

Village of Milltown Housing Program

✧ Milltown, WI 54858 ✧

This program is not for remodeling or for new and cosmetic construction.

If you are interested in applying for a low interest loan for your new primary home in the Village of Milltown, please fill out the attached forms and return to my attention. You must be purchasing property within the Village limits of Milltown. Trailer homes parked in trailer courts do not qualify under the homebuyer program.

- Homebuyer 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 current property tax statement, copies of the last three months of pay stubs from your employer along, your 2018 income tax statement, copies of your checking/savings accounts from the last 6 months and any pension/IRS/401K, etc. benefits.

Upon receipt of this information, we will verify your income.

To be eligible, you must make less than the following:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$38,300	\$43,800	\$49,250	\$54,700	\$59,100	\$63,500	\$67,850	\$72,250

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,

Renee Swenson

Renee Swenson
Housing Administrator
c/o Cedar Corporation
604 Wilson Avenue
Milltown, WI 54751
1-800-472-7372
715-235-9081
renee.swenson@cedarcorp.com

TERMS AND CONDITIONS

Processing your homebuyer application requires the program administrator to verify and document your income, mortgage/bank amount and title commitment of the property you identified in your application. There are costs associated with obtaining the required information. These charges will be included in your loan application as a closing cost when you close the loan with the Village's housing program.

If you withdraw your application, or we are unable to proceed with your loan closing because of actions or failure to act on your part causing judgments, liens, unpaid property taxes, delinquent mortgages, etc., you will be required to reimburse the program for the cost incurred. A copy of the bill will be given to you for your records.

These costs include, but are not limited to:

1. Income verification: varies
2. Title search: \$75 - \$125
3. Recording Fee: \$30
4. Initial inspection, specification writing and inspection fees: \$75 - \$650
5. Soil, lead, asbestos and mold testing: \$10 - \$400
6. Other cost incurred to the point of withdrawal: varies

By signing this form, I acknowledge these costs and agree to pay for the services charged. If my loan application is approved, all these costs will be included in my loan. The only time I will have to pay for these costs out of my pocket is when the application is withdrawn or denied as mentioned above.

By signing this form, I agree that the Housing Administrator can take and use photographs of my home/project for future use of display purposes of the program.

Signed: _____
Applicant Name Date

Signed: _____
Applicant Name Date

Signed: _____
Applicant Name Date

Have you found a house you wish to purchase?

_____ YES – Address: _____
_____ NO

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? _____

Are you pre-approved for a loan?

_____ YES – Amount: \$ _____
_____ NO

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

Are you a United States Citizen or a Qualified Alien? YES NO

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

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			
Linda Jones, Housing Committee			
Toni Sloper, Housing Committee			
Renee Swenson, 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*

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.

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

Signature of Applicant

Date

Signature of Applicant

Date

You are not required to answer the questions below.

If you choose not to answer them, please check this box.

Age of Applicant: _____

Racial/Ethnic Background, Check One:

_____ White

_____ Black/African American

_____ Asian

_____ American Indian/Alaskan Native

_____ Native Hawaiian/Other Pacific Islander

_____ American Indian/Alaskan Native & White

_____ Asian & White

_____ Black/African American & White

_____ American Indian/Alaskan Native & Black/African American

_____ Balance/Other

Hispanic: YES NO

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

Check box that applies to you:

- Owner-occupied property
- Landlord property
- Tenant

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 any time 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 inspections (initial, progress and/or final), 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 the Housing Administrator to take initial, progress and final pictures of my property for the purposes of this loan.

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

I understand the Housing Administrator is trained to determine what deficiencies fall under the program guidelines and I will accept the inspection notes regarding the deficiencies from the Housing Administrator. I understand and I will comply with the Housing Quality Standards as the guidelines for the loan. *(Please ask Housing Administrator to clarify Housing Quality Standards, if they are not clear)*

I understand the Village of Milltown Housing program will not be a part of any remodel and other new/cosmetic construction project. The Village of Milltown will not pay for work that has already been started and completed. All the approved work through the Village of Milltown Housing program will need to be completed before any remodel work is started. No exceptions.

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, anytime during the application and construction process.

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

Warning! Section 1001 of Title 18 of the US code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Misrepresentation of any information is grounds for ineligibility or termination.

Applicant Signature: _____ **Date:** _____

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

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

Village, State, Zip Code

Village, 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

To: _____
Employer's Name

Employer's Address

Employer's Village, State, Zip

Employer's Phone number

Employee, _____, has applied for a housing rehabilitation loan through the Village of Milltown Housing Program. The program is for income eligible applicants.

Please complete the information below so we can verify the applicant's financial eligibility.

You have my permission to release my income information to the Housing Administrator for the Village of Milltown Housing Program.

X _____
Applicant's Name Date

=====
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: _____

Gross salary for past 13 weeks: _____

Projected gross salary for next 12 months (52 weeks): _____

Estimated Commission/Bonus: _____ Overtime: _____

Next wage increase amount: _____ Date for wage increase: _____

Authorized Employer Signature Title Date

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

Enclosure: Stamped Addressed Return Envelope

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VERIFICATION OF EMPLOYMENT

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Employer's Name

Employer's Address

Employer's Village, State, Zip

Employer's Phone number

Employee, _____, has applied for a housing rehabilitation loan through the Village of Milltown Housing Program. The program is for income eligible applicants.

