

# Western Dairyland E.O.C. Inc. (WDEOC)

## Home Program

### HOME REHABILITATION PROGRAM APPLICATION

*Complete the application including all appendices. Failure to complete all sections of the application will delay the process. **Submitting an application does not automatically qualify you for assistance.** Assistance is dependent on funds availability and program guidelines. If you are married, it is required that your spouse be listed as the co-applicant.*

<b>APPLICANT</b>	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)		
	PROPERTY ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE)				
	HOME PHONE	CELL PHONE	EMAIL ADDRESS		
	DATE OF BIRTH	SOCIAL SECURITY NUMBER		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER OR WAY TO BE REACHED			BEST TIME TO BE REACHED	

<b>CO-APPLICANT OR SPOUSE</b>	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)		
	HOME PHONE	CELL PHONE	EMAIL ADDRESS		
	DATE OF BIRTH	SOCIAL SECURITY NUMBER		MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER/WAY TO BE REACHED			BEST TIME TO BE REACHED	

### CHILDREN OR OTHER INDIVIDUALS LIVING IN THE HOME

*List all individuals, other than the applicant and co-applicant, who live in the house for six or more months per year. This includes children, step-children, caregivers, or family members. Use a separate sheet of paper to list any additional persons beyond four. Failure to report all household members may result in disqualification.*

NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

## WISCONSIN MARITAL PROPERTY ACT CREDIT APPLICATION FORM

In order to comply with the provisions of the Wisconsin Marital Property Act, it is necessary for you to provide the following information:

1. Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Unmarried \_\_\_\_\_ Legally Separated (Date of Decree) \_\_\_\_\_

2. If married:

a. Spouse's name \_\_\_\_\_

b. Spouse's address \_\_\_\_\_

3. **Notice to married applicants:** No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to s. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under s.766.59, or court decree under s.766.70 Wisconsin Statutes adversely affects the creditor unless the creditor is furnished 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.

**If you wish to have a marital property agreement, unilateral statement or court decree considered in connection with your application, you may enclose a copy of it with this form.**

### FINANCIAL HISTORY INFORMATION

	Applicant	Co-Applicant
Are you currently a party to a lawsuit, or do you have reason to believe that you will become party to a lawsuit in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligations, or loan guarantees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### AGREEMENTS & ACKNOWLEDGEMENTS

The undersigned specifically acknowledge that:

**Loan Agreements:**

1. This application is being made to WDEOC.
2. The property will not be used for any illegal or prohibited purpose or use;
3. All statements made in this application are made for the purpose of obtaining the loan/grant herein;
4. The property will be used as the primary residence of the applicants;
5. Verification or re-verification of any information contained in the application may be made at any time by WDEOC or its agents, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by WDEOC, even if the loan is not awarded.
6. WDEOC, its agents, successors, and assigns will rely on the information contained in the application. I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change.
7. The loan requested by this application will be secured by a mortgage or deed of trust on the property purchased with the assistance of this application;
8. In the event payments on the loan indicated in this application become delinquent, WDEOC, its agents, successors, an assigns may, in addition to all their other rights and remedies, report my name and account information to a credit reporting agency;
9. Ownership of the loan may be transferred to successors or assigns of WDEOC without notice to me and/or the administration of the loan account may be transferred to an agent, successor, or assign of WDEOC without prior notice to me.
10. WDEOC, its agents, successors, and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

**Certification:**

**I certify that the information provided in this application is true and correct as of the date of my signature on this application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information in this application may result in civil liability and/or criminal prosecution.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (printed)

\_\_\_\_\_  
Co-Applicant Name (printed)

# Income Calculation Worksheet

***ALL income from individuals 18 and over MUST be included in the table below. Failure to provide accurate information will delay and/or disqualify your application.***

<b>APPLICANT'S EMPLOYER</b>	<b>EMPLOYER PHONE NUMBER</b>
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<b>EMPLOYER ADDRESS</b>
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<b>CO-APPLICANT EMPLOYER</b>	<b>EMPLOYER PHONE</b>
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<b>EMPLOYER ADDRESS</b>
-------------------------

