



City of Berlin Affordable Housing Program

Homeowner Application

OFFICE USE ONLY: Application Number _____ Date Received _____

Applicant Name (Last, First, MI)			Co-Applicant Name (Last, First, MI)		
Phone Number			Best Way to Contact You <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail		
Email			County Property is Located		
Property Street Address			City/Town/Village		Zip Code
Mailing Address (if different)			City/Town/Village		Zip Code
Is dwelling in a floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO	Age of Home	Primary Residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is property a Historical Site or is it eligible to become one? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How did you hear about the Affordable Housing Program?					

LIST NAMES OF ALL PROPERTY OWNERS AS SHOWN ON DEED OR LAND CONTRACT:	PROPERTY HELD IN: <input type="checkbox"/> DEED <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/> OTHER
MORTGAGE IS: <input type="checkbox"/> Current <input type="checkbox"/> Delinquent <input type="checkbox"/> In Foreclosure <input type="checkbox"/> For Sale. Mark all that apply.	

FAIR MARKET VALUE OF PROPERTY	AMOUNT OWED (loans/liens against property)	OWED TO	EQUITY

CHECK/CIRCLE DATA WHICH APPLIES		
Race/Ethnicity of Head of Household <i>(optional)</i>	Size of Household <i>(required)</i>	Head of Household <i>(optional)</i>
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White/Caucasian <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Balance/Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Do not wish to disclose	_____ Person(s) (Who live in the home at least 6 months out of the year)	<input type="checkbox"/> Female <input type="checkbox"/> Elderly (>62) <input type="checkbox"/> Person with disability or handicap

List all people who live in the home at least 50% of the time (including children)

[illegible]

HOMEOWNER'S INSURANCE INFORMATION

Name of Insurance Company:

Address of Insurance Company:

Name of Agent: _____

Phone Number of Agent: _____

Policy Number: _____

Expiration Date: _____

INCOME & ASSET INFORMATION

When sending in your application, please include the following supporting documents:

- ☐ Copy of most recent property tax bill. An appraisal will be accepted if done within the last 6 months
- ☐ Copy of your Homeowner's Insurance declarations page(s)
- ☐ Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments
- ☐ Each working household member's most recent Federal Income Tax Form (NOT W-2's). If you are self-employed, make sure to include 3 years and all schedules
- ☐ Any additional documentation, listed on next page

PLEASE ANSWER THE FOLLOWING QUESTIONNAIRES COMPLETELY. FAILURE TO DO SO WILL RESULT IN DELAY OF APPLICATION PROCESSING. **All adult members (18 years and older) living in the household must have their income documented below.**

Income Source	Whom It Pertains To	Documentation Needed	Does Not Apply
Employer: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040) <input type="checkbox"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A
Employer: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040) <input type="checkbox"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A
Self Employed (Describe type of Business) _____		<input type="checkbox"/> Most Recent Federal Income Tax Forms (3 Years) <input type="checkbox"/> All Schedules	<input type="checkbox"/> N/A
Unemployment Benefits and/or Worker's Compensation		<input type="checkbox"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A
Social Security Payments		<input type="checkbox"/> Current benefit statement	<input type="checkbox"/> N/A
Supplemental Security Income (SSI)		<input type="checkbox"/> Current benefit statement	<input type="checkbox"/> N/A
Retirement Income: _____ Address: _____ _____ Fax #: _____		<input type="checkbox"/> Most recent Federal Income Tax Form (ie 1040) <input type="checkbox"/> Current statement listing cash value or monthly amount	<input type="checkbox"/> N/A
Income from real or personal property		<input type="checkbox"/> Proof of Amount	<input type="checkbox"/> N/A
Alimony/spousal maintenance payments		<input type="checkbox"/> Most recent 3 months of check stubs	<input type="checkbox"/> N/A
Child Support payments		<input type="checkbox"/> 12 months	<input type="checkbox"/> N/A

PLEASE ANSWER THE FOLLOWING QUESTIONNAIRES COMPLETELY. FAILURE TO DO SO WILL RESULT IN DELAY OF APPLICATION PROCESSING. **All adult members (18 years and older) living in the household must have their assets documented below.**

Asset Source	Address	Cash Value/Balance	Whom It Pertains To	Does Not Apply
Checking Account With: _____ With: _____				<input type="checkbox"/> N/A
Savings Account With: _____ With: _____				<input type="checkbox"/> N/A
Certificates of Deposit or Money Market Accounts				<input type="checkbox"/> N/A
Revocable Trust description: _____				<input type="checkbox"/> N/A
Real Estate (if you own rental property or other land list location and mortgage holder and send a copy of the property tax statement)				<input type="checkbox"/> N/A
Stock Bonds or Treasury Bills				<input type="checkbox"/> N/A
IRA/Pension/Retirement/Keogh401 K Account (even if not eligible to receive it yet)				<input type="checkbox"/> N/A
Whole Life Insurance Policy				<input type="checkbox"/> N/A
More than \$500 cash on hand				<input type="checkbox"/> N/A
Items held as an investment (antique car, coin collection, etc.) _____				<input type="checkbox"/> N/A
Safe Deposit Box Contents: _____				<input type="checkbox"/> N/A
Disposed of assets (gave away money/assets) for less than fair market value in the past 2 years (i.e. land or 2 nd home)				<input type="checkbox"/> N/A
Other _____				<input type="checkbox"/> N/A

APPLICANT'S STATEMENT AND RELEASE

IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

This is an owner occupied property. I understand the Affordable Housing Program funds are offered as a loan payable and the loan will be secured by a mortgage and/or promissory note that I can pay any or all of the balance any time prior to resale or transfer of property.