Please complete the information below so we can verify the applicant's financial eligibility.

You have my permission to release my income information to the Housing Administrator for the Village of Milltown Housing Program.

X _____
Applicant's Name Date

=====
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: _____

Gross salary for past 13 weeks: _____

Projected gross salary for next 12 months (52 weeks): _____

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Next wage increase amount: _____ Date for wage increase: _____

Authorized Employer Signature Title Date

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**VILLAGE OF MILLTOWN CDBG HOUSING PROGRAM
VERIFICATION OF MORTGAGE**

Applicant: _____
Applicant's Address: _____
Bank or Mortgagee's Name: _____
Bank or Mortgagee's Address: _____
Bank or Mortgagee's Address: _____
Loan #: _____

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
Milltown, WI 54751

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."

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

COMPLETE THE FOLLOWING INCOME/ASSET QUESTIONNAIRE COMPLETELY

Failure to complete the questionnaire in its entirety will delay processing the loan application.

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. Also provide supporting documentation such as statements.

1.	Y	N	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation Name of Employer: _____ Phone #: _____ Mailing Address: _____ Name of Employer: _____ Phone #: _____ Mailing Address: _____ Name of 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 Name of Business: _____ Phone #: _____ Mailing Address: _____
3.	Y	N	Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home Gross Amount: _____
4.	Y	N	Unemployment benefit and/or Worker's Compensation. <i>Send copy of benefit statement and copy of check</i> Gross Amount: _____
5.	Y	N	Veteran's Administration, GI Bill, or National Guard/Military benefits/income. <i>Send copy of benefit statement and copy of check</i> Gross Amount: _____

6.	Y	N	Social Security payments. <i>Send copy of benefit statement</i>
Gross Amount: _____			
7.	Y	N	Unearned income from family members age 17 and under (example: Social Security, Trust Fund disbursements, etc.)
Gross Amount: _____			
8.	Y	N	Supplemental Security Income (SSI). <i>Send copy of benefit statement</i>
Gross Amount: _____			
9.	Y	N	Disability or death benefits other than Social Security. <i>Send copy of statement</i>
Gross Amount: _____			
10.	Y	N	Public Assistance (examples: TANF, AFCD, W2) <i>Send copy of statement</i>
Gross Amount: _____			
11.	Y	N	Periodic payments from trusts, annuities, inheritance, retirement's funds or pensions, insurance policies, or lottery winnings. <i>Send copy of statement</i>
Gross Amount: _____			
12.	Y	N	Income from real or personal property; ie: interest or dividends <i>Send copy of statement</i>
Gross Amount: _____			
13.	Y	N	Alimony/spousal maintenance payments <i>Send copy of statement</i>
Gross Amount: _____			

14.	Y	N	I am entitled to receive Child Support Payments. <i>Send copy of statement</i>
		<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.
		<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. <i>Send copy of statement</i> Gross Amount:
16.	Y	N	Income from a source other than those listed above. <i>Send copy of statement</i> Gross Amount:

Asset Information: Identify each asset, its value, and rate of interest currently held by the household. Also provide supporting documentation such as statements.

17.	Y	N	Checking account(s)	Send copies of statements for the last 6 months
Name on Account:				
Name of Bank:				
Phone #:				
Mailing Address:				
Cash Value/Balance:				
	Y	N	Checking account(s)	Send copies of statements for the last 6 months
Name on Account:				
Name of Bank:				
Phone #:				
Mailing Address:				
Cash Value/Balance:				
18.	Y	N	Savings account(s)	Send copies of statements for the last 6 months
Name on Account:				
Name of Bank:				
Phone #:				
Mailing Address:				
Cash Value/Balance:				
18.	Y	N	Savings account(s)	Send copies of statements for the last 6 months
Name on Account:				
Name of Bank:				
Phone #:				
Mailing Address:				
Cash Value/Balance:				
19.	Y	N	Certificates of Deposit (CD) or Money Market Accounts	
Name on Account:				
Name of Bank:				
Phone #:				
Mailing Address:				
Cash Value/Balance:				
20.	Y	N	Revocable Trust(s)	Provide documentation
Name on Account:				
Name of Bank:				
Phone #:				
Mailing Address:				
Cash Value/Balance:				

21.	Y	N	Real Estate - Do you own rental property or land? Include copies of property taxes
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:
<hr/>			
22.	Y	N	Stocks, Bonds, or Treasury Bills Provide documentation
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:
<hr/>			
23.	Y	N	IRA/Lump Sum Pension/Retirement/Keogh/401K, etc. Provide documentation
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:
<hr/>			
24.	Y	N	Whole Life Insurance Policy
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:
<hr/>			
25.	Y	N	More than \$500 cash on hand
			Name on Account:
			Name of Bank:
			Phone #:
			Mailing Address:
			Cash
			Value/Balance:

26. Y N Income from assets or sources other than those listed above

Send copies of statements for the last 6 months

Name on Account:

Name of Bank:

Phone #:

Mailing Address:

Cash

Value/Balance:

27. Y N Safe Deposit Box: list contents

Name on Account:

Name of Bank:

Phone #:

Mailing Address:

Cash

Value/Balance:

28. Y N Disposed of assets (i.e. Gave away money/assets) for less than fair market value in the past 2 years (i.e.: land or 2nd home, etc.)

Name on Account:

Name of Bank:

Phone #:

Mailing Address:

Cash

Value/Balance: