



## ***Neighborhood & Community Services***

### **APPLICATION FOR DOWN PAYMENT & CLOSING COST PROGRAM**

Instructions:

Attached is an application for the City of Janesville Down Payment & Closing Cost Assistance.

**Please make sure to answer, completely, all questions and provide addresses and phone numbers for all sources of income and assets.**

In order to process your application, please provide copies of the following information:

- **Mortgage Lender Information - Company Name, Contact Person and Phone Number**
- **Accepted Offer to Purchase**
- **Home Buyer's Workshop Completion Certificate**
- **Most recent Federal Income Tax Return (Last Three (3) Years if Self-Employed).**
- **Latest 2 months of check stubs and/or Social Security Statement(s)**
- **Latest 2 months of bank statements for all Checking and Savings Accounts, including e.com accounts like Cash app, VEMMO, etc.**
- **Most recent statements from any other assets held (e.g.: stocks, bonds, mutual funds, 401K, insurance policies, etc.)**
- **Proof of credit score (can be from a credit card or financial app, like Credit Karma, Experian, etc. or another source, as long as it shows it is specific to you, the borrower and it is current within the last 30 days.**
- **Letter from Social Security indicating income you receive from this Agency.**
- **Letter indicating if you receive Unemployment benefits.**
- **Child support payments received in the last 6 months.**

Applications may be returned in person Mon-Fri 7:30am – 4:30pm at City Hall or by mail (*18 N. Jackson St.-P.O. Box 5005-Janesville, WI 53547*). If you have any questions please call or email: Ana Boden, 608-373-3441, [bodena@janesvillewi.gov](mailto:bodena@janesvillewi.gov)



**Liabilities-Credit Cards, Other Debts, and Leases that You Owe**  Does not apply

List all liabilities below (except real estate) and include deferred payments. Under Account Type, choose from the types listed here:

·Revolving (e.g., credit cards) ·Installment (e.g., car, student, personal loans) ·Open 30-Day (balance paid monthly) ·Lease (not real estate) ·Other

Account Type- Use list above	Company Name	Unpaid Balance	Monthly Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Other Liabilities and Expenses**  Does not apply

Include all other liabilities and expenses below. Choose from the types listed here: ·Alimony

·Child Support ·Separate Maintenance ·Job-Related Expenses ·Other

Type:	Monthly Amount:
	\$
	\$
	\$
	\$

**Income Information** Please include all Full-time, Part-time and temporary sources.  Does not apply

Type of Income	Person Receiving Income	Gross Monthly Income	Business Name, Address, Phone
Employment		\$	
Employment		\$	
Self-Employment		\$	
Military Pay/ Veterans Benefits (Regular or special pay and allowances)		\$	
W-2 / Interim Assistance		\$	
___ Social Security ___ SSI ___ SSDI		\$	
___ Social Security ___ SSI ___ SSDI		\$	
___ Worker's Comp ___ Unemployment Comp		\$	
Lottery Winnings, Inheritances or Settlements (such as insurance settlements)		\$	
Pension		\$	
		\$	
Other			

**Income from Other Sources**  Does not apply

Include income from other sources below. Under Account Type, choose from the types listed here:

·Alimony ·Child Support ·Interest and Dividends ·Notes Receivable ·Royalty Payments ·Automobile Allowances ·Mortgage Credit Certificate ·Separate Maintenance ·Boarder Income ·Foster Care ·Mortgage Differential Payments ·Trust ·Other

Type:	Monthly Amount:
	\$
	\$
	\$
	\$

**Assets-Bank Accounts, Retirement, and Other Accounts You Have**

Include all accounts below. Under Account Type, choose from the types listed here:

·Checking ·Savings ·Money Market ·Certificate of Deposit ·Mutual Fund ·Stocks ·Stock Options ·Bonds ·Retirement (e.g., 401k, IRA) ·Bridge Loan Proceeds ·Individual Development Account ·Trust Account ·Cash Value of Life Insurance (used for the transaction)

Account Type-use list above.	Financial Institution	Cash or Market Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Provide total amount Here</b>		\$

Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

**I do herby swear and attest that all the information in this application and eligibility questionnaire is true and correct.**

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_



**SIGNATURE CLAUSE**

I/we understand that Neighborhood & Community Services is relying upon the information contained in this application to verify my/our eligibility for a Federally-funded Housing Program where such Program contains provisions for income and other eligibility. I/we certify that all information disclosed in the application is true, correct, and complete to the best of my/our knowledge. I/We authorize Neighborhood & Community Services to obtain verification of any and all information, including but not limited to, my/our income, assets, employment, property ownership, mortgage status, homeowner's insurance, and housing expenses. I/We understand this may include a credit report. I/We will provide all necessary information and expedite this process any way possible. I/We understand that participation in a Neighborhood Services Program is contingent upon meeting Federal income eligibility, and other Federal and local program requirements.

**\*\*PRESUMPTION OF LEAD-BASED PAINT NOTICE**

We are required to inform all applicants of the need to protect your family from lead hazards. Please review the, "Protect Your Family From Lead in Your Home," informational booklet at the following website: <https://www.epa.gov/lead/protect-your-family-lead-your-home-real-estate-disclosure#12>

The Program will evaluate each eligible property for the presence of deteriorated paint hazards. Further, if the property was constructed prior to 1978, it will be presumed that components of the property may contain lead and must be treated as such in accordance with HUD regulation 24 CFR Part 35, unless such components are tested and proven to be non-lead based. I/we acknowledge receipt of this presumption.

**\*\* REQUIREMENT FOR TESTING\*\*** If you are applying or being considered for funding under the Healthy Homes & Lead Hazard Control Program, presuming the presence of lead is NOT an option and testing in the form a third-party lead paint inspection, risk assessment and/or healthy homes rating MUST be performed.

- I/We acknowledge receipt/review of the booklet entitled "Protect Your Family From Lead in Your Home" and understand that homes constructed prior to 1978 likely contain lead-based paint.
- I/We understand that this information will be kept confidential by the City of Janesville Neighborhood Services and will be used solely for the purpose of determining eligibility for participation in the Neighborhood Services programs and used in statistical tables, study and research.

Regulations governing this program do not allow non-resident or undocumented aliens to receive any form of assistance in loans, pursuant to Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 62 FR 61344 & Section 432 8 USC 1641.

I attest, under penalty of perjury, that I am (check one of the following):

- 1.  A citizen or National of the United States
- 2.  A lawful Temporary or Permanent Resident or his/her spouse or child (Alien or Admission # \_\_\_\_\_)
- 3.  A nonresident or undocumented alien

If I have checked the box above as a Temporary or Permanent Resident or his/her spouse or child, I attest, under penalty of perjury, that I have abandoned, or am abandoning, my residency in any foreign country, that I do not intend to join my spouse or parent in any foreign country, and that I am not a student.

**ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 MUST SIGN BELOW:**

**I have read, understand, and agree to the certifications as set forth above. Further, I consent to all inspections and testing as required by the Program I am applying for. I have received and reviewed the information contained in the lead hazard brochure "Protect Your Family From Lead In Your Home"**

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

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

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

## Fair Credit Reporting

An investigation will be made as to the credit standing of all individuals seeking credit in this application. The nature and scope of any investigation will be furnished to you upon written request made within a reasonable period of time. In the event of denied credit due to an unfavorable consumer report, you will be advised of the identity of the consumer reporting agency making such report and of the right to request within sixty (60) days the reason for the adverse action, pursuant to provisions of section 615(b) of the Fair Credit Reporting Act.

### THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE

It is illegal to discriminate in the provisions of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and an unsound business practice; or
2. Race, color, religion, sex marital status, national origin or ancestry.

It is illegal to consider the racial ethnic, religious or national origin composition of a neighborhood or geographical area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance. These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four units family residences occupied by the owner and for the purpose of the home improvement of any one to four-unit family residences.

If you have questions about your rights, or if you wish to file a complaint contact:

Kelly Bedessem  
Housing Services Director  
Neighborhood Community Services  
18 N Jackson Street  
Janesville, WI 53548

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of copies of the Fair Credit Reporting Notice.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

# City of Janesville - Neighborhood & Community Services

## Privacy & Disclosure Notice

We may collect non-public personal information about you from the following sources:

- Information that you provide to us, such as on applications or other forms;
- Information about your transaction with us or others; and
- Information from others, such as credit bureaus, real estate appraisers and employers

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of completed copies of the Privacy Notice.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**Note- Please detach this copy and keep for your records.**



# City of Janesville – Neighborhood & Community Services

## Conflict of Interest Addendum – Applicant

Please indicate the nature of any relationship you have with the following people. Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

No Relationship	Family (list relationship)	Business	Name	Position
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### City of Janesville- Neighborhood Housing Services Community Development Association

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brian Bridges	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Michael Cass	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sarah Williams	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scott Greenland	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Michael Mueller	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Richard Neeno	Council Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heather Miller	Council Member

### City of Janesville- Neighborhood & Community Services Department Staff

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jennifer Petruzzello	NCS Director
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kelly Bedessem	Housing Services Director
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ana Boden	Housing Programs Specialist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Josh Regenold	Building & Property Maintenance Inspector
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rachel Jacquest	Rent Assistant Housing Specialist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jacky Evans	Administrative Assistance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tim Gorman	Property Maintenance Specialist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kim Sheldon	Property Maintenance Specialist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alicia Alvarado	Rent Assistant Housing Specialist

Name: \_\_\_\_\_  Applicant  Co-Applicant

Signature \_\_\_\_\_ Date \_\_\_\_\_



**JANESVILLE**  
*Wisconsin's Park Place*

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the City of Janesville, 18 N. JACKSON ST., P.O. BOX 5005, JANESVILLE, WI 53547-5005, any information or materials to complete and verify my application for the Down payment Program. I understand and agree that this authorization, or the information obtained with its use, may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested, but are not limited to, are as follows:

- |                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets | Residences and Rental Activity |
| Medical Expense Allowances  | Child Care Expense Allowances  | Credit and Criminal Activity   |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- |                             |                                   |                               |
|-----------------------------|-----------------------------------|-------------------------------|
| Past and Present Employers  | Veterans Administration           | Courts and Post Offices       |
| Schools and Colleges        | Welfare Agencies                  | Retirement Systems            |
| State Unemployment Agencies | Credit Providers & Credit Bureaus | Banks & Other Financial Inst. |
| Law Enforcement Agencies    | Social Security Administration    | Utility Companies             |
| Medical Providers           | Child Care Providers              | Support and Alimony Providers |
| Previous Landlords          | Public Housing Agencies           |                               |

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand and agree that HUD and/or the City of Janesville may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to:

- |                                    |                          |                                |
|------------------------------------|--------------------------|--------------------------------|
| State Employment Security Agencies | Department of Defense    | Office of Personnel Management |
| U.S. Postal Service                | Social Security Agencies | State Welfare Agencies         |

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and three months from the date signed.

_____	_____	_____
Head of Household Signature	Print Name	Date
_____	_____	_____
Spouse	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date