

KENOSHA HOUSING AUTHORITY
HOUSING COST REDUCTION INITIATIVE (HCRI) 2023-2024 APPLICATION
 625 -52nd Street, Room 98 | Kenosha, WI 53140 | (262) 653-4120 | Fax: (262) 653-4114

| |
|-------------------------|
| Date Received by K.H.A. |
|-------------------------|

Date: _____

Applicant(s) Name: _____

Social Security Number: _____

Telephone Number: _____ / _____ (home) _____ / _____ (work)

Address: _____
 (Street Address)

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

E-mail Address (optional): _____

Number of people living in the home (including Applicant): _____ Adults + _____ Children/Other = _____ Total

HOME BUYER ONLY:

Will the home you intend to purchase with the assistance of this grant be your primary residence? _____ Yes _____ No

Have you found a house you intend to purchase? _____ Yes Address: _____
 _____ No

If No, what is the time frame within which you would like to acquire a home? _____

Name of financial institution through which home would be financed? _____

Are you pre-approved for a loan? _____ Yes. Amount: \$ _____
 _____ No

Amount of money your household can contribute toward the down payment on a home: \$ _____

CONFLICT OF INTEREST

Do you have family or business ties to any of the following people? _____ Yes _____ No

If **Yes**, disclose the nature of the relationship:

| Name | Relationship | Name | Relationship |
|------------------|--------------|-----------------------|--------------|
| Amanda Summers | | Carly Jackson | |
| Erin Owens | | Ryan Stich | |
| Lyn Elvetici | | Amber Kraus | |
| Jennifer Hassett | | Cyndi Zarletti-Lee | |
| Jessica Jaquez | | Christine Lewandowski | |

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.

INCOME

Please list below all persons who live in your household. Then, write all the income sources for persons 18 years of age or older. Income includes, but is not necessarily limited to, income from all gross wages, salaries, commissions; net income from self-employment, net income from the operation of real property; interest and dividend income; Social Security, SSI, pensions, AFDC, alimony, child support, W-2 Program and any other income.

If you are uncertain about including something as income, please list it below and the Kenosha Housing Authority will advise you about it. **You must attach 30 days income & assets verification when you turn in this application.**

| Name | Relationship to Applicant | Source(s) of Income | Monthly Gross Income |
|------|---------------------------|---------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Write the Total Annual Income Here: \$ _____ Verified by: _____
KHA Staff Only

ASSETS

List value of equity in assets (real estate, savings/checking, stocks, bonds, and other forms of capital investment).

| Name of Family Member | Description | Amount |
|-----------------------|-------------|--------|
| | | |
| | | |
| | | |

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

X _____
 Signature of Applicant

X _____
 Date

X _____
 Signature of Co-Applicant (If there is one)

X _____
 Date

You are **not** required to answer the questions in this box. If you choose not to answer, please check this box.

Age of Applicant: _____

Racial/Ethnic Background, Check One:

| | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White | Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White | |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Balance/Other | |

Applicant Name _____

**2024-2025 INCOME LIMITS FOR FIRST TIME HOME BUYER PROGRAM/
FORECLOSURE ASSISTANCE:**

| CMI% | FAMILY SIZE | | | | | | | |
|------|-------------|----------|----------|----------|----------|----------|----------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 80% | \$54,800 | \$62,600 | \$70,450 | \$78,250 | \$84,550 | \$90,800 | \$97,050 | \$103,300 |
| 50% | \$34,250 | \$39,150 | \$44,050 | \$48,900 | \$52,850 | \$56,750 | \$60,650 | \$64,550 |

**KENOSHA HOUSING AUTHORITY
HCRI AGENCY INFORMATION**

Applicant Name and Address _____

Type of Assistance:

- ◆ **Down Payment Assistance Grant** _____
(Conditions for receipt of a Down payment Assistance Grant, recipients must: 1. Secure financing.
2. Complete 8 hours of Homebuyer Training; 3. Maintain ownership of the home for 5 years from the date of purchase.)

Please identify services provided for by HCRI Participating Agency _____

I understand the conditions stated for receipt of the HCRI assistance and agree to comply with these conditions. I understand that I have the right to know the reason(s) if I am denied for assistance and can request a copy of the Informal Review procedure if I have additional information to submit for reconsideration. I understand that any such request for an Informal Review must be submitted, in writing, within 10 business days of notification of denial.

HCRI Applicant

Date

Housing Counselor

Date

NOTE: Before your application will be reviewed for final approval, you must provide proper verification of your income and your home must be inspected and approved.

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for assistance and hereby authorize you to release to the Kenosha Housing Authority 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 Kenosha Housing 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 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 the Kenosha Housing Authority.

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

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 transaction will be available to HUD, FHA, DOA 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.