

Date Received: _____
(For Office Use Only)

Appleton Housing Authority Homebuyer Program Application

Applicant Name: _____
(Last) (Middle Int.) (First)

Applicant Social Security Number: _____

Co-Applicant Name: _____
(Last) (Middle Int.) (First)

Co-Applicant Social Security Number: _____

Present Address: _____
(No P.O. Box) (Street)

(City/Village/Town) (State) (Zip Code)

Telephone: _____
(Home) (Cell) (Work)

Email: _____

Preferred form of contact: Email - or - Telephone

List **ALL** persons, **including applicants**, who will live in your household at time of purchase **REGARDLESS** if they will be listed on the primary mortgage or deed or not.
Children must live in the home at 50% of the time.

List the total monthly gross (before taxes) income of all persons 18 years of age or older. Income sources include but are not limited to: wages, commissions, income from self-employment, interest and/or dividend income, Social Security, pensions, SSI, alimony, child support, unemployment, and other benefit income. If you are uncertain about including something as income, please ask Homebuyer Program Manager.

Name	Relationship to Applicant	Date of Birth	Monthly Gross Income from all sources (if 18 or over)
	SELF		

Number of children living in your home under the age of 6: _____

If receiving Alimony or Child Support, are payments received as ordered?

Yes No If necessary, please explain: _____

Do you feel you have a good credit rating? Yes No Not sure

If necessary, please explain: _____

Have you or anyone in your household owned any real estate property (such as a house, investment property, cabin or cottage) in the last 3 years? Yes No

If yes, please explain: _____

Are you currently receiving, or have you in the past received any form of subsidy or assistance from the Appleton Housing Authority? Yes No

If yes, dates/programs: _____

What is your current portion of monthly rent? _____

Do you pay your own utilities? Yes No

If yes, what are your average monthly utility costs?

Gas/Fuel Oil _____ Electric _____ Water _____

What monthly mortgage payment (principal, interest, taxes, insurance) would you feel comfortable paying?
\$ _____

Do you have a savings plan to buy a house? Yes No

If yes, how much have you saved? \$ _____

Have you contacted a lender? Yes No

If yes, which one? _____

How did you become aware of the Homebuyer Program? _____

I/we hereby swear and attest that all of the above information is true and correct. I/We certify that all information given to the Appleton Housing Authority on household composition and income is accurate and complete. I/We understand that false statements or information is punishable under federal law. I/We understand that false statements or information is grounds for ineligibility in the Homebuyer Program.

Signature of Applicant

Date

Signature of Co-Applicant

Date

CONFLICT OF INTEREST

Do you have family or business ties to any staff of the Appleton Housing Authority or Board of Commissioners?

Yes _____ No _____

If yes, please disclose the nature of the relationship below. The State of Wisconsin defines family as any: spouse, fiancée, children and children-in-law, brothers and brothers-in-law, sisters and sisters-in-law, parents and parents-in-law, aunt and uncles, nieces (first) and nephews (first), cousins (first), and anyone who receives more the 50% of their annual support from the person. (e.g., adopted child, foster child)

Name of person(s)	Relationship
_____	_____
_____	_____

MARITAL PROPERTY PROVISION

No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stats), 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 Co-Applicant

Date

You are not required to answer the questions below.

If you choose not to answer them, please check this box:

Age of Applicant _____ Age of Co-Applicant _____

Are any household members disabled? Yes _____ No _____

Racial/Ethnic Background, select the one that best describes your head of household:

- _____ White
- _____ Asian
- _____ American Indian/Alaskan Native
- _____ Naive Hawaiian/Other Pacific Islander
- _____ Black/African American
- _____ American Indian/Alaskan Native & White
- _____ Black/African American & White
- _____ Asian & White
- _____ American Indian/Alaskan Native & Black/African American
- _____ Other multi-racial

Please select the one that best describes your head of household:

- _____ Hispanic
- _____ Non-Hispanic



925 W. Northland Avenue Appleton, WI 54914
Phone (920) 739-6811 Fax: 739-6817 TDD: 731-2406

Authorization for Release of Information

The Appleton Housing Authority requires verification of income, assets, and employment in order to establish eligibility for down payment and closing cost assistance. I/We understand that current or previous information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: employment, income, assets, household composition, and loan information.

The groups or individuals that may be asked to release information include, but are not limited to:

- | | | |
|----------------------------|----------------------------------|-------------------------------|
| Credit Bureaus | Social Security Administration | Child Support |
| Past and Present Employers | Support and Alimony Providers | Retirement Systems |
| Veterans Administration | Banks and Financial Institutions | Homebuyer Counseling Agencies |

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will remain effect for a year and one month from the date signed. Each member of the household, who is 18 years of age or older, has signed this authorization.

Head of Household Signature	Social Security Number	Date
Printed Name:		

Other Adult Signature	Social Security Number	Date
Printed Name:		

Other Adult Signature	Social Security Number	Date
Printed Name:		

Other Adult Signature	Social Security Number	Date
Printed Name:		

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.