

File #: _____
 Date Received: _____
 (Office Use Only)

**2019 HOME REHABILITATION PROGRAM and
 HOMEBUYER ASSISTANCE (DOWNPAYMENT & CLOSING) APPLICATION**

Ashland County Housing Authority
 124 Wilderness Drive
 P.O. Box 349
 Mellen, WI 54546
 (715) 274-8311

APPLICATION FORM

Applicant(s) Name _____

Residence Address: _____
 (Street Address) (Mailing Address)

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

Telephone Number: ____ / ____ Home ____ / ____ Work

Total number of people living in the home (including Applicant): _____

INCOME

Please list below all persons who live in your household. List the incomes of all persons 18 years of age or older. Income includes, but is not necessarily limited to, income from all gross wages, salaries, commissions; net income from self-employment, net income from the operation of real property; interest and dividend income; Social Security, SSI, pensions, AFDC, alimony, child support, and other benefit income.

If you are uncertain about including something as income, please list it below and the Ashland County Housing Authority will advise you about it.

| Name | Relationship to Applicant | Source of Income | Monthly Gross Income |
|------|---------------------------|------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

FOR HOME REHABILITATION FILL OUT THIS SECTION

Age of Structure: _____

Is there currently a mortgage, lien, land contract, or other debt against this property? ____ Yes ____ No

If Yes, Please state below the type of debt, amount currently owed, and to whom it is owed. If there is more than one loan against the property, please list each one separately.

| <u>TYPE OF LOAN</u> | <u>AMOUNT OWED</u> | <u>LENDER NAME</u> |
|---------------------|--------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: Please List names _____
Of all property owners _____
As shown on deed or _____
Land contract: _____

TYPE OF REPAIRS NEEDED:

FOR HOMEBUYER ASSISTANCE (DOWNPAYMENT & CLOSING) FILL OUT THIS SECTION

Have you found a house you wish to purchase?
____ Yes ____ No Address _____

If no, what is the timeframe within which you would like to acquire a home? _____

Name of financial institution through which home would be financed? _____

Are you pre-approved for a loan ?
____ Yes ____ No Amount: \$ _____

Amount of money your household can contribute toward the down payment on a home: \$ _____

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the Ashland County Housing Authority the requested information listed below:

1. Previous and past employment history including employer, period employed, title of position, income, and hours worked.
2. Disability payments, social security, and pension funds.
3. Bank account, stock holdings, and any other asset balances.
4. Any information deemed necessary in connection with a consumer credit report or a real estate transition.

This information will be of the confidential use of the Ashland County Housing Authority in determining my/our eligibility for a mortgage loan or to confirm information I/We have supplied. Please complete the attached verification request.

A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used a duplicate original. The ordinal signed release of information form will be kept on record with the Ashland County Housing Authority

Last, First, M.I.

Last, First, M.I.

Social Security #

Social Security #

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date

NOTICE TO BORROWERS: This notice to you is required by the Right to Financial Privacy Act of 1978. The Department of Housing and Urban Development, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD, FHA, or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

HOME APPEAL POLICY

If an applicant has been determined income ineligible or the dwelling unit has been determined to be ineligible by the Ashland County Housing Authority, the applicant will be mailed a denial letter along with an appeal form by the Executive Director. The applicant will have the right to appeal the denial by doing the following:

1. Direct the appeal to the Executive Director
 - a. Denise Lutz, Executive Director
Ashland County Housing Authority
P.O. Box 349
Mellen, WI 54546
715-274-8311
2. Include the name of the program to which they are appealing for
3. Describe a short summary of the reason for the appeal
4. Appeal with 15 days of the date of the denial letter

The Ashland County Housing Authority will then respond to the appeal with 15 days of receiving the appeal.

If the denial of service is sustained, the applicant must be informed they have the right to appeal the determination. If there is no resolution after internal review, the applicant will be informed they have the right to appeal to:

Department of Administration
P.O. Box 7970
Madison, WI 53707-7970

I have read and reviewed the Ashland County Housing Authority HOME/HCRI Appeal Policy.

Signature

Date

Signature

Date

HOME SUBORDINATION POLICY

The Ashland County Housing Authority will subordinate its Home mortgage to another lender under the following conditions:

- Refinance an existing mortgage to obtain a reduced interest rate.
- Refinance an existing mortgage to obtain a comparable interest rate and extend payment terms.
- Obtain a home equity loan for the sole purpose of rehabilitating their primary residence.
- Refinance an existing mortgage as necessary to halt foreclosure proceedings by a bank or to halt tax deed proceedings by the county.
- Obtain a home equity loan to pay for medical emergencies.

I have read and reviewed the Ashland County Housing Authority Subordination Policy.

Signature

Date

Signature

Date