

**APPLICATION TO THE CITY OF MILWAUKEE
BRONZEVILLE RESIDENT HOMEOWNERSHIP INITIATIVE
DOWN PAYMENT GRANT PROGRAM**

E-MAIL APPLICATION FORM TO: <p style="text-align: center;">NIDC NIDC@milwaukee.gov</p>	MAIL APPLICATION FORM TO: <p style="text-align: center;">NIDC P. O. Box 511730 Milwaukee, Wisconsin 53203-0291</p>	DROP OFF IN PERSON AT: <p style="text-align: center;">NIDC 809 N Broadway, 3rd Floor Milwaukee, Wisconsin 53202</p>
---	--	--

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION & COMPLETE BOTH SIDES:

- Copy of accepted offer to purchase
- Document certifying you completed 8 hours of HUD approved homebuyer counseling

ADDRESS OF RESIDENTIAL PROPERTY YOU ARE PURCHASING IN BRONZEVILLE

Address of property under contract: _____

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: _____

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

Employer _____ Position _____

Yearly salary \$ _____ Or monthly salary \$ _____ How long _____

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

Employer _____ Position _____

Yearly salary \$ _____ Or monthly salary \$ _____ How long _____

ADDITIONAL HOUSEHOLD INFORMATION & INCOME

List other people who live in the house (but not yourself or co-applicant.) List all wages, W2, Social Security, SSI, pensions, rents etc.

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

Please complete both sides of the form

LENDER AND COUNSELOR INFORMATION

Lender (for applicants using all cash please write "Cash Buyer"): _____

Lender contact name: _____ Lender phone: _____

Lender e-mail address _____

Homebuyer counseling agency name: _____ Contact person: _____

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 submit a satisfactory application, based on program funding requirements, we may request additional documentation**

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. I understand that my project may be funded all or in part utilizing Federal funds and City agencies may review the information contained in this application to verify its accuracy.

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 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	