I understand my property will be assessed to determine if the house meets or can meet decent, safe and sanitary conditions. Based on the assessment, the City of Berlin Affordable Housing Program reserves the right to deny funding.

I understand I must be carrying homeowners insurance on the property, and keep the policy in force during the life of the loan.

I understand the contract for work completed on the property is between me (us) and the contractor and it is my responsibility to ensure that the work is done, and done correctly. This is not the responsibility of the administrator, or the City of Berlin Affordable Housing Program.

I/we understand if I/we intentionally make false statements or conceal any information in an attempt to obtain this loan; it is in violation of federal and state laws that carry severe criminal and civil penalties.

I/we authorize the City of Berlin Affordable Housing Program agents to verify all information given by me about my property, income, employment, and assets to determine my eligibility.

I/we authorize and direct all custodians of my records, including my insurance company, employer, public and private agencies, banks, financial institutions, or credit data service to release information to the City of Berlin Affordable Housing Program.

Are you a United States Citizen or a Qualified Alien?

☐ Yes ☐ No

By my signature, I certify that I have read and understand all statements in this application and all information I have given is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Conflict of Interest

Do you have family or business tie to any of the individuals listed below? Yes _____ No _____ (if yes, circle which of the covered persons)

If **yes**, disclose the nature of the relationship. _____

Catrina Burgess – City of Berlin Mayor

Terry Przybyl– City of Berlin Alderperson

Victoria Hill– City of Berlin Alderperson

Kristina Boeck– City of Berlin Alderperson

Samantha Stobbe – City of Berlin Alderperson

Josh Nigbor – City of Berlin Alderperson

Catrina Burgess – City of Berlin Alderperson

Nathan Corduan – Community Development Authority Board Member

Susan Thom – Community Development Authority Board Member

Tracy Klawitter – Community Development Authority Board Member

_____ - Community Development Authority Board Member

_____ - Community Development Authority Board Member

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

City of Berlin Affordable Housing Program

WHAT TO EXPECT FROM THE PROGRAM

Things Homeowners should think about before taking out a loan:

- Not all the work that homeowners want done can always be done. Funds will be available to repair one or two problems; this program will not solve all of your home's problems.
- Do not expect your house to be completely new when the work is completed.
- Do not expect all the floors, walls, ceilings, doors, windows and so on to be completely plumb, level and square when the work is completed.
- It can be stressful and **time consuming** to collect bids from various contractors.
- It can be stressful living in a house while a contractor is performing the repairs.
- Very few times in life is anyone completely satisfied with the things they buy or have repaired. Buying a house or having one repaired is no different.
- The funds you receive are in the form of a loan. You will sign a mortgage, which will be recorded and filed with the County Register of Deeds.
- You will be required to repay the loan.
- Houses always need improvements and repairs. It would be a good idea for the owner to save monthly to help cover the cost of future repairs and maintenance.
- **You** are in charge of your home repair project. You select the contractor. You are responsible to monitor the quality of work of your chosen contractor. The Administrator does not recommend contractors and cannot guarantee you will be satisfied with the work of the contractor **you choose**.

Things homeowners do in the Home Repair Program:

- Homeowner will be responsible for obtaining and paying for all necessary building permits before work can begin.
- Homeowners help inspect their house and point out the problems to the Building Inspector/Assessor.
- Homeowners, not the Administrator, distribute specifications and choose contractors to bid on their repairs.
- Homeowners, not the Administrator, choose the contractor(s) to perform the work on their home.
- Homeowners, not the Administrator, sign the contract with their contractor.
- Homeowners approve payments made to their contractor.
- Homeowners work with contractors to settle disagreements during the job.
- Homeowner's call/write their contractors to ask them to correct problems covered by contractor warranties during the first year after the job has been completed.

I have received read and acknowledge receipt of this form:

Homeowner

Date

Homeowner

Date

CITY OF BERLIN AFFORDABLE HOUSING PROGRAM

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the City of Berlin Affordable Housing Program 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.

This information will be for the confidential use of the Community Development Authority in determining my/our eligibility for a mortgage loan or to confirm information I/we have supplied. Please complete the attached verification request.

A photo 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 the Community Development Authority Office.

Last, First, M.I.

Last, First, M.I.

Social Security #

Social Security #

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date