

HCRI (Housing Cost Reduction Initiative) Taylor County Housing Authority Rental/Mortgage Assistance

The Housing Authority has received funding through the State of Wisconsin’s Housing Cost Reduction Initiative (HCRI) to assist low-income households with their rent/mortgage and other obligations in **emergency** situations. We can provide interest free loans for the following:

Mortgage Payment Mortgage Insurance Property Taxes Past Due Rent
Past Due Utility Bills First Month’s Rent Security Deposit Utility Deposits

We cannot provide funds to pay telephone, cable, internet, car payments, gas or credit card debts. We will do an inspection of the unit you are living in (or planning to live in). It must be in a clean, safe, and sanitary condition. There cannot be any major safety hazards.

YOU WILL BE REQUIRED TO REPAY THE MONEY YOU RECEIVE. THIS IS A LOAN. You will be required to sign a lending note and make affordable monthly payments. If you default on the loan, the Wisconsin Dept of Revenue will be notified, and your tax refund will be intercepted until your loan with us is paid in full.

To be eligible for these loans, your gross income (before taxes) must be at or below the following limits.

<u>Family Size</u>	<u>Maximum Income</u>
1.....	\$45,000
2.....	\$51,400
3.....	\$57,850
4.....	\$64,250
5.....	\$69,400
6.....	\$74,550

**YOU MUST BE EMPLOYED TO
QUALIFY FOR THIS LOAN**

Information Needed: PROVIDE COPIES
2 months of payroll check stubs
2 months of bank statements for checking/savings
Landlord’s name, address, telephone number.

Renters & Homeowners (Housing Cost Reduction Initiative) APPLICATION

Date Received _____

Date of Application: _____ Phone: _____

Name: _____ Drivers License # _____

Date of Birth: _____

Address _____

Email _____

Co-applicant: _____ Drivers License # _____

List **ALL** members planning to live in the unit (include yourself)

First Name, Last Name	M.I.	D.O.B.	Relationship to Applicant	Social Security #

INCOME

<u>Employer</u>	<u>Address</u>	<u>Monthly Gross Income</u>

SSI \$ _____ Social Security \$ _____ Pension \$ _____

Unemployment \$ _____ Other \$ _____ Source of Other _____

Child Support \$ _____ County & Address _____

ASSETS:	Name of Bank/Credit Union & Address	Account Balance
Checking:	_____	\$ _____
Savings:	_____	\$ _____
Stocks/Bonds:	_____	\$ _____
Other:	_____	\$ _____

HOMEOWNER APPLICANTS COMPLETE THIS PAGE AND THE NEXT PAGE

Mortgage Holder/Holders

Financial Institute Name and Address

Financial Institute Name and Address

Is anyone else listed on the property deed? No _____ Yes

If yes: Name

Are the property taxes paid up to date?

Yes _____ No _____ Amount needed to bring them up to date?

\$ _____

Are the utilities paid up to date?

Yes _____ No _____ Amount needed to bring them up to date?

\$ _____

Name, address and phone number of utility companies:

Is your home insured? No _____ Yes _____ Company _____

How long have you owned this property? _____

Do you have any judgments against you? Yes _____ No _____

If you lived here for less than two years, please give last address where you lived.

Did you live at the last address by yourself? Yes _____ No _____

If no with whom: _____

Do you have any felonies or drug related activities charged against you?

Yes _____ No _____ We do background checks through Tenant PI.

HOMEOWNER LOAN ASSISTANCE REQUESTED:

_____ PAST DUE MORTGAGE Amount \$ _____

_____ PAST DUE UTILITIES Amount \$ _____

_____ HOMEOWNERS INSURANCE Amount \$ _____

_____ PROPERTY TAXES Amount \$ _____

Nature of Homeowner Emergency:

HOMEOWNERS APPLICANT CERTIFICATION:

I/WE certify that the above information is true, accurate and complete to the best of my/our knowledge. I/We understand that giving false information is considered fraud and will result in loss of program benefits.

