

**CITY OF LANCASTER  
COMMUNITY DEVELOPMENT BLOCK GRANT**

HOMEOWNER APPLICATION

Applicant Name(s) \_\_\_\_\_

Note: Please list names of all property owners as shown on deed or land contract. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Residence Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/Village/Town) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(if different) (Street Address)

\_\_\_\_\_  
(City/Village/Town) (State) (Zip Code)

Date property acquired: \_\_\_\_\_

To the best of your knowledge:

Was the property constructed prior to 1978? \_\_\_\_\_yes \_\_\_\_\_no

Is the home more than 50 years old? \_\_\_\_\_yes \_\_\_\_\_no

**HOUSEHOLD MEMBERS:**

Please list below all persons who live in your household and the ages of the children. List gross income of all persons 18 years and older. Income includes all types of income, taxable and non-taxable. If uncertain about income, list it all at this time.

Name	Relationship to applicant	Source of Income	Monthly Gross Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of children living in the home under 6? \_\_\_\_\_

Do you have reoccurring medical expenses which are not covered by insurance? \_\_\_\_\_

Do you pay child support? \_\_\_\_\_  
If yes, are the payments current? \_\_\_\_\_

Is anyone in the household older than 18 and a full time student? \_\_\_\_\_

**MORTGAGES AND LIENS:**

Please list all debt against the real property. This may include mortgage, liens, judgments.

Lendor's Name	Initial Amount	Unpaid Balance	Monthly Payment

Are your property taxes currently paid and up to date? \_\_\_\_\_

Are sewer/water charges paid and up to date? \_\_\_\_\_

Please list amount of last years property taxes: \_\_\_\_\_

**INSURANCE COVERAGE:**

Please complete regarding insurance on real property – home and land.

Agent: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Amount of coverage: \_\_\_\_\_

**CONFLICT OF INTEREST:**

Do you have family or business ties to any of the following people?

- Mayor – Jerry Wehrle
- City Administrator – Scot Simpson

City Council Members:	Housing Committee Members:	Program Administrators:
Vicki Schmitt	Mike Berg	Dale Klemme
LeRoy Ihm	Jeff Carroll	Lori Bekkum
Dennis Morgan	Delores Pace	Eric Frydenlund
Shayne LaBudda	Tanya Rzepiekewski	Gary Koch
Robert Schmidt		Mary Dow
Jay Janssen		
Kevin Koester		
Jack Phalen		

If yes, disclose the nature of the relationship.

Name of covered person*	Relationship

- Spouse
- Fiancee/Fiance
- Children/Children-in-law
- Brothers/Brother-in-law
- Sister/Sister-in-law
- Parents/Parents –in-law

Any person who receives more than 50% of their support from the covered person.

**HOME IMPROVEMENT NEEDS:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

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.

The verification of U.S. Citizenship or qualified alien status.

In order to show compliance with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), HUD Milwaukee and the Bureau of Housing are asking that you complete the following question.

Are you a United States Citizen or a Qualified Alien? \_\_\_\_\_ YES \_\_\_\_\_NO

I certify that the information in this application is correct and accurate to the best of my knowledge.

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Signature of Applicant

Date

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Signature of Applicant

Date

**PLEASE ATTACH THE FOLLOWING:**

- 1. Proof of Homeownership (Copy of your most recent property tax bill)
- 2. Verification of Income (First page of your most recent income taxes or copies of your most recent pay stubs)

You are not required to answer the questions below.

Age of Applicant \_\_\_\_\_

Racial/Ethnic Background, Check One:

\_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Native American

**COMMUNITY DEVELOPMENT OFFICE / P.O. BOX 72 / PRAIRIE DU CHIEN / WI / 53821**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

General Release of Information

\_\_\_\_\_ hereby authorizes the City of Lancaster, Community Development Block Grant Program to obtain and receive all records and information pertaining to eligibility for the rehabilitation and/or homestead program, including employment, income (including IRS returns), credit, residency, and banking information from all person, companies, or firms holding or having access to such information. This authorization hereby gives the City of Lancaster, Community Development Block Grant Program the right to request all information that we can or could obtain from any person, company, or firm on any matter referred to above.

I agree to have no claim for defamation, violation of privacy, or otherwise against any person firm or corporation by reason of any statement or information released by them to the City of Lancaster, Community Development Block Grant Program for purposes of participation of the rehabilitation Program. The term of this authorization shall commence on the date of signature and be in force for a period of one (1) year.

The information is for the confidential use of the City of Lancaster CDBG Program in determining eligibility for the program to confirm information I have supplied. A photographic or FAX copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed form is maintained at the Community Development Office in the City of Lancaster.

Your prompt reply is appreciated.

Signature \_\_\_\_\_ SS# \_\_\_\_\_

Signature \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

NOTICE TO BORROWERS: This notice to you is required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development/Federal Housing Administration or Veterans Administration (as applicable) 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 or Department without your consent except as required or permitted by law.