<b>INCOME TYPES:</b> <b>W</b> Wages/Salary/Tips <b>CS RECD</b> Child Support Received <b>D/I</b> Dividends/Interest <b>DL</b> Disability Long Term <b>DS</b> Disability Short Term <b>P</b> Pensions/Annuities/IRA <b>SSI/SSDI</b> Social Security <b>SE</b> Self-Employment <b>UC</b> Unemployment Compensation	<b>A</b> Alimony Received <b>C-SUPP</b> SSI Caretaker Supplement <b>G</b> Gambling/Lottery/Bingo <b>GR</b> General Relief <b>GF</b> Gift/Donation <b>GV</b> Government Relief/Disaster <b>LC</b> Land Contract Payment <b>O</b> Other	<b>R</b> Rental Income <b>SSI</b> Social Security Supplemental Income <b>SU</b> Subsidized Housing Utility Allowance <b>T</b> TANF/W2 <b>TR</b> Tribal per Capita <b>V</b> Veterans Benefits <b>WK</b> Workers' Compensation
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HOUSEHOLD MEMBERS NAME	INCOME TYPE	INCOME	INCOME	INCOME	3 Month Total	Staff initial when verified*
		MONTH 1	MONTH 2	MONTH 3		

<b>Total 3 Month Household Income</b>	<b>\$</b>
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I certify that the above information is to be true and accurate to the best of my knowledge on the date affixed below:

Applicant Signature	Date	Co-Applicant Signature	Date
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**TO BE COMPLETED BY THE WESTERN DAIRYLAND PROGRAM STAFF ONLY**

_____ ÷ 3 = _____	X 12 = \$ _____	per year
3 Month Total	Monthly Average Income	Annual Income

Review Date:	<b>CMI %:</b>
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Reviewed By (print):	Signature:
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## Western Dairyland E.O.C. Inc. Fair Housing Act Information Form

**Statement of Purpose:**

***WDEOC requests the following information in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so.***

***WDEOC may neither discriminate on the basis of this information, nor on the basis of whether or not you choose to furnish it. Under Federal regulations WDEOC is required to note race and gender on the basis of visual observation or surname even if you do not choose to supply such information.***

	Applicant	Co-Applicant
Race/National Origin	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> American Indian/Alaskan Native & White
	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American
	<input type="checkbox"/> Other/Multi-racial	<input type="checkbox"/> Other/Multi-racial
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Male
	<input type="checkbox"/> Female	<input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino

Applicant: I do not wish to furnish this information

Co-Applicant: I do not wish to furnish this information

**Additional Household Questions**

1. Are you or anyone in your household a veteran or in the military?  Yes  No

2. Are you or anyone in your household disabled?  Yes  No

Uses a walker, cane, or crutches  Wheelchair bound  Loss of Limb

Blind  Hearing impaired  Mentally disabled

If yes, please list name(s): \_\_\_\_\_

# Western Dairyland E.O.C. Inc. General Release of Information

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to WDEOC, the program administrator, 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. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.
4. Information regarding previous or current unemployment benefits received as well as the remaining benefit amount. These unemployment insurance files may be provided to and accessed by Federal Home Loan Bank of Chicago, WHEDA, HUD, Wisconsin Community Action Program, Department of Administration, and USDA Rural Development.

This information will be for the confidential use of WDEOC in determining my/our eligibility for a grant 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 form will be kept on record with WDEOC.

## Applicant

## Co-Applicant

\_\_\_\_\_  
Last Name, First Name, MI

\_\_\_\_\_  
Last Name, First Name, MI

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTICE TO BORROWERS: the Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, 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 DHIR/DOH, 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.

NOTICE TO BORROWERS: You are not required to provide WDEOC or any of its agents, officers, or employees with your social security number. Failure to provide your social security number may limit your participation in programs or make you ineligible for programs.



