



APPLICATION TO THE CITY OF MILWAUKEE HOMEBUYER ASSISTANCE PROGRAM



Neighborhood Improvement
Development Corporation
In partnership with the City of Milwaukee

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| MAIL APPLICATION TO: NIDC P. O. Box 511730 Milwaukee, Wisconsin 53203-0291 | DROP OFF IN PERSON AT: NIDC 809 N Broadway, 3 rd Floor Milwaukee, Wisconsin 53202 |
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Please provide the following documents with your application & complete both sides:

- ✓ Documentation certifying you completed 8 hours of homebuyer counseling from an eligible agency.
- ✓ A copy of the pre-approval from your lender or evidence of funds for cash buyers
Evidence of funds = bank statements and a signed gift letter (if money received as gift).
- ✓ **Proof of income** (2 most-recent paycheck stubs and a copy of your most-recent Federal Income Tax Returns)
*Documented proof of income is requested for everyone who will be living in the home you are purchasing.
If receiving Social Security or SSI income please include the award letters for all family members.*

APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name _____ Date of birth _____
 Social Security no. _____ Home phone _____ Cell phone _____
 E-mail address _____
 Applicant's address _____ Zip _____ No. of years _____
 Co-applicant's name _____ Date of birth _____
 Social Security no. _____ Home phone _____ Cell phone _____
 Co-applicant's address _____ Zip _____ No. of Years _____
 Are you (check one) Married Divorced Separated Single Widowed
 Indicate your primary language: English Spanish Hmong Other: _____
 Do you require a translator? Yes No If yes, translator's Name _____ Phone: _____

DECLARATIONS

| Please answer the questions below. A "yes" answer may not be an automatic reason for rejection but may cause NIDC to request additional information to determine eligibility. | Applicant | | Co-Applicant | |
|---|-----------|----|--------------|----|
| | Yes | No | Yes | No |
| a.) Are there any outstanding judgments against you? | | | | |
| b.) Have you been declared bankrupt within the past 7 years? | | | | |
| c.) Have you had property foreclosed upon or given deed in lieu thereof in the last 5 years? | | | | |
| d.) Are you party to a lawsuit? | | | | |
| e.) Are you presently delinquent or in default on any Federal Debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? | | | | |

LENDER AND COUNSELOR INFORMATION

Lender (for applicants using all cash please write "Cash Buyer"): _____
 Lender contact name _____ Lender phone _____
 Lender e-mail address _____
 Source of funds for Cash Buyers; circle one (**Savings / Checking / Retirement / Gift**) Amount: \$ _____
 Homebuyer Counseling Agency Name _____ Contact Person _____

Do you currently have an accepted offer to purchase a City owned property? Yes No

If yes, please provide the address of the property under contract to purchase _____

If no, this application will be reviewed for "Pre-Qualification" to the Homebuyer Assistance Program.

SEE PAGE TWO FOR ADDITIONAL REQUIRED INFORMATION



GROSS INCOME OF APPLICANT (Please include any Social Security or SSI monthly income received.)

Employer _____ Position _____
 Address _____ How long _____
 Annual salary \$ _____ Or monthly salary \$ _____ Work phone _____
 Previous employer _____ How long _____
 Other income \$ _____ per month Source _____

GROSS INCOME OF CO-APPLICANT (Please include any Social Security or SSI monthly income received.)

Employer _____ Position _____
 Address _____ How long _____
 Annual salary \$ _____ Or monthly salary \$ _____ Work phone _____
 Previous employer _____ How long _____
 Other Income \$ _____ per month Source _____

ADDITIONAL HOUSEHOLD AND INCOME INFORMATION

List all other people who will live in the house. Do not list yourself or co-applicant. List all wages, W2 Program, Social Security, SSI, pensions, rents, interest, dividends, etc.

| NAME | AGE | RELATIONSHIP | SOURCE OF INCOME | MONTHLY AMOUNT |
|-------|-------|--------------|------------------|----------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |

Yes No

- Are you an employee of the City of Milwaukee, the Department of City Development (DCD), or one of its affiliate agencies?
 - Are you married to an employee of the City of Milwaukee including DCD or one of its affiliate agencies?
 - Are you the brother, sister, parent or child of an employee of the City of Milwaukee, DCD or one of its affiliate agencies?
- If you have answered "yes" to any of these questions, please explain in the space below:

I certify that the information provided herein is true and complete. I authorize the Dept. of City Development (DCD), and the Neighborhood Improvement Development Corporation (NIDC) to review this application, to request, receive, and share information with applicant's lender(s), employers, the above-named translator and housing counseling agency, and others to verify its accuracy and completeness and to refer information to WE Energies or other energy conservation programs. All owners must sign this application. I (we) am (are) not debarred by the US Department of Housing and Urban Development, and I (we) comply with all City of Milwaukee "General Buyer Policies" for the purchase of a City owned home. By signing application, I am authorizing the Department of City Development (DCD) to order a credit report and review Wisconsin Circuit Court records.

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

The following information is requested by the Federal Government in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of the information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observation or surname.

Applicant: I do not wish to furnish this information ____ (Initials) Co-applicant: I do not wish to furnish this information ____ (Initials)

| APPLICANT | | CO-APPLICANT | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Black/African-American | <input type="checkbox"/> | Black/African-American |
| <input type="checkbox"/> | Hispanic | <input type="checkbox"/> | Hispanic |
| <input type="checkbox"/> | White | <input type="checkbox"/> | White |
| <input type="checkbox"/> | Asian | <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | Black/African-American & white | <input type="checkbox"/> | Black/African-American & white |
| <input type="checkbox"/> | American Indian/Alaska Native | <input type="checkbox"/> | American Indian/Alaska Native |
| <input type="checkbox"/> | Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> | Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> | American Indian/Alaska Native & white | <input type="checkbox"/> | American Indian/Alaska Native & white |
| <input type="checkbox"/> | American Indian/Alaska Native & Black/African-American | <input type="checkbox"/> | American Indian/Alaska Native & Black/African-American |
| <input type="checkbox"/> | Asian & white | <input type="checkbox"/> | Asian & white |
| <input type="checkbox"/> | Other/ multi-racial | <input type="checkbox"/> | Other/ multi-racial |

