



**WESTERN DAIRYLAND
HOUSING COST REDUCTION INITIATIVE AND
FRESH START APPLICATION**

Please take the time to fill out this application completely

Date of Application:		County:	
Applicant Name:			
Social Security Number:			
Address:			
	<i>Street</i>	<i>City</i>	<i>Zip Code</i>
Telephone:			
	<i>Home</i>	<i>Cell</i>	<i>Work</i>

Spouses Name:			
Social Security Number:			
Address:			
	<i>Street</i>	<i>City</i>	<i>Zip Code</i>
Telephone:			
	<i>Home</i>	<i>Cell</i>	<i>Work</i>

Applicant Information	
Race/Ethic Background ---Check all that apply:	
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please identify):	
Marital Status:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married	
Family Status:	
<input type="checkbox"/> Two Parent Family <input type="checkbox"/> Single Custodial Parent <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> No Children <input type="checkbox"/> Other (please identify):	

Military Status: <input type="checkbox"/> Active <input type="checkbox"/> No Affiliation <input type="checkbox"/> Veteran <input type="checkbox"/> Unspecified
Education: <input type="checkbox"/> Less than High School Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED obtained <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Student (Indicate school/program attending): <input type="checkbox"/> Other (please identify):
Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Medicaid <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicare <input type="checkbox"/> Other (please identify):
Handicapped Status – check all that apply: <input type="checkbox"/> I am handicapped/disabled <input type="checkbox"/> A member of my household is handicapped/disabled
Do you have trouble speaking or reading English? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE LIST ALL HOUSEHOLD MEMBERS, INCLUDING APPLICANT

HI=Health Insurance, please indicate Y for yes and N for no

Name	DOB	Sex	HI	Name	DOB	Sex	HI

Are you participating in a W-2 Wisconsin Works Employment Program? Yes No

CURRENT HOUSING

How long have you lived at your present address? Number of years _____

Do you live in _____apartment_____house _____duplex _____mobile home

Do you rent or own your own home? rent _____own

If your home is a mobile home, is it attached to property which you own? _____yes _____no

What is your current monthly rent or mortgage payment? \$_____

How much do you pay per month for all utilities? \$_____

Does anyone in your household currently own any real estate property such as a house, investment property, cabin or cottage? ____yes ____no

FINANCING/HOUSING

Are you currently working with a financial institution to obtain a mortgage? ____yes ____no

If yes, what financial institution are you working with and provide the name and contact information for your point of contact.

Do you have a preapproval letter for a mortgage? ____yes ____no

****If you have a preapproval you must attach a letter with the total amount you are preapproved for to this application.** Your application will not be processed until a preapproval letter is provided.

Have you received any housing ownership counseling or budget/financial counseling? ____yes ____no

If yes, indicate from whom and provide a certificate of completion.

Will the house you are looking to purchase be your primary residence? ____yes ____no

Have you: ____ looked at homes ____contacted a realtor ____found a home to buy?

Are you approved or have you applied to receive any closing or Down Payment Assistance through another program? ____Yes ____No

If yes, please indicate below which program you have been approved for or applied.

INCOME ELIGIBILITY

*****Please complete all information AND provide appropriate documentation in this section to avoid a delay in the processing of your application.*****

Please list below all persons who live in your household. List the incomes of all persons 18 years of age and older. Income includes, but not 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.

Annual Income					
Family Member	a. Wages/ Salaries	b. Interest/ Dividends	c. Benefits/ Pension	d. Public Assistance	e. Other income (i.e. Child support, SS, Unemployment Etc.

Income Supporting Documentation

You must provide two forms of income supporting documentation for EACH family member’s income indicated above. Supporting documentation must represent the previous 2 months of income.

Some examples of documentation include:

Wages/Salaries

- Minimum of 2 months of paycheck stubs
- Letter or print out from employer for minimum of 2 months of income

Child Support

- Bank statements showing child support deposits
- Copy of court order

ASSETS

Indicate assets of each family member over 18 years of age. Assets include but not limited to checking accounts, savings accounts, pension, 401K, Roth IRA, retirement, bonds, mutual funds, second home (not primary residence). *****Please note that all interest bearing accounts will need to have documentation showing the current interest rate.***

Assets			
Family Member	Asset Description	Current 6 month average cash value of asset	Current interest rate

Asset Supporting Documentation

You must provide documentation (statements, etc) showing the 6 month cash value average AND current interest rate. For example, a savings account would need 6 months of statements and the current interest rate provided by the bank. Please be sure to provide interest rates for all pensions, 401K, etc.

***If you own a second home please provide the fair market value and the average sales costs along with documentation*

Please feel free to share with us any other information you think would help us in assisting you to purchase a home.

Where did you hear about Western Dairyland's Homebuyer Assistance Program?

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT INFORMATION ON THIS APPLICATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL STATUTES.

Applicant Signature

Date

Spouse's Signature

Date

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied to Western Dairyland and hereby authorize you to release to Western Dairyland EOC, Inc. the requested information listed below:

1. Previous and past employment history, including employer, period employed, title of position, income and hours worked; also, disability payments, social security funds, and pension funds.
2. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.
3. I acknowledge that Western Dairyland EOC, Inc. may need to release, to receive, or to exchange confidential information, related to my/our application and participation with itself and/or public agencies providing services to my family for purposes of determining eligibility. These lending and/or public housing agencies and Western Dairyland EOC, Inc. are bound by confidentiality requirements.

