

**APPLICATION AND DECLARATION TO THE CITY OF MILWAUKEE
BRONZEVILLE HOMEOWNERSHIP APPLIANCE PACKAGE PROGRAM**

E-MAIL APPLICATION FORM TO: NIDC NIDC@milwaukee.gov	MAIL APPLICATION FORM 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:

- Copy of accepted offer to purchase

BRONZEVILLE PROPERTY INFORMATION:

Address of property under contract: _____

Have you/are you planning on applying to the Bronzeville Homebuyer Assistance Program (circle one): Yes/No

APPLICANT AND CO-APPLICANT INFORMATION

Applicant's name _____ Date of birth _____

Applicant's current address _____ Zip _____ No. of years _____

Primary phone _____ Secondary phone _____

E-mail address _____

Co-applicant's name _____ Date of birth _____

Co-applicant's address _____ Zip _____ No. of years _____

Primary phone _____ Secondary phone _____

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: _____

ADDITIONAL INFORMATION

- 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?

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 to not 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
Black/African-American	Black/African-American
Hispanic	Hispanic
White	White
Asian	Asian
Black/African-American & white	Black/African-American & white
American Indian/Alaska Native	American Indian/Alaska Native
Native Hawaiian/Other Pacific Islander	Native Hawaiian/Other Pacific Islander
American Indian/Alaska Native & white	American Indian/Alaska Native & white
American Indian/Alaska Native & Black/African-American	American Indian/Alaska Native & Black/African-American
Asian & white	Asian & white
Other/ multi-racial	Other/ multi-racial

Please complete both sides of the form

BRONZEVILLE HOMEOWNERSHIP APPLIANCE PACKAGE PROGRAM

DECLARATION

I, _____ (*insert your name*), declare, as related to the Bronzeville Homeownership Appliance Package Program and the purchase and rehabilitation of the property located at _____ (“Property”) located in the Bronzeville Initiative Area, the following statements to be true.

1. I will own and occupy the Property for at least two years as my primary residence (or five years if using the Bronzeville Homebuyer Assistance Program); and
2. I will rehabilitate the Property consistent with the Scope of Work approved by City Real Estate at the time of sale (or Scope of Work approved through the Bronzeville Homebuyer Assistance Program) within 180 days of purchasing the Property; and
3. Once rehabilitation work is nearing completion, I will identify the appliances I would like to purchase through the Bronzeville Homeownership Appliance Package Program for the Property from a participating store (limited to \$2,000); and
4. Approximately two weeks prior rehabilitation completion, I will contact the Department of City Development at (414) 286-5608 and provide model numbers for the appliances I have selected and a copy of the Essential Repair Verification Form confirming essential repairs are complete (or a copy of the Certificate of Code Compliance if using the Bronzeville Homebuyer Assistance Program); and
5. I understand the appliances purchased through the Bronzeville Homeownership Appliance Package Program are to be delivered to, and used at, the Property; and
6. I will be responsible for taking shipment of the appliances I have selected at a time and date agreed upon by myself and the participating store; and
7. Once I receive the appliances, the appliances will be my responsibility for safe storage and I will work directly with the participating store regarding shipment or warranty issues; and
8. I will allow inspections by the City of Milwaukee to ensure appliances are located at the property; and
9. If I do not comply with all provisions above, I will be responsible for repaying the City of Milwaukee for the appliances purchased through the Bronzeville Homeownership Appliance Package Program.

I certify that the information provided herein is true and complete. I authorize the Department of City Development and NIDC to review this application, to request, receive, and share information with lenders, the above-named translator, and others to verify its accuracy and completeness, and to refer information other loan programs for which I may be eligible.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR OFFICE USE ONLY

Participating Store: _____ Delivery Date: _____

Approval Date: _____ Appliance Cost: _____ Inspection Pass Date: _____