

# 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 2019 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
\$40,250	\$46,000	\$51,750	\$57,450	\$62,050	\$66,650	\$71,250	\$74,800

**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,

*Samantha Mack*

Samantha Mack  
Housing Administrator  
c/o Cedar Corporation  
604 Wilson Avenue  
Milltown, WI 54751  
1-800-472-7372  
715-235-9081  
sam.mack@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.

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Signature of Applicant

Date

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Signature of Applicant

Date

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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.

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**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



**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*

**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: \_\_\_\_\_  
Account #: \_\_\_\_\_

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**

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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	<b>Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation</b> Name of Employer: _____ Phone #: _____ Mailing Address: _____  Name of Employer: _____ Phone #: _____ Mailing Address: _____  Name of Employer: _____ Phone #: _____ Mailing Address: _____
2.	Y	N	<b>Self-employed (List the nature of self-employment) Will need copies of last 3 years of Federal 1040 with Schedule C attached</b>  Name of Business: _____ Phone #: _____ Mailing Address: _____
3.	Y	N	<b>Cash Contributions of gifts including rent or utility payments, on an ongoing basis from persons not living in the home</b>  Gross Amount: _____
4.	Y	N	<b>Unemployment benefit and/or Worker's Compensation.</b> <i>Send copy of benefit statement and copy of check</i>  Gross Amount: _____
5.	Y	N	<b>Veteran's Administration, GI Bill, or National Guard/Military benefits/income.</b> <i>Send copy of benefit statement and copy of check</i>  Gross Amount: _____

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

<b>14.</b>	<b>Y</b>	<b>N</b>	<b>I am entitled to receive Child Support Payments. Send copy of statement</b>
		<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: ..... .....
<b>15.</b>	<b>Y</b>	<b>N</b>	<b>Section 8 rental assistance. Send copy of statement</b> Gross Amount: .....
<b>16.</b>	<b>Y</b>	<b>N</b>	<b>Income from a source other than those listed above. Send copy of statement</b> 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	<b>Checking account(s)</b>	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
	Y	N	<b>Checking account(s)</b>	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
18.	Y	N	<b>Savings account(s)</b>	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
18.	Y	N	<b>Savings account(s)</b>	Send copies of statements for the last 6 months
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
19.	Y	N	<b>Certificates of Deposit (CD) or Money Market Accounts</b>	
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				
20.	Y	N	<b>Revocable Trust(s)</b>	Provide documentation
Name on Account: _____				
Name of Bank: _____				
Phone #: _____				
Mailing Address: _____				
Cash Value/Balance: _____				

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



26.	Y	N	<b>Income from assets or sources other than those listed above</b>
Send copies of statements for the last 6 months			
Name on Account:			
Name of Bank:			
Phone #:			
Mailing Address:			
Cash			
Value/Balance:			
27.	Y	N	<b>Safe Deposit Box: list contents</b>
Name on Account:			
Name of Bank:			
Phone #:			
Mailing Address:			
Cash			
Value/Balance:			
28.	Y	N	<b>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.)</b>
Name on Account:			
Name of Bank:			
Phone #:			
Mailing Address:			
Cash			
Value/Balance:			