

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: _____

You are not required to answer the below question.

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

Are any household members disabled? Yes, ____ or No, ____

List **ALL** people, **including applicants**, who will live in your household at time of purchase **REGARDLESS OF** 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 people 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 (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: _____

Absent parent information (name & address): _____

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 received any form of subsidy or assistance from the Appleton Housing Authority in the past? Yes ☐ No ☐ If yes, dates/program: _____

If no longer in program, please explain: _____

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 with 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
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_____ Signature of Co-Applicant	_____ Date
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Racial/Ethnic Background, select the one that best describes your head of household:

- _____ White
- _____ Asian
- _____ American Indian/Alaskan Native
- _____ Naïve 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



Date Received: _____
(For Office Use Only)

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
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Printed Name: _____

Co-Applicant Signature	Social Security Number	Date
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Printed Name: _____

Other Adult Signature	Social Security Number	Date
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Printed Name: _____

Other Adult Signature	Social Security Number	Date
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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.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

☐ I am a citizen by birth, naturalized citizen or national of the United States.

OR:

☐ I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

☐ Permanent residence under #249 of INA

OR:

☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

☐ Parole status under #212(d)(f) of the INA

OR:

☐ Threat to life of freedom under #243(h) of the INA

OR:

☐ Amnesty under #254 of the INA

Signature of Family Member

Date

☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

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[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

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