

CITY OF HARTFORD  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
HOMEOWNER APPLICATION

Date Received \_\_\_\_\_  
(For Office Use Only)

Applicant Name(s) \_\_\_\_\_

Note: Please list names of all property owners as shown on deed or land contract:

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Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Residence Address: \_\_\_\_\_  
(Street Address) (City/Village/Town)

\_\_\_\_\_  
(State) (Zip Code)

Mailing Address: (if different) \_\_\_\_\_  
(Street Address) (City/ Village/Town)

\_\_\_\_\_  
(State) (Zip Code)

Age of Structure: \_\_\_\_\_

Total number of people living in the home (including Applicant): \_\_\_\_\_

Number of children living in home under the age of 6 \_\_\_\_\_

Names, Ages and Social Security number of ALL people living in home.

Name	Date of Birth	Social Security number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there currently a mortgage, lien, land contract, or other debt against this property? Yes \_\_\_ No

If yes, please state below the type of debt, amount currently owed, and to whom it is owed. If there is more than one loan against the property, please list each one separately.

Type of Loan : \_\_\_\_\_

Principal Amount Owed : \_\_\_\_\_

Lender Name: \_\_\_\_\_

Lender Address and/or phone number: \_\_\_\_\_

Debt Service Data:

Please list below the average amount paid per month for each of the following:

Mortgage: \_\_\_\_\_ Real Estate P & L Insurance: \_\_\_\_\_

Real Estate Taxes: \_\_\_\_\_ Utilities: \_\_\_\_\_

Long Term Debts: \_\_\_\_\_  
(Credit cards, Personal Loans, Car Loans, etc.,)

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Name and phone number of Insurance Carrier: \_\_\_\_\_

Please list the things your would like Rehab work done on.

Emergency work;

Rehab that is not an emergency that should be done:

Do you have any peeling or chipping paint in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

**FIRST TIME HOME BUYERS ONLY;**

What Financial Institution are you working with: \_\_\_\_\_

Name of Loan Officer you are working with: \_\_\_\_\_

Do you have a home picked out \_\_\_\_\_ Yes \_\_\_\_\_ NO

If Yes, address of home \_\_\_\_\_

What amount of funds are you putting toward the down payment: \_\_\_\_\_

Purchase price of home: \_\_\_\_\_

**INCOME :**

Please list below all persons who live in your household. List the incomes of all 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, and other benefit income.

If you are uncertain about including something as income, please list it below and the Hartford Community Development will advise you about it.

NAME	SOURCE OF INCOME		NAME & ADDRESS OF AGENCY OF EMPLOYER	GROSS MONTHLY AMOUNT
Name	Type of Asset		Bank/Financial/IRA	Average Balance
	Checking accounts			
	Savings Account			
	CD's			
	IRA – Retirement accts			
	Stocks - Bonds			

Are you a United States Citizen or a Qualified Alien? Yes NO

## 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.

Names of Covered Person	Relationship
Justin Drew	
Christine Marks	
Dennis Hegy	
David Hansen	
Joshua Smith	
Tony Garza	
Roger Randolph	
Tim Purman	
Peter Erdman	

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.

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

You are not required to answer the questions below. If you choose not to answer them, please check this box. ☐

Age of Applicant: \_\_\_\_\_

Racial/Ethnic Background, Check One:

- |  |   |
|--|---|
| <input type="checkbox"/> White           | <input type="checkbox"/> African/American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Latino/Hispanic  |
| <input type="checkbox"/> Asian & White   | <input type="checkbox"/> Other            |

Return the completed application to: Hartford Community Development Authority  
109 N. Main St.  
Hartford, WI 53027

Phone: 262-670-3772

FAX: 262-670-3775

TDD 262-673-8224

**EQUAL HOUSING OPPORTUNITY**

## AUTHORIZATION FOR RELEASE OF INFORMATION CERTIFICATION

I/We hereby authorize release of any information requested by THE HARTFORD COMMUNITY DEVELOPMENT AUTHORITY regarding my/our income, assets and allowances. I/We understand and agree that photocopies of this authorization may be used for the purpose stated above. This includes information necessary to verify and document household composition, income, assets, housing expenses, credit history and the nature and extent of the applicant's ownership interest in the property for which the loan is being sought.

WARNING: Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

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Applicant/Resident Signature

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Date

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Applicant/Resident Signature

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Date

I certify that the information on the attached application is true and correct. I authorize the Hartford Community Development Authority to contact any source identified to confirm the above information as necessary.

The information obtained will only be used for determining eligibility in the CDBG program and will be kept confidential and not released outside of this scope.

This release for information will expire thirteen (13) months from the date of signature.



HARTFORD COMMUNITY DEVELOPMENT AUTHORITY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
LEAD-BASED PAINT PAMPHLET RECEIPT FORM

I have received a copy of the EPA pamphlet entitled "Protect Your Family From Lead in Your Home." I have reviewed this material and will retain the information for my records.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Should an eligible client withdraw from the program at any time after fees, normally added to the clients loan, have been incurred on behalf of that client, the client will be responsible for reimbursing the amount of those fees to the program.

I understand and agree:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date