

Date _____ Time _____



**City of Wausau
HOUSING COUNSELING INTAKE FORM**

To the applicant: The information on this form will be used to determine your readiness for homeownership. The undersigned applicant/applicants first duly sworn on oath deposes and says:

HOUSEHOLD INFORMATION

Name of Applicant _____
(First) (Middle) (Last)

Social Security Number _____ DOB _____

Spouse/co-applicant _____
(First) (Middle) (Last)

Social Security Number _____ DOB _____

Address _____ Home Phone _____

City _____ Zip _____ Work Phone _____

INCOME INFORMATION

Income means any amount received from, but not limited to, the following sources by any resident:

Any Public Assistance including but not limited to Welfare, AFDC, Social Security, SSI and Unemployment Compensation. Salaries including commissions, bonuses, overtime pay and tips.

Pensions and Annuities, Estate or Trust Income, Rental Income, payments received from properties being sold on Land Contract, Alimony and Child Support.

VA Educational Grants, Gains from sale of property or securities, Business Profit for self employed individuals, including farmers.

List all residents of your household, include yourself. Include their name, age and income if any.

- Incomes listed should include all income which your household can reasonably expect to receive during the next 12 months for anyone 18 or over.
- “Resident” means any person, other than a renter, living in the household for at least 9 months of the year.

Household Member	Relationship to Applicant	Age & DOB	Income Sources
			Source _____ Address/phone _____ Length/employment _____
			Source _____ Address/phone _____ Length/employment _____
			Source _____ Address/phone _____ Length/employment _____
			Source _____
			Source _____
			Source _____
			Source _____

ANTICIPATED ANNUAL INCOME					
Family Members	Wages/Salaries	Benefits/Pensions	SS/SSI	Other Income	Asset Income
					Enter the greater of Lines 2 or 3 on Assets Chart in E.
Totals	A.	B.	C.	D.	E.
Enter the total of items from A. through E. This is Annual Income					

Total annual gross household income of _____ for a household of _____.

Income Limits for assistance programs: _____.

LIQUID ASSET INFORMATION

List the cash value of assets held by all residents of your household. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

ASSETS			
Bank Name	Asset Description	Current Cash Value of Assets	Actual Income from Assets
1. Net Cash Value of Assets.....			
2. Total Actual Income from Assets.....			
3. If Net Cash Value is greater than \$5,000, multiply line by 2% (passbook rate) and enter results here; otherwise, leave blank			

Asset descriptions include, but not limited to: Checking & Savings Accounts, Securities or US Savings Bonds, Redemption value of life insurance policy, 401K's, Mutual Funds, and any other investments.

Current market value of real estate, excluding the property to be improved and up to 2 surrounding acres. If you own property which is being sold under a land contract sales agreement, list the amount of which is owed to you and the amount which you owe on the property.

- A. Owed to you by _____ \$ _____
- B. You owe to _____ \$ _____
- C. Difference \$ _____

Other personal property (excluding household furnishings, clothing and primary personal vehicle) \$ _____

Year _____ Make _____ Value \$ _____

Year _____ Make _____ Value \$ _____

DEBTS – POTENTIAL HOMEOWNERS:

Monthly Rent \$ _____

	MONTHLY PAYMENT	BALANCE
Automobile	\$ _____	\$ _____
Credit Cards:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Alimony/ Child Support	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____
Personal Loans	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL OBLIGATIONS	\$ _____	\$ _____

MARITAL PROPERTY STATEMENT:

No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income form 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.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for all types of assistance relating to a dwelling, in order to monitor the Housing Counselor's compliance with equal credit opportunity and fair housing disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Housing Counselor may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Housing Counselor is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the below information, please check the box below. (Housing Counselor must review the below material to assure that the disclosures satisfy all requirements to which the Housing Counselor is subject under applicable state law.)

Borrower:

I do not wish to furnish this information

Ethnic background:

Hispanic Other

Race:

- 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
- Balance/Other

Sex:

Male Female

Co-Borrower:

I do not wish to furnish this information

Ethnic background:

Hispanic Other

Race:

- 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
- Balance/Other

Sex:

Male Female

THESE QUESTION APPLY TO BOTH APPLICANT AND CO-APPLICANT

If “yes” answer is given to a question in this column, please explain on an attached sheet.

	Applicant Yes or No	Co-Applicant Yes or No
Have you ever received public assistance?	_____	_____
Are there any outstanding judgments against you?	_____	_____
Have you been declared bankrupt within the past 7 years?	_____	_____
Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	_____	_____
Are you a party to a law suit?	_____	_____
Are you obligated to pay alimony, or child support, or separate maintenance?	_____	_____
Are you a Veteran?	_____	_____
Are you a U.S. Citizen?	_____	_____
If “no” are you a qualified alien?	_____	_____

Any applicant who makes a false statement regarding his/her employment, assets, or any other relevant information in this application could be subject to prosecution for the crime of False Swearing and subject to a penalty of up to \$10,000.00 and up to five years imprisonment, or both.

Applicant Signature

Date of Application

Co-Applicant Signature

Date of Application

CONFLICT OF INTEREST:

Do you have family or business ties to any of the following people? If so, please identify relationship next to name listed.

Name of employee	Relationship to employee
Tammy Stratz	
Michelle Van Krey	
Sean Fitzgerald	
Brad Lenz	
Brad Sippel	

GOALS OF APPLICANT:

What is the expected outcome after counseling sessions are complete? _____

APPROVAL OF APPLICATION

The undersigned has examined the in-take form for Community Development Housing Counseling services, including supporting data, and finds that the in-take form is complete and recommendations will be made to application accordingly.

Signature

Date

Title



GENERAL AUTHORIZATION AND RELEASE

I hereby authorize the **Community Development Department** to verify my past and present employment, earnings records, bank accounts, loan applications & documents, stock holdings, and any other asset balances needed to process my housing counseling in-take form.

I further authorize **Community Development Department** to order a credit report and verify all other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this document shall also serve as an authorization to provide the information requested.

I further authorize the **Community Development Department** to make any and all documents pertaining to this application available to third parties including the Department of Housing and Urban Development (HUD) for monitoring purposes.

The information obtained is only to be used in the accurate recommendation during the Housing Counseling process.

Signature of Applicant

Date

Signature of Applicant

Date