X _____
Signature of Homeowner Applicant Date

X _____
Signature of Homeowner Applicant Date

RENTAL APPLICANTS COMPLETE THIS PAGE AND THE NEXT PAGE

CURRENT LANDLORD:

NAME:

ADDRESS:

PHONE NUMBER:

PREVIOUS LANDLORD:

1. NAME:

ADDRESS:

PHONE NUMBER:

Have you ever been served an eviction notice? _____ Yes _____ No

If Yes by whom & when:

Do you have any judgments against you through the court system? Yes _____ No _____

If Yes by whom & when:

Do you have any overdue utility bills? _____ Yes _____ No

If Yes amount you owe, \$ _____ Company Name _____

Are you current on your rent? _____ Yes _____ No

RENTERS ASSISTANCE REQUESTED:

_____ Past Due Rent \$ _____

_____ Past Due Utilities \$ _____

Utility company name: _____

Address: _____

_____ Utility Deposit \$ _____

_____ Security Deposit \$ _____

_____ First Month's Rent \$ _____

Other Agencies Involved: _____

Referred By: _____

*Have you received rent assistance in the last year?

Yes _____ No _____

CURRENT EMERGENCY: (A brief statement of your current situation)

RENTER APPLICANT'S CERTIFICATION:

I/We certify that the information in this application is true, accurate and complete to the best of my/our knowledge. I/We understand that giving false information is considered fraud and will result in loss of program benefits & possible criminal charges.

X _____
Signature of Renter Applicant Date

X _____
Signature of Renter Applicant Date

CONFLICT OF INTEREST

A program requirement is that the applicant identify and disclose any potential conflict of interest. Conflict of interest may arise if an applicant for a loan is related by family or business ties to any employee, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to the Community Development Block Grant program activities. Below is a list of people whose work is related to the program. Please indicate in the space provided if you have family or business ties with any of those persons.

** Family ties are defined as:

- * Spouse
- * Fiancée/Fiancé
- * Children and Children-in-Law
- * Brothers and Brothers-in-Law
- * Sisters and Sisters-in-Law
- * Parents and Parents-in-Law
- * Anyone who receives more than 50% of their support from the covered person (e.g., adopted child, foster child)

OFFICE	NAME OF OFFICIAL	No Ties	Business Ties	Family Ties	Explain any relationship that exists
TCHA Board	Charles Webster				
	Susan Swiantek				
	Lisa Carbaugh				
	Tammy Mann				
	Joe Tomandl				
TCHA Staff	Jessica Mudgett				
County Board					
Dist. 1	Lisa Carbaugh				
Dist. 2	Gregory Knight				
Dist. 3	Susan Swiantek				
Dist. 4	Michael Bub				
Dist. 5	Jim Metz				
Dist. 6	Scott Mildbrand				
Dist. 7	Lorie Floyd				
Dist. 8	Charles Zenner				
Dist. 9	Diane J. Albrecht				
Dist. 10	Catherine Lemke				
Dist. 11	James Gebauer				
Dist. 12	Rollie Thums				
Dist. 13	Lester B. Lewis				
Dist. 14	Myron Brooks				
Dist. 15	Lynette Rosmeyer				
Dist. 16	Raymond Soper				
Dist. 17	Rodney Adams				
County Clerk	Andria Farrand				
County Atty	Courtney Graff				

GENERAL RELEASE OF INFORMATION

Taylor County Housing Authority
224 S. Second Street, Medford, WI 54451
(715) 748-1456

To Whom It May Concern:

I/We have applied for a loan or housing assistance through Taylor County Housing Authority and hereby

Authorize you to release 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. Child support, unemployment, public assistance and any other source of income.
4. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.
5. Current and previous Circuit Court information in regards to the open to the public records law that may help determine the decision on assistance.

This information will be for the confidential use of Taylor County Housing Authority in determining my/our eligibility for a mortgage loan, housing 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 form will be kept on record with Taylor County Housing Authority.

Last, First, M.I

Last, First, M.I.

Social Security #

Social Security #

Address

Address

City, State, Zip

City, State, Zip

X _____
Signature

X _____
Signature

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 transactions 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.