ _____ \$ _____	

For every item marked “yes” on the Questionnaire, provide the following information:

Question Number	Name on Asset and Name of company, financial institution or source	Mailing address, telephone and fax number of company, financial institution or source

READ EACH ITEM BEFORE SIGNING THE APPLICATION. IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

Check box that applies to you:

Owner-occupied property

I understand the Housing Rehab funds are offered as a loan payable upon resale or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note that I can pay any or all of the balance anytime prior to resale of transfer of property.

Read and initial statements below:

I understand the Village of Milltown Housing program will inspect the property to determine if the house meets Housing Quality Standards determined by the Department of HUD. Based on the inspection, Village of Milltown reserves the right to deny funding.

I understand I must carry homeowner's insurance on the property and keep the policy in force during the life of the loan.

I understand the house I am rehabilitating must be weatherized not later than six (6) months from date of closing. Village of Milltown Housing program will assist me in identifying resources to weatherize my house, but I am responsible for ensuring the work is completed.

I understand if I intentionally make statements or conceal any information in an attempt to obtain assistance, it is in violation of federal and state laws that carry severe criminal and civil penalties.

I authorize Village of Milltown Housing program to verify all information given by me about my property, income, employment, credit, background, and previous landlord(s) to determine my eligibility.

I authorize and direct all custodians of my records, including my insurance company, employer, and public or private agency, bank, financial institution, or credit data service to release information to Village of Milltown Housing program

Failure to comply with these conditions could result in the withdrawal of Village of Milltown participation or the recall of the full amount of Village of Milltown loan plus interest.

Marital Agreement Notice

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 Section 766.59, or court decree under Section 766.70 adversely affects the creditor 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.

By my signature, I certify that all information I have given is true and correct to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Form Updated 10/15/13

For Office Use Only

Approved: _____

Denied: _____

Village of Milltown Authorized Signature

Date

VILLAGE OF MILLTOWN CDBG HOUSING 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 Village of Milltown 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.

This information will be for the confidential use of Village of Milltown Housing Administrator 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 Village of Milltown Housing.

Last, First, M.I.

Last, First, M.I.

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 Private 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.

VILLAGE OF MILLTOWN HOUSING CDBG HOUSING PROGRAM

VERIFICATION OF EMPLOYMENT

EMPLOYER:

Name: _____
Address: _____

APPLICANT:

Name: _____
Address: _____

X _____
My signature authorizes release of employment
verification information requested below.

Applicant - Do Not Write Below This Line

Present Position: _____

Employment Date: _____

Probability of Continued Employment: _____

Rate of Pay:

\$ _____: Hour _____ Week _____ Month _____ Year

If hourly wage, please indicate average hours/week: _____

Authorized Employer Signature Title Date

Please return to: CDBG Program Administrator
604 Wilson Avenue
Menomonie, WI 54751

Enclosure: Stamped Addressed Return Envelope

VILLAGE OF MILLTOWN CDBG HOUSING PROGRAM

VERIFICATION OF EMPLOYMENT

EMPLOYER:

Name: _____
Address: _____

APPLICANT:

Name: _____
Address: _____

X _____
My signature authorizes release of employment
verification information requested below.

Applicant - Do Not Write Below This Line

Present Position: _____

Employment Date: _____

Probability of Continued Employment: _____

Rate of Pay:

\$ _____: Hour _____ Week _____ Month _____ Year

If hourly wage, please indicate average hours/week: _____

Authorized Employer Signature Title Date

Please return to: CDBG Program Administrator
604 Wilson Avenue
Menomonie, WI 54751

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VILLAGE OF MILLTOWN CDBG HOUSING PROGRAM

VERIFICATION OF MORTGAGE

Loan Applicant: _____

Address: _____

Bank, Lending Institute or Mortgagee: _____

Address: _____

I hereby authorize mortgagee to furnish Village of Milltown CDBG Housing Program the following information.

Name, _____ Date _____

Name _____ Date _____

Applicant - Do Not Write Below This Line

Original Mortgage Amount: _____ Date of Mortgage: _____

Present Balance: \$ _____ Date of Maturity: _____

Installments: Principal & Interest: \$ _____

Mortgage and/or Property Insurance: \$ _____

Taxes: \$ _____

Total Monthly Payment: \$ _____

Are Payments Current? _____ Yes _____ No (Explain Amount and Period):

Number of Late Payments (30 Days), If Any: _____

Signature of Mortgagee _____ Title _____ Date _____

Please return to: CDBG Program Administrator
604 Wilson Avenue
Menomonie, WI 54751

Enclosure: Stamped Addressed Return Envelope

VILLAGE OF MILLTOWN CDBG HOUSING PROGRAM

PAMPHLET RECEIPT FORM

- I have received a copy of the EPA pamphlet entitled “Renovate Right, Important Lead Hazard Information for Families, Child Care Providers, and Schools.”
- I have received a copy of the EPA pamphlet entitled “Protect Your Family From Lead in Your Home.”
- I have received a copy of the Smoke Alarm and Carbon Monoxide safety flyer published by Wisconsin Department of Commerce.
- I have received a copy of the Right to Cure pamphlet entitled “Wisconsin’s Framework for Successful Communications Between Consumers and Contractors.”

Return this page with completed application

Signature of Applicant _____

Signature of Applicant _____