

CRAWFORD COUNTY

Date Received _____
(for office use only)

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) _____ (cell)

Residence Address: _____
(Street Address)

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

Mailing Address: _____
(if different) (Street Address)

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

Email Address: _____

Date property acquired: _____

To the best of your knowledge, what year was your home was built? _____

If unknown:

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 year’s 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?

- Pete Flesch – County Board Chairman
- Janet Geisler—County Clerk
- Martin Sprosty –County Treasurer

County Board Members:

- James O’Meara
- John Karnopp
- Mary Jane Faas
- Marjory Sheckler
- Phil Mueller
- Joseph Hartley
- Ray Martin
- Duane Rogers
- Henry Esser
- Elling Jones
- Wade Dull
- Kersten Rocksvold
- David Olson
- Gerald Krachey
- Larry Kapinus

Housing Committee:

- Laurel Hestetune
- Jerry Raha
- Ray Martin
- Gerry Ray
- Wade Dull
- Elaine Schmitt
- David Olson

Program Administrators:

- Dale Klemme
- Lori Bekkum
- Eric Frydenlund
- Jordon Bekkum
- Gary Koch
- Sarah Ronnevik

If yes, disclose the nature of the relationship.

Name of covered person*	Relationship

- Spouse
- Fiancée Fiancé
- 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.

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.

Signature of Applicant

Date

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 & 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 _____ White _____ Other

**COMMUNITY DEVELOPMENT OFFICE / P.O. BOX 72 / PRAIRIE DU CHIEN / WI / 53821
PHONE: 608-326-7333 or 1-800-655-0683 / EMAIL: sronnevik@developmentplanning.net
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

General Release of Information

_____ hereby authorizes the County of Crawford, 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 County of Crawford, 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 County of Crawford, 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 County of Crawford 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 Prairie du Chien.

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.