

Central Housing Region CDBG Program

Manufactured Home Rehabilitation Application

OFFICE USE ONLY: Application Number _____ Date Received _____

Applicant Name (Last, First, MI)		Co-Applicant Name (Last, First, MI)	
Phone Number		Best Way to Contact You ☐ Phone ☐ Email ☐ Mail	
Email		County Property is Located	
Property Street Address		City/Town/Village	Zip Code
Mailing Address (if different)		City/Town/Village	Zip Code
How did you hear about the CDBG Program?			

LIST NAMES OF ALL PROPERTY OWNERS AS SHOWN ON DEED OR LAND CONTRACT:	PROPERTY HELD IN: ☐ DEED ☐ LAND CONTRACT ☐ OTHER
MORTGAGE IS: ☐ Current ☐ Delinquent ☐ In Foreclosure ☐ For Sale. Mark all that apply.	

FAIR MARKET VALUE OF PROPERTY	AMOUNT OWED (loans/liens against Manufactured Home)	OWED TO	EQUITY

**Completed application and required
documentation can be returned by
Mail: Juneau County Housing Authority
717 E. State St., Mauston, WI 53948
Email: CHR.CDBG@gmail.com or FAX: 608-847-2278
Questions – please call Liz at 608-847-7309**

CHECK/CIRCLE DATA WHICH APPLIES		
Race/Ethnicity of Head of Household <i>(optional)</i>	Size of Household <i>(required)</i>	Head of Household <i>(optional)</i>
☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & White ☐ Asian & White/Caucasian ☐ Black/African American & White ☐ American Indian/Alaskan Native & Black/African American ☐ Balance/Other ☐ Hispanic ☐ Do not wish to disclose	_____ Person(s) (Who live in the home at least 6 months out of the year)	☐ Female ☐ Elderly (>62) ☐ Person with disability or handicap

HOUSEHOLD INFORMATION

List all people who live in the home at least 50% of the time (including children)

[illegible]

HOMEOWNER'S INSURANCE INFORMATION

Name of Insurance Company: _____

Address of Insurance Company: _____

Name of Agent: _____

Phone Number of Agent: _____

Policy Number: _____

Expiration Date: _____

INCOME & ASSET INFORMATION

Below are Items listed that must be sent back with your application, please check them as you attach. Failure to send back all applicable items may result in delay of project. Prior to attachment of these documents, please free all papers from social security numbers, account numbers and employee numbers as they are personal and not needed in our application processing.

- _____ Verification of Employment form filled out by employer (see attached* more than 1 form MAY be needed) (18 or older and not a full-time student)
- _____ Proof of college enrollment of full-time student(s)
- _____ The first \$480.00 worth of check stubs from any full-time college student(s)
- _____ All current award Letters (SS, SSI, Disability, etc.)
- _____ Copy of current 1040
- _____ Entire 1040 if self-employed (last 3 years)
- _____ Lot Manager/Owner Verification Sheet
- _____ Copy of current lien balances
- _____ Copy of mobile home title
- _____ 6 Month Average form filled out by banking institution (see attached *more than 1 form MAY be needed)
- _____ Copies of 401k, CD(s), IRA, Keough, or any pension balances
- _____ Proof of child support payments (3 months) (if you do not receive any, a copy or court order)
- _____ Proof of alimony/spousal maintenance payments
- _____ Copy of proof of insurance
- _____ Copy(ies) of proof of any other income or asset

*All check stubs, award letters and pension must show gross amount

PLEASE ANSWER THE FOLLOWING QUESTIONNAIRES COMPLETELY. FAILURE TO DO SO WILL RESULT IN DELAY OF APPLICATION PROCESSING. **All adult members (18 years and older) living in the household must have their income documented below.**

Income Source	Whom It Pertains To	Documentation REQUIRED	Does Not Apply
Employer: _____ Address: _____ _____ Fax #: _____		☐ Most recent Federal Income Tax Form (ie 1040) ☐ Most recent 3 months of check stubs	☐ N/A
Employer: _____ Address: _____ _____ Fax #: _____		☐ Most recent Federal Income Tax Form (ie 1040) ☐ Most recent 3 months of check stubs	☐ N/A
Self Employed (Describe type of Business) _____		☐ Most Recent Federal Income Tax Forms (3 Years) ☐ All Schedules	☐ N/A
Unemployment Benefits and/or Worker's Compensation		☐ Most recent 3 months of check stubs	☐ N/A
Social Security Payments		☐ Current benefit statement	☐ N/A
Supplemental Security Income (SSI)		☐ Current benefit statement	☐ N/A
Retirement Income: _____ Address: _____ _____ Fax #: _____		☐ Most recent Federal Income Tax Form (ie 1040) ☐ Current statement listing cash value or monthly amount	☐ N/A
Income from real or personal property		☐ Proof of Amount	☐ N/A
Alimony/spousal maintenance payments		☐ Most recent 3 months of check stubs	☐ N/A
Child Support payments		☐ 12 months	☐ N/A

PLEASE ANSWER THE FOLLOWING QUESTIONNAIRES COMPLETELY. FAILURE TO DO SO WILL RESULT IN DELAY OF APPLICATION PROCESSING. **All adult members (18 years and older) living in the household must have their assets documented below.**

Asset Source	Address	Cash Value/Balance	Whom It Pertains To	Does Not Apply
Checking Account With: _____ With: _____				☐ N/A
Savings Account With: _____ With: _____				☐ N/A
Certificates of Deposit or Money Market Accounts				☐ N/A
Revocable Trust description: _____				☐ N/A
Real Estate (if you own rental property or other land list location and mortgage holder and send a copy of the property tax statement)				☐ N/A
Stock Bonds or Treasury Bills				☐ N/A
IRA/Pension/Retirement/Keogh401 K Account (even if not eligible to receive it yet)				☐ N/A
Whole Life Insurance Policy				☐ N/A
More than \$500 cash on hand				☐ N/A
Items held as an investment (antique car, coin collection, etc.) _____				☐ N/A
Safe Deposit Box Contents: _____				☐ N/A
Disposed of assets (gave away money/assets) for less than fair market value in the past 2 years (i.e. land or 2 nd home)				☐ N/A
Other _____				☐ N/A

**CENTRAL HOUSING REGION
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

MARITAL PROPERTY AGREEMENT

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.

PRIVACY AND DISCLOSURE NOTICE

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

- Information that you provide to us, such as on the application or other forms
- Information about your transaction with us or others
- Information from others, such as 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 and 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 described in this notice.

APPLICANT'S STATEMENT AND RELEASE

IF YOU DO NOT UNDERSTAND, ASK FOR ASSISTANCE.

This is an owner occupied property. I understand the Housing Rehab funds are offered as a loan payable upon resale or transfer of title of the property. The loan will be secured by a mortgage and/or promissory note that I can pay any or all of the balance any time prior to resale or transfer of property.

I understand my property will be assessed to determine if the house meets or can meet decent, safe and sanitary conditions. Based on the assessment, the Central Housing Region CDBG Program reserves the right to deny funding.

I understand I must be carrying homeowners insurance on the property, and keep the policy in force during the life of the loan.

I understand the contract is between me (us) and the contractor and it is my responsibility to ensure that the work is done, and done correctly. This is not the responsibility of the administrator, or the Central Housing Region CDBG Program.

I/we understand if I/we intentionally make false statements or conceal any information in an attempt to obtain this loan; it is in violation of federal and state laws that carry severe criminal and civil penalties.

I/we authorize the Central Housing Region CDBG Program agents to verify all information given by me about my property, income, employment, and assets to determine my eligibility.

I/we authorize and direct all custodians of my records, including my insurance company, employer, public and private agencies, banks, financial institutions, or credit data service to release information to the Central Housing Region CDBG Program.

Are you a United States Citizen or a Qualified Alien?

☐ Yes ☐ No

By my signature, I certify that I have read and understand all statements in this application and all information I have given is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Conflict of Interest

Page 1 of 2

Please Note: No person who is an employee, agent, consultant, or officer of the Northwoods Housing Rehabilitation Program or an elected or an appointed official, and who exercises or has exercised any functions or responsibilities with respect to activated related to this Community Development Block Grant Fund Program, or who is in a position to participate in a decision making process or gain inside information with regard to such activities may obtain a personal of financial interest or benefit from this program, or have an interest in any contact, subcontract or contract with respect thereto or the proceeds thereunder either for themselves or those with whom they have family or business ties, during their tenure.