## DESIRED REHABILITATION / HOME MODIFICATIONS

*Briefly describe the type of work you feel is necessary for your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items below will be considered for assistance, but the final decision on what work can be done with our time and financial resources will be made at the discretion of WDEOC.*

Area of Repair	Description
<p><b>Accessibility Modification</b></p> <p><i>Examples: Wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</i></p>	
<p><b>Carpentry Repairs</b></p> <p><i>Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.</i></p>	
<p><b>Electrical Repairs</b></p> <p><i>List rooms where wall outlets, switches, and/or light fixtures do not work. List areas where electrical may be dangerous.</i></p>	
<p><b>Plumbing Repairs</b></p> <p><i>Describe sink, tub, toilet, or other plumbing leaks and/or concerns.</i></p>	
<p><b>Roofing Repairs</b></p> <p><i>Describe where the roof leaks. Is it shingles? Plastic? Metal? Describe condition. Include any soffit, fascia or gutter repairs needed.</i></p>	
<p><b>Doors and Windows</b></p> <p><i>Describe repairs required, including glass, frames, weather-stripping, etc. Please list the number of windows, doors, etc. you seek to be repaired/replaced.</i></p>	
<p><b>Exterior Repairs</b></p> <p><i>Describe exterior touch ups desired, including exterior painting, small exterior repairs, siding replacement, etc.</i></p>	
<p><b>Other Repairs</b></p> <p><i>Please list all other repairs not listed above.</i></p>	

## Western Dairyland E.O.C. Inc. Household Financial Relationships Disclosure

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

**WDEOC must consider all income earned by residents of the household. Please complete this questionnaire. Providing false information may be cause for disqualification from the program.**

1. Are you married?  Yes  No

*For purposes of this question, if you were married and do not have a final divorce decree you are still considered married under the provisions of WDEOC programs.*

2. Does anyone, age 18 or over, live in your household with you?  Yes  No

*If someone you consider a "significant other" is living with you now, that person must be listed below. Also include any children, age 18 and over, who live with you.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place additional names on the back of this form

Failing to completely disclose all income-earning household members is one of the top reasons for disqualification from the WDEOC home rehabilitation programs. Failure to disclose all individuals can place you at risk to lose earnest money and/or face additional financial penalties.

### Statement of Understanding

I hereby state that the above information is true and accurate to the best of my knowledge. I understand that failure to disclose household members and/or to provide accurate marriage status information may place me at jeopardy of losing funding, may cause me to incur fees, and may place me at risk for immediate repayment of any assistance I may receive. I further agree to not hold WDEOC, its officers, employees, or assigns responsible for any financial or other loss that I incur by providing false information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Western Dairyland E.O.C. Inc. Privacy & Disclosure Notice

We may collect non-public personal information about you from the following sources:

- Information that you provide to us, such as on applications or other forms;
- Information about your transaction with us or others; and
- Information from others, such as credit bureaus, real estate appraisers and employers

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of completed copies of the Privacy Notice.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**CONFLICT OF INTEREST**

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

<b>Names of covered persons</b>	<b>Title</b>	<b>Relationship</b>
Anna Cardarella	Executive Director	
Troy Bjorgo	Housing/Rehab Manager	
Mike Canaday	Program Director	
Douglas Winters	Board Member	
Curtis Skoyen	Board Member	
Dr. Charles Smith	Board Member	
Bobbi Brantner	Board Member	
Dr. Bill Baxa	Board Member	
Richard Schaumberg	Board Member	
Tom Marum	Board Member	
Bernard Brunkow	Board Member	
Jim Ziegeweid	Board Member	
Judy Gatlin	Board Member	
Gentry Jesse	Board Member	
Paul Savides	Board Member	
Nick Smiar	Board Member	
Jenny Ebert	Board Member	
Michelle Gunther	Board Member	
Danielle Stanley	Board Member	
Craig Thompson	Board Member	
Grady Gutknect	Board Member	
Mem-Gween Hernandez	Board Member	
Joe Hunter	Board Member	
Sheila Kersten	Board Member	
Stephanie Nelson	Board Member	
Lou Anne Roby	Board Member	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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We do not disclose any non-public personal information about you to anyone, except as permitted by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**Note- Please detach this copy and keep for your records**