



Application for HOME Homebuyer Program

THIS APPLICATION MUST BE FILLED OUT COMPLETELY (please print)

Date: _____

I. BORROWER INFORMATION

Full Name:		Full Name:	
SSN:		SSN:	
Marital Status:		Marital Status:	
Birth date:		Birth date:	
Present Address:		Present Address:	
County:		County:	
Do you own or rent?		Do you own or rent?	
How long have you lived here?		How long have you lived here?	
If you lived at your present address for less than 2 years, please list previous address on separate sheet.			
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email Address:			
Others who will live in new house:	Relationship to you:	Age:	

Ethnic Background (optional): Native American () Hispanic () White () Asian () Black ()

Is the applicant a single parent household? Yes ___ No ___

Have you owned a home within the past three years? Yes ___ No ___

Is the applicant a Veteran and/or eligible for state benefits? Yes ___ No ___

How many persons, if any, in your household are handicapped or elderly (62 or over)?
 Handicapped ___ Elderly ___

II. LOAN INFORMATION

Do you currently have an offer on a property? Yes (if yes, please submit with completed application) No

If Yes, what is the property address: _____ Closing Date: _____

Lender (Company) _____ Loan officer (Name) _____ Phone: _____

	Yes	No
Do you intend to occupy the property as your primary residence?		

III. EMPLOYMENT INFORMATION

(Please complete for all members of the household who are over the age of 18 and employed; regardless of who will be applying for the mortgage loan and/or Homebuyer Program, attach additional pages if needed)

Present Employer (name & address):	Present Employer (name & address):
Position: Length of Employment:	Position: Length of Employment:
List employment history for the last 2 years; use separate sheet if needed.	
Previous Employer (name & address): Length of Employment:	Previous Employer (name & address): Length of Employment:

IV. MONTHLY INCOME INFORMATION

(Please complete for all members of the household who are over the age of 18 and employed; regardless of who will be applying for the mortgage loan and/or Homebuyer Program, attach additional pages if needed)

*Use Gross Income	Applicant	Applicant	Dependents
Base Income	\$	\$	\$
Overtime, Bonuses, Commission	\$	\$	\$
Social Security, SSI, Pensions, Annuities, etc.	\$	\$	\$
Other Income (*please name sources)	\$	\$	\$

Total Gross Income	
*Include all income received from employment, Social Security, SSI, pensions, public assistance, real estate, stocks, bonds, certificates, tribal payments, child support, etc.	\$ _____

V. ASSETS

LIQUID ASSETS INFORMATION

List the cash value of assets held by all residents of your household. If money is owed on any item, the value should equal the market value of the item minus the amount that is owed.

Cash on Hand in Banks	Amount	\$ _____
Securities or Savings Bonds	Cash Value	\$ _____
Stocks	Cash Value	\$ _____
Life Insurance Policies	Redemption Value	\$ _____
Deeds or Homes Owned	Cash Value	\$ _____
Tribal Payments, Benefits, etc.	Cash Value	\$ _____
Other	Cash Value	\$ _____
	TOTAL	\$ _____

VI. MONTHLY FIXED CHARGES/DEDUCTIONS

MONTHLY DEBT	AMOUNT
Car Loans	
Personal Loans	
Credit Card Debt	
Student Loans	
Rent	
Utilities (heat, water, sewer, etc.)	

This information should be provided if you've already decided on a lender	AMOUNT
Lender Name	
Estimated Mortgage Amount	
Estimated interest rate	
Estimated Down payment and Closing Costs	

VII. DECLARATIONS

Do you intend to occupy the property as your primary residence?	YES	NO
Are there any outstanding judgments against you?		
Have you been declared bankrupt within the past 5 years?		
Have you had property foreclosed upon or given title or deed in lieu in the past 7 years?		
Are you a co-maker, co-signer, or endorser on a note?		
Are you presently delinquent or default on any federal debt or any other loan or mortgage?		

VIII. STATEMENT BY APPLICANT(S)

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 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.

