



Eau Claire County Housing Authority

Eau Claire County Ag & Resource Center
 227 1st Street West, Altoona, WI 54720
 715-839-6240
 FAX: (715) 598-6076

FOR OFFICE USE ONLY	
RECEIVED DATE:	
RECEIVED TIME:	

HOUSING REHABILITATION LOAN PROGRAM PRELIMINARY APPLICATION

NOTE: This application is not for homes owned within the city limits of Eau Claire

Applicant(s) Name(s):		
Street:		
City/State/Zip:		
Phone#	Cell Phone#	Work Phone#
Email Address:		
Is your mailing address the same as your physical address? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', please provide mailing address below.		
Mailing Address:		
Address of property to be purchased (if known):		
Street:		
City/State/Zip:		

INCOME: List all persons in the household, even if they have no income (attach an additional page if more space is required). Income includes, but is not necessarily limited to, income from all gross wages, salaries, commissions; net income from farming or other self-employment, net income from the operations of real property; interest and dividend income; Social Security, SSI, pensions, W-2, alimony, child support, and other benefit income. (NOTE: net self-employment income includes depreciation that has been subtracted for tax purposes)

Name	Relationship	Birth Date	U.S. Citizen (Y/N)	Income Source	Gross Monthly Income	Social Security # (Required)
	Self				\$	
					\$	
					\$	
					\$	
					\$	

*U.S. citizen or qualified alien

ASSET INFORMATION: List all assets including, but not limited to: (1) other real estate owned, (2) stocks/bonds, (3) checking/savings accounts, (4) Certificates of Deposit.

Member Name	Bank Name/Address	Account #	Amount
			\$
			\$
			\$
			\$

RELATIONSHIP TO HOUSING STAFF/COMMITTEE

Do you have family* or business ties to any of the following people? Yes No (If yes, disclose the nature of the relationship.)

Staff/Committee Member	Relationship
Robin Leary, Chairperson Eau Claire County Housing Authority	
Sue Larson, Vice Chairperson Eau Claire County Housing Authority	
Ricardo Garcia Eau Claire County Housing Authority	
Lydia Boerboom Eau Claire County Housing Authority	
Jennifer Ebert Eau Claire County Housing Authority	
Georgia Crownhart, Executive Director Eau Claire County Housing Authority	
Colleen Kraft, Mortgage Housing Asst. Eau Claire County Housing Authority	
Nicole Benson, Eligibility Specialist Eau Claire County Housing Authority	
Steve Maley, Housing Inspector Eau Claire County Housing Authority	

Family Includes:

- Spouse
- Parents and Parents-in-Law
- Fiancée/Fiancé
- Children and Children-in-Law
- Brothers and Brothers-in-Law
- Sisters and Sisters-in-Law
- Anyone who receives more than 50% of his/her support from the covered person (e.g. adopted child, foster child)

Covered persons includes any person who is an employee, agent, consultant, officer, elected, or appointed official of the Eau Claire County Housing Authority who exercises, or have exercised, any functions or responsibilities with respect to the housing rehab activities, or who are in a position to participate in a decision-making process or gain inside information with regard to housing activities, either for themselves or those with whom they have family or business ties, during their tenure in the position or for one year thereafter.

Glenda Engen, Rental Housing Asst.
Eau Claire County Housing Authority

THIS SECTION TO BE COMPLETED BY OWNER-OCCUPIED & PURCHASERS

Number of household members	Ages
# Males:	_____, _____, _____, _____, _____, _____
# Females:	_____, _____, _____, _____, _____, _____

Race: You are not required to answer the questions in this section. If you choose to, circle those that apply:
(This information is for statistical purposes only)

A Caucasian/Non-Hispanic	D American Indian/Alaskan Native	G Black/African American & White	J Other/Multi-racial
B Asian	E Native Hawaiian/Other Pacific Islander	H Asian & White	
C Black/African American	F American Indian/Alaskan Native & White	I American Indian/Alaskan Native & Black/African American	

Demographic/Ethnicity Data: You are not required to answer the questions in this section. If you choose to, circle those that apply:
(This information is for statistical purposes only)

FHOH Female Head of Household	HM Homeless Prevention (Mortgage Foreclosure, Rental Eviction)
PD Households with Persons with Disabilities	E Elderly (> 62)
SP/CH Single Pared with Children	H Hispanic
LF Families with 4 or more minor children	

COMPLETE THE FOLLOWING SECTION REGARDING THE HOME

1. List names of ALL property owners as they are shown on the deed or land contract.	
2. Is this property located in the floodplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have any judgements filed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is this a mobile home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', see question 5. If 'No', continue to question 6.
5. Is the mobile home located on a foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there currently a mortgage, lien, land contract, or other debt against this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', continue to section marked Liens . If 'No', continue to the section marked Insurance / Financials / Legal / Tax

LIENS

TYPE OF LIEN	BALANCE DUE	ACCOUNT NUMBER	LENDER NAME / ADDRESS

Is mortgage in "good standing"? Yes No

NOTE: Incurring additional debt on this property after completing this application, without notifying the Housing Authority, may result in the cancellation of this application and any resulting loan between the applicant and the Housing Authority.

INSURANCE / FINANCIALS / LEGAL / TAX

HOMEOWNERS INSURANCE INFORMATION

Agent Name / Company:	
Address:	
Telephone:	Value of Policy: \$
Date home purchased:	Move in date:
Age of home (year built):	

FINANCIALS / LEGAL / TAX

Provide the following information from your most recent tax bill:	
Total tax bill: \$	Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fair Market Value: \$	Assessed value: \$
Parcel #:	Township/City/Village:
Legal Description:	Computer #
If you have a mortgage, what type is it? (conventional, FHA, VA, etc.)	If you have a 2 nd mortgage, what type is it? (conventional, FHA, VA, etc.)
What was the original mortgage amount: \$	What was the original mortgage amount: \$
What is the interest rate: %	What is the interest rate: %
What is the monthly payment amount? \$	What is the monthly payment amount? \$

APPLICANT CERTIFICATION

I/We certify that all information on this preliminary application form is true and correct to the best of my/our knowledge. I understand that submitting incorrect, incomplete, or false information on the application and verification forms may result in the cancellation of this application and any loan between the applicant and Eau Claire County. I understand that said information shall be kept confidential and be used only for the purpose of this loan.

I have been advised that I may withdraw my application at any time previous to my acceptance of the construction contract.

MARITAL AGREEMENT NOTICE – No provision of a marital property agreement (including Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stat), 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.

Signature of Applicant: _____

Date: _____

Signature of Applicant: _____

Date: _____

After completion of application, return it to:
Home Rehabilitation Loan Program Specialist
Eau Claire County Housing Authority
227 1st Street West
Altoona, WI 54720

Attached is an "Items to Bring List." These are items that will be needed when your application is reviewed for funding. You can submit copies of these items with the application in order to expedite the application process, but it is not required.

Also attached is a "Home Improvement Needs" list. Please complete this form, indicating which items you believe will need to be done.

(effective 7/15/2019)

Home Improvement Needs

A thorough inspection of your home will be conducted by our Housing Inspector and yourself, after the determination of your initial eligibility by Housing Authority Staff. To assist the Housing Inspector, please use the list below. Check any items you feel are in need of repair. The inspector will contact you to schedule the inspection.

- | | |
|--|---|
| <input type="checkbox"/> Floors | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Walls / Ceilings | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Plumbing / Toilet / Sinks | <input type="checkbox"/> Fascia / Soffits |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Foundation Repair |
| <input type="checkbox"/> Septic System | <input type="checkbox"/> Porches |
| <input type="checkbox"/> Well / Pump | <input type="checkbox"/> Handicap Accessibility |
| <input type="checkbox"/> Electric | <input type="checkbox"/> CO2 Detectors |
| <input type="checkbox"/> Smoke Detectors | |
| <input type="checkbox"/> Windows | |
| <input type="checkbox"/> Other – Describe: _____ | |
-

How many bedrooms?	
Is the basement finished?	
Is there an attached garage?	

INFORMATION ABOUT YOUR INCOME & ASSETS

Employment Income: For every member of your household that works, bring the following information:

- Name, address, telephone number of employer
- Current rate of regular pay and overtime pay and the number of hours per week normally worked **(eight current pay stubs)**
- Information about any changes you expect in your pay or the number of hours worked during the next twelve months
- Other type of income you expect to receive from employment such as tips, commissions, profit sharing programs, etc.

Farm or other Self-Employment Income:

- Most recent Federal and State Tax Form
- Information about anything that may affect income during the upcoming twelve months

Benefit and Support Income: If any member of your household receives, or expects to receive during the next twelve months, any of the following types of income, bring name, address and telephone number of the source of the income and information about the amount received:

- Unemployment Compensation
- Social Security
- Supplemental Social Security
- Pension
- Disability Income
- Alimony
- Child Support
- W-2 or other Public Assistance
- Regular support from family members or friends

Amounts in Savings Accounts (including Christmas Clubs, Certificates of Deposit, IRA and Keogh Accounts) and Checking Accounts: Bring the bank name, address, telephone number for all accounts and the most recent bank statement.

Real Estate You Own: Bring information about the current value of the property, abstract or title insurance, and the most recent property tax bill and receipt. If you own property and rent it out, bring the address of the property and the information about how much income you receive and what expenses you have for the property. (Bring the Schedule E from your most recent income tax forms.)

Stocks, Bonds, Trusts, Other Investments. Bring account numbers and statements on value of investments and information about income from investments.

Life Insurance Policies. Bring name, address and telephone number of Insurance Company and policy numbers.

Other Income. For any other type of income your family has, bring the name, address and telephone number of the source of the income and information about the amount of income, and any other written documents you may have that verifies the amount of income.

INFORMATION ABOUT YOUR HOUSEHOLD

- 1) Birth Certificates and Social Security Cards for all household members
- 2) Driver's License OR Photo ID

INFORMATION ABOUT YOUR HOME

- 1) Bank statement, bill or receipt showing the mortgage balance
- 2) Current homeowner's insurance information