This information will be for the confidential use of Western Dairyland EOC, Inc. in determining my/our eligibility for assistance 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 as a duplicate original. The original signed release of information will be kept on record with Western Dairyland EOC, Inc.

Applicant Last Name, First Name, M.I.

Social Security Number

Applicant Full Address

Spouse Last Name, First Name, M.I.

Spouse Social Security Number

Spouse Full Address

Applicant Signature

Date

Spouse Signature

Date

NOTICE TO GRANTEES: 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 transactions will be available to HUD, FHA, DOA, 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.

CONFLICT OF INTEREST STATEMENT

As part of your application for down payment/closing costs or mortgage assistance, it is necessary that you disclose any *conflict of interest*. A conflict of interest occurs when an employee or board member of Western Dairyland is in a decision-making position and has a direct or indirect interest, particularly a substantial financial interest. Please indicate below if you have any family or business ties to any covered positions. (See attached list.)

“Family” includes spouse, children, siblings, parents, grandparents, in-laws, or anyone who received more than 50% of their support from the covered persons.

“Covered Persons” include employees, board members, or consultants who are in positions to participate in 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.

Do you have family or business ties to any covered person described above? ___ Yes ___ No

If yes, please indicate the name of the covered person: _____

What is your relationship to the covered person: _____

The undersigned hereby certifies that the conflict of interest statement and information provided is true to the best of their knowledge. The undersigned also certifies that they fully understand that they are able to choose any services, lending products or forms of assistance without influence from Western Dairyland EOC, Inc.

Applicant Signature	Date	Co-Applicant Signature	Date
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MARITAL PROPERTY STATEMENT

No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stats) unilateral statement of 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 of the obligation is incurred.

Applicant Signature	Date	Co-Applicant Signature	Date
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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	TITLE	RELATIONSHIP
Anna Cardarella	Executive Director	
Bill Baxa	Board Member	
Bernard Brunkow	Board Member	
Jenny Ebert	Board Member	
Judy Gatlin	Board Member	
Michelle Gunther	Board Member	
Grady Gutknecht	Board Member	
Mem-Gween Hernandez	Board Member	
Joe Hunter	Board Member	
Gentry Jesse	Board Member	
Sheila Kersten	Board Member	
Tom Marum	Board Member	
Stephanie Nelson	Board Member	
Lou Anne Roby	Board Member	
Bobbi Brantner	Board Member	
Paul Savides	Board Member	
Richard Schaumberg	Board Secretary	
Danielle Stanley	Board Member	
Curtis Skoyen	Board Member	
Nick Smiar	Board Member	
Dr. Charles Smith	Board Member	
Craig Thompson	Board Member	
Douglas Winters	Board Member	
Jim Ziegeweid	Board Vice Pres	
Jacque Hogan	PE Program Director	
Karen Anderson	Program Manager	
Cindy Maug	Financial Coordinator	

**WESTERN DAIRYLAND HCRI Down Payment
Assistance Program
Client Complaint/
Grievance Procedure**

In order to allow you an opportunity to submit your concerns or complaints for prompt, adequate consideration, we have outlined a thorough client complaint/grievance procedure that offers you assurance that your concern will be heard. If you have a complaint/grievance the following steps should be taken to ensure proper investigation of the complaint/grievance.

Step 1 – Informal Discussion

You are encouraged; where possible to first informally discuss any problems you have directly with the agency staff involved.

Step 2- Complaint Investigation

If the issue is not resolved through step 1, you will be asked to send a detailed letter describing the complaint and/or grievance and submit it to the Program Director within 30 days of the incident and/or denial of service. The Program Director will investigate the facts, within ten (10) working days after receiving the complaint/grievance, the program director will report on his/her efforts to resolve the dispute and report the findings to you and the Executive Director.

Step 3 – Continued Investigation

If the complaint is not resolved to your satisfaction through the first two steps, you must contact the Executive Director in writing within seven days of being notified of the proposed solution/determination. The Executive Director will review the client complaint/grievance letter submitted to the Program Director and issue a formal written decision within ten (10) working days of receiving the complaint and send it to you and a copy to the President of the Board of Directors.

Step 4 – Continued Investigation

If the complaint is not resolved, the fourth and final step will take place. The President of the Board of Directors will assign a Committee to review the complaint and staff decision(s) within 30 days. The committee will issue a final finding which will be forwarded to you within ten (10) working days after its meeting.

I have been given a copy of the complaint/grievance process and I have read and understand the procedure:

Name

Date

Staff

Date

Western Dairyland EOC, Inc.
 PO Box 125, Independence, WI 54747
 Phone: 715-985-2391 ext. 1257 Fax: 715-985-3239

Request for Employment Verification

Company or Employer Name _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Employee ID #: _____

Name of Employee: _____

My signature authorizes verification of this information

Employee Signature: _____ Date: _____

Hire Date: _____ Start Date: _____ End Date: _____ Still Employed: _____

Limited Term Employee: Yes ___ No ___ If yes, anticipated end date of employment: _____

If Employer is a Temp Agency, provide placement terms or expectations: _____

GROSS EARNINGS

\$ _____ Per hour # hours per: Week _____ Month _____

\$ _____ Salary per month

\$ _____ Commission, tips, bonus or other compensation per pay period (if variable, attach copies of paycheck stubs)

Overtime: Rate of pay per hour \$ _____ Average hours OT per: week _____ Month _____

Form Completed by: _____ Title: _____

Phone Number: _____ Date: _____