Do you have any family or business ties with these people: Deb Wiesner, Cheryl Detrick, Eileen Gossen? If so, what is the relationship? _____

I/We affirm that all the answers given in this application are complete and correct to the best of our knowledge and made for the purpose of obtaining financial assistance. Knowingly making false statements in order to qualify for HOME Homebuyer Program assistance may make you subject to civil or criminal penalties.

I/We authorize NEWCAP, Inc., to communicate with any person, firm, or corporation and to obtain such information as it may require concerning the statements made in this application and agree that the application shall remain the property of NEWCAP, Inc., whether or not the financial assistance herein requested is granted.

Signed: _____
Applicant Date

Signed: _____
Applicant Date

IX. GRIEVANCE PROCEDURE

You, as a HOME Program participant, may at some time during your program participation, have a complaint regarding the HOME Program, its operation, its contractors, or its staff. Should this occur, you are to contact the Complaint Officer. This may be done by telephone, personal contact, or written correspondence, either by you or your legal representative.

If you choose to file a written complaint, please follow these procedures. Once the complaint has been received by NEWCAP, a meeting may be arranged, within seven (7) days, between you and the Complaint Officer to discuss the issue. If a mutually satisfactory resolution of the issue results from this meeting, a written report will be initiated stating the issue and its resolution. The written report will be approved by you and the Complaint Officer, and the matter will then be considered closed.

You may also request a hearing, if you so desire. This request *must* be in writing. NEWCAP will arrange for a formal hearing to take place within thirty (30) days of receipt of the written complaint. The decision resulting from this hearing will be rendered in writing within sixty (60) days of receipt of the written complaint.

Appeals should be addressed to:

HOME Program-Complaint Officer
1201 Main Street
Oconto, Wisconsin 54153

X. AUTHORIZATIONS

HOUSING COUNSELING AUTHORIZATION

I/We hereby authorize NEWCAP, Inc., to discuss pertinent information relating to credit history, past and present employment earning records, bank accounts, stock holdings, social security disability and benefits, and any other related assets that are needed to receive homeownership counseling. I/We further authorize NEWCAP to receive and/or know any documents and/or actions relating to our file. In addition, NEWCAP may, at its sole discretion, obtain a Credit Bureau Report to verify information submitted to help ascertain eligibility to receive down payment and closing cost assistance. It is understood that a photocopy of this form will also serve as authorization.

The information the agency obtains is only to be used in the homeownership program.

AUTHORIZATION TO VERIFY INFORMATION

I/We verify that the information on this application is true and complete to the best of my knowledge and belief. I consent to the release of such information in order to qualify for NEWCAP's Homebuyer Program. I understand that providing false information or providing false statements may be grounds for denial of my application. I agree to provide verification of all income and assets as required by NEWCAP. I further authorize disclosure of all information that will verify my income and assets. Furthermore, I agree to complete the assigned budget worksheet.

I/we authorize the release of information requested by NEWCAP in order to verify our eligibility for assistance and/or any other services offered by NEWCAP. This information may include inquiries about credit history, rental history, employment, income, pensions, assets, federal, state or local benefits, family composition, social security, residence history, etc.

We further grant permission to NEWCAP to contact social services, financial institutions, landlords, employers, credit bureaus, courts, realtors, and other sources of information in order to facilitate our participation in services or programs available through NEWCAP. I/we further authorize the sharing of information, including, but not limited to, such documents as the Offer to Purchase, Loan Application, Third-Party Home Inspection and Appraisal, Verification of Human Services, and Verification of Disability, with social service agencies, financial institutions, real estate professionals, courts and attorneys, and other agencies, as listed in this application.

I am aware that a Housing Quality Standards (HQS) inspection must be completed by a NEWCAP HQS-certified inspector to receive funds for down payment and closing cost assistance. Defective and/or non-compliant code areas noted in the inspection must be addressed.

By signing below, you are acknowledging that you have read and understand:

Sections IX Grievance Procedure, Section X Housing Counseling Authorization, and Authorization to Verify Information.

Client

Date

Client

Date

Please mail, fax, or email completed application, lender pre-approval letter and loan estimate to:

**NEWCAP, Inc., Attn: Sarah Bauman, 1201 Main Street, Oconto, WI 54153
Fax: 920-834-4887 - Telephone: 920-834-4621
Email address: sarahbauman@newcap.org**