



Sawyer County Development Corporation

10631 Hayward Court • Hayward, Wisconsin 54843 • www.scdc.us

Dear Applicant,

To complete your application for the Community Development Block Grant Program we will need the enclosed forms completed. Please complete, sign, date and return the application forms and the release of information form to:

SCDC
10638 Hayward Court
Hayward, WI 54843

All questions must be answered. Also please include verification of ownership of the home (a copy of the most recent Real Estate Property Tax Statement) and proof of home insurance. In addition, we will need verification of *household* income, (a copy of an employee check stub, child support, etc.) *Household income applies to everyone that resides in the home whether they are related or not.*

If you have any questions please don't hesitate to call me at 715-634-7226. I look forward to working with you.

Sincerely,

Elizabeth Metcalf
Program Manager

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

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): _____

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	Amount Owed	Lender Name

INCOME

Please list below all person who live in your household. List the incomes of all person 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, alimony, child support, and other benefit income.

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

Name	Relationship to Applicant	Source of Income	Monthly Gross Income

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

CONFLICT OF INTERST

Do you have family or business ties to any of the following people? Hal Helwig, Sally Schrader

Names of covered persons	Relationship

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 Signed _____

Signature of Applicant _____ Date Signed _____

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

Age of Applicant: _____

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

Upon receipt of all completed, required forms, your application will be held until your housing needs are assessed by agency personnel at a future date and time to be determined by the agency.
Indianhead Community Action Agency is an Equal Opportunity Employer functioning under Affirmative Action Goals and Steps.

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the Grantee-Sawyer County 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 Grantee-Sawyer County 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 ICAA staff.

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, 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.