Family is described as follows:

- Spouse
- Fiancée/ Fiancé
- Children and or Children-in-Law
Parents and Parents-in-Law
- Sister(s)/ Brother(s) and Sister(s)/Brother(s)-in-Law
- Anyone who receives more than 50% of their support from a covered person
(e.g. adopted child, foster child).

Please review the attached list of people (Page 2 of 2)

Do you have family or business ties with any of the listed people? ____Yes ____No

If yes, disclose the nature of the relationship below under the relationship column.

I verify that I have read each name and that I have enclosed family and business ties where they are applicable to my best knowledge:

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Conflict of Interest

Page 2 of 2

Do you have family or business tie to any of the individuals listed below? Yes _____ No _____ (if yes, circle which of the covered persons)

If **yes**, disclose the nature of the relationship. _____

Jim Cauley – Juneau County Chairperson

Mary Prielipp – Finance Director

Jill Granger – Juneau County CDBG Committee Chair

Julie Oleson – JCHA Executive Director

Joelle Curran – Juneau County CDBG Committee Member

John McGinley – Juneau County CDBG Member/County Board Supervisor

Barb Gabrielson – BG & Associates

Kaitlyn Gabrielson – BG & Associates

Zoe Dzioba – BG & Associates

Paul Hanlon – BG & Associates

Mike Pech – Juneau County Board Member

Herb Dannenberg – Juneau County Board Member

Betty Manson – Juneau County Board Member

Judith A. Kennedy – Juneau County Board Member

Tom Winters – Juneau County Board Member

Jon Ard – Juneau County Board Member

Roy Granger – Juneau County Board Member

Gregg Haunroth – Juneau County Board Member

Tamaya Lowe – Juneau County Board Member

Cynthia Haggard – Adams County Committee Member

David Abendroth – Green Lake County Alt Committee Member

Keri Solis – Marquette County Committee Member

Janell Wehr – Portage County Committee Member

Ryan Brown – Waupaca County Committee Member

John Jarvis – Waushara County Committee Member

Terri Treptow – Juneau County Clerk

Katie Steinke – Senior Accountant

Margaret Waterman – Corporate Counsel

Liz Allen – CDBG Administration Assistant

Lee Kucher – Juneau County CDBG Committee Member

Gene Morris – Juneau County CDBG Committee Member/County Board Supervisor

Rick Gabrielson – BG & Associates

Zahriah Dixon – BG & Associates

Kyle Ewald – BG & Associates

Darrel Schmidt – BG & Associates

Kim T. Strompolis – Juneau County Board Member

Richard Kilmer – Juneau County Board Member

Chris Zindorf – Juneau County Board Member

Mike Keichinger – Juneau County Board Member

Jack Jasinski – Juneau County Board Member

Jerry Hemerley – Juneau County Board Member

Carl Saxe – Juneau County Board Member

Carl Miller – Juneau County Board Member

Tim Miller – Juneau County Board Member

Samantha Stobbe – Green Lake County Committee Member

Nick Endres – Marathon County Committee Member

Ron Barger – Marquette County Alternate Committee Member

Mike Splinter – Portage County Alternate Committee Member

Jeff Mikorski – Waupaca County Alt Committee Member

Jason Grueneberg – Wood County Committee Member

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Terms and Conditions

**Please read each item carefully before initialing. If you do not understand, please ask for assistance.

1. This is an owner-occupied mobile home. I understand the Housing Rehab funds are offered as a lien payable upon resale or transfer of the mobile home title. The loan will be secured by a lien and/or promissory note that I can pay any or all of the balance any time prior to resale or transfer of the mobile home title.
_____Applicant _____Co-Applicant
2. I understand my mobile home will be assessed to determine if the unit meets or can meet health and safety acceptable conditions. The CDBG Program and its agents and representatives have the right to deny funding with reason.
_____Applicant _____Co-Applicant
3. I understand I must carry adequate insurance on the unit and keep the policy in force during the life of the loan. I understand if I do not currently have a Insurance Policy, the CDBG program will put insurance on the property for **ONE** year, and the year cost of the policy will be added to the approved Loan.
_____Applicant _____Co-Applicant
4. I understand the contract between the contractor, and I (us) is my responsibility to ensure that the work is done and done correctly. This is not the responsibility of the administrator, or the Housing Rehab Program.
_____Applicant _____Co-Applicant
5. I authorize if I intentionally make statements or conceal any information in an attempt to obtain this loan; it is a violation of federal and state laws that carry severe criminal and civil penalties.
_____Applicant _____Co-Applicant
6. I authorize the Housing Rehab Program agents to verify all the information given by me about my unit, income, employment, and assets to determine my eligibility.
_____Applicant _____Co-Applicant
7. I authorize and direct all custodians of my records including my insurance company, employer, public and private agencies, banks, financial institutions, or credit data service to release information to the Housing Rehab Program.
_____Applicant _____Co-Applicant
8. I understand that any products and/or services that are contracted or purchased before a closing with the CDBG program, may not be found eligible and would then be at the cost or the homeowner or applicant. Emergency situations, which are viewed on a case-by-case basis, may be the **ONLY** exception to this **with** approval of the administrators.
_____Applicant _____Co-Applicant
9. I understand that If I have an emergency, I will inform the program administrator and follow direction on moving forward, which may include expediting bids for emergency only. *if you have a current bid please send along with this application*
_____Applicant _____Co-Applicant

10. I understand that a short environmental review will be conducted in office on the area surrounding my mobile home. Scientific data is used to determine if a Radon test is required. If it is, you must comply with the testing and cost of remediation if needed (added into the loan). If testing is not required, you do have the option of opting in on testing regardless of the scientific data provided.

_____Applicant _____Co-Applicant

11. I understand that I may request items to be done that are regarding health and safety. If the item is determined to not fall withing those categories, they may be denied/ not CDBG eligible. (program administrators, County, CDBG Region and The State of Wisconsin DOA CDBG representative/s have a right to deny requested items at any time for not meeting qualifications of "CDBG eligible")

_____Applicant _____Co-Applicant

12. I understand that at the time of bidding, if my project comes in at over 50,000 it will be reviewed by the County CDBG Representative/s, CDBG committee members and The State of Wisconsin DOA CDBG Representative/s. This is a process, please allow for at least 30 days for this review.

_____Applicant _____Co-Applicant

13. I understand that if a project is moving forward, some health and safety items may not be able to be removed from the work writeup (*they can be completed prior to completion of the project, if you chose to do them on your own) this may include but is not limited to; smoke detectors, carbon monoxide detectors, positive tested poor condition lead, handrails etc..

_____Applicant _____Co-Applicant

14. I understand that at any point in the process my home may become ineligible for CDBG funding with reason, this could be things like needed repairs and cost of repairs.

_____Applicant _____Co-Applicant

15. I understand that if my home is pre-1976 replacement is the only option for the use of CDBG funds regardless of the repairs needed. Payments are required on ALL replacement homes and eligibility will be determined on a case-by-case basis.

_____Applicant _____Co-Applicant

HOMEOWNER REHABILITATION PROCESS OVERVIEW

** Applicants and co-applicants should initial each number to verify that you understand each step of the process. Once you have initialed all numbers please provide a signature at the bottom of the last page. Please keep the additional copy for your records, this is attached**

How does the CDBG Housing Rehabilitation Program work?

When going through the CDBG housing rehabilitation program, eligibility is determined as well as emergency or non-emergency situations. A lien is placed against your property at 0% interest; monthly payments will be determined on a case-by-case basis. This will need to be paid back in full when the mobile home ceases to be owner occupied, title is transferred, mobile home is sold or in 30 years. If you are still living there after 30 years you have the option to resign for another 30-year term. If a home contains lead, this portion is not recorded or required to be paid back at any time, this determined by the lead report provided.

1. _____ **Homeowner applies and documentation for processing** Applications will not be processed until **ALL** the required documents have been submitted to the Administrator. Please ensure you have completed the application fully and sent back all applicable documentation needed (checklist provided in application)
2. _____ **Administrator determines if the homeowner is income eligible.**
Verification of all income and assets will be completed via third party or check stubs and statements, and income taxes. Income includes gross income plus interest or earnings from any type of asset such as savings and checking accounts, investment accounts, bonds, other property etc.
3. _____ **Administrator determines if the mobile home is eligible.**
The administrator will take into consideration the following items:
 - ☐ How much equity you have in your unit by looking at how much you owe on the unit compared to the market value.
 - ☐ Lien balance(s) and whether you are current in making payments.
 - ☐ Confirm that lot fees/personal taxes are paid. All applicants with delinquent lot fees/personal taxes must satisfy that debt before any loan is approved. Emergency loans may be excepted.
 - ☐ The applicant is responsible for clearing any liens, judgments, title ownerships in order to be eligible to proceed; or combined judgements and liens from all sources will be deducted from equity amount if not satisfied.
 - ☐ Mobile Homes must be owner occupied and must be the owner's principal place of residence.
 - ☐ If there is a land contract, the land owner must sign and return the orange verification sheet attached to the application.
4. _____ **Inspection and specification preparation**
An assessor (Kyle, Darrel, or Paul) will call to set up an appointment to meet with the homeowner to inspect the mobile home and determine which rehab work the homeowner sees necessary and what will be recommended. The program requires that repairs that affect the occupant's health and safety must be addressed, and all code violations will be given top priority. Other types of repairs cannot be completed unless all health and safety repairs are also addressed. No cosmetic work or new construction is permitted unless the new construction is for overcrowding or handicap accessibility. No work may begin on the project until the mortgage has been signed and recorded and the contract(s) between the homeowner and contractor have been signed. Funds cannot be used to reimburse you for work that has already been completed.
5. _____ **If the project includes lead-based paint work, soil testing for a septic system, asbestos or mold remediation, additional inspections will be required.**
These items may require special testing procedures in order to complete the inspection process. These tests will be conducted by a company that is specialized and certified in that area of work.

6. _____ **Homeowner approves work writeup.**

The assessor will prepare a work writeup for items to be done. This will be mailed or electronically sent to the homeowner for signature, approving that the work writeup is in its final form. If there are questions or items to add or remove, this should be done before signing the approval form.

7. _____ **Homeowner obtains bids for the rehab work.**

Homeowners are expected to obtain three bids for their project (using a general contractor, unless otherwise specified) All bids must be mailed, emailed, or faxed to the grant administrator.

8. _____ **Review of bids and loan approval**

a. **Bids reviewed and contractors selected.**

The program administrator will review the bids and determine the lowest, reasonable and responsible bidder. The homeowner will have the option to choose any bidding contractor within 10% of the one determined by the program administrator, for no additional out of pocket cost. The homeowner may select any contractor he or she chooses, but if he/she does not want to choose the contractor with the lowest bid or the bid within 10% of the lowest bid, the homeowner must escrow the difference. The homeowner must escrow the difference at the time the loan is signed. A form will be signed verifying the homeowner chose to move forward with a contractor that is not determined to be the lowest, reasonable, and responsible bidder.

b. **Loan approval.**

The Administrator will take into consideration the overall condition of your home compared to the value. There must be sufficient equity in the home to cover the existing liens and the home repair loan. If the bids for all of the work would have a **negative equity effect** or exceed 120% of the after-rehab value, then some of the repairs may be eliminated from the scope of work. The repairs will be prioritized according to code violations and health and safety repairs. Those repairs must be completed before other work will be approved. The administrator will estimate the increase in market value (no more than 10% of the repairs cost) because of the home repairs and take this into consideration when calculating equity. Applicants who disagree with the administrator's calculations for determining equity may appeal the decision by providing a market analysis by a licensed Real Estate Agent or an appraisal by a licensed Appraiser. These documents must be no more than six months old and should take into consideration the repairs being considered.

9. _____ **Loan Closing**

a. **Lending documents will be executed.**

Liens are recorded with the County Register of Deeds. Loans are deferred with no interest until you no longer own or occupy the property as your primary place of residence. Monthly payments will be determined on a case by case basis. The lien information is forwarded to the homeowner's insurance carrier, and a