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: /_____ (home) ____/ (work) Telephone Number: 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 HOMEBUYER 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: Relationship Relationship Name Name Amanda Summers Carly Jackson Erin Owens Ryan Stich

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.

Amber Kraus

Cyndi Zarletti-Lee

Christine Lewandowski

Lyn Elvetici

Jennifer Hassett

Jessica Jaquez

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

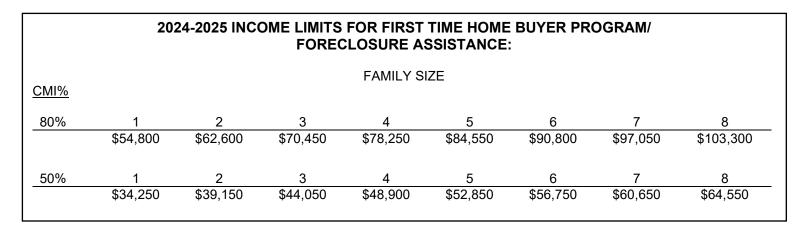
ASSETS

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 <i>(If there is one)</i>	X Date	
Age of Applicant:	is box. If you choose not to answer, please check this box. 🗖	
Racial/Ethnic Background, Check One: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native & White Asian & White Black/African American & White American Indian/Alaskan Native & Black/African American Balance/Other	Hispanic:Yes No



	KENOSHA HOUSING AUTHORITY HCRI AGENCY INFORMATION
Applicant	Name and Address
Type of As	ssistance:
•	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 ide	ntify 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.

<u>X</u>	X	
HCRI Applicant	Date	
х	Y	
A Housing Counselor	<u>^</u> Date	
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NOTE: <u>Before</u> 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	<u>.</u>	Street Address	
<mark>City, State, Zip Code</mark>	·····-	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, <u>DOA</u> 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.