



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

DOWNPAYMENT/CLOSING COST LOAN PROGRAM PRELIMINARY APPLICATION

NOTE: This application is NOT for homes owned within the City Limits of Eau Claire.

Date/Time Received _____

Date/Time \$100 Application Fee Received _____
 (for office use only)

Applicant(s) Names(s) _____

Telephone Number: ____/____ (home) ____/____ (cell) ____ (name)
 ____/____ (work) ____ (name)

Email Address: _____

Home Address: _____
 (Street) (City/State/Zip)

Mailing Address: _____
 (if different) (Street) (City/State/Zip)

Address of Property to be purchased (if known): _____
 (Street) (City/State/Zip)

INCOME

Please list below **all** persons in household, even if they have no income (use back of page if additional space is needed). 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 (IE: son, daughter, etc)	SS#	BIRTHDATE	*US CITIZEN?	SOURCE OF INCOME	GROSS MONTHLY INCOME
	SELF			Y / N		
				Y / N		
				Y / N		
				Y / N		
				Y / N		

*US Citizen or Qualified Alien

ASSETS - List all assets including, but not limited to, (1) other Real Estate owned, (2) stocks/bonds, (3) checking/saving accounts, (4) Certificates of Deposit.

MEMBER NAME	BANK NAME/ADDRESS	ACCOUNT#	AMOUNT

CONFLICT OF INTEREST

Do you have family* or business ties to any of the following people? If yes, disclose the nature of the relationship.

NAME OF COVERED PERSONS**	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 A. Crownhart, Executive Director Eau Claire County Housing Authority	
Colleen Kraft, Mortgage Housing Assistant Eau Claire County Housing Authority	
Nicole Benson, Eligibility Specialist Eau Claire County Housing Authority	
Steven Maley, Housing Inspector Eau Claire County Housing Authority	
Glenda Engen, Rental Housing Assistant Eau Claire County Housing Authority	

- *Family Includes:
- Spouse
 - Fiancée/fiancé
 - Children and Children-in-Law
 - Brothers and Brothers-in-Law
 - Sister and Sisters-in-Law
 - Parents and Parents-in-Law
 - Anyone who receives more than 50% of their support from the covered person (e.g., adopted child, foster child)

**Covered persons includes any person who is an employee, agent, consultant, officer, or elected or appointed official, of the Eau Claire County Housing Authority who exercises, or have exercised, any functions or responsibilities with respect to the DP/CC Program housing 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.

THE FOLLOWING SECTION TO BE COMPLETED BY OWNER-OCCUPIED & PURCHASERS:

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

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

- Race
- A – White
 - B – Asian
 - C – Black/African American
 - D – American Indian/Alaskan Native
 - E – Native Hawaiian/Other Pacific Islander
 - F – American Indian/Alaska Native & White
 - G – Black/African American & White
 - H – Asian & White
 - I – American Indian/Alaskan Native & Black/African American
 - J – Other/Mutli-racial
- Demographic/Ethnicity Data:
- FHOH – Female Head of Household
 - PD – Households with Persons with Disabilities
 - SP/CH – Single parent w/children
 - LF – Families with 4 or more minor children
 - HM – Homeless Prevention (Mortgage Foreclosure, Rental Eviction)
 - E – Elderly (>62)
 - H – Hispanic

If you have already met with a mortgage lender or realtor, please list them here:

Loan Officer Name: _____

Bank or Mortgage Company: _____

Telephone: _____

Realtor Name: _____

Realty Company: _____

Telephone: _____

ALL APPLICANTS, PLEASE READ THE FOLLOWING, SIGN AND DATE:

I hereby certify that all information on this preliminary application form is true and correct to the best of my 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 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 contraction contract.

MARITAL AGREEMENT NOTICE - No provision of a marital property agreement (including a 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:**
DP/CC 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, but it is not required.

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

HOME IMPROVEMENT NEEDS

If you have already chosen a home you want to purchase, please review and complete this section.

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 need repair. The inspector will contact you to schedule the inspection.

- Floors
 - Walls/Ceilings
 - Heating
 - Plumbing/toilet/sinks
 - water heater
 - Septic System
 - Well/pump
 - Electric
 - Smoke Detectors
 - Windows
 - Roof
 - Insulation
 - Siding/exterior painting
 - Fascia/Soffits
 - Foundation repair
 - Porches

 - Handicap Accessibility
 - CO2 Detectors
 - Other – describe: _____
-

How many bedrooms? _____

Do you have a finished basement? _____

Is there an attached garage? _____

Eau Claire County
HOUSING ASSISTANCE PROGRAMS
ITEMS WHICH CAN BE SUBMITTED WITH APPLICATION TO SPEED UP PROCESSING TIME

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) Drivers License OR Photo ID

INFORMATION ABOUT YOUR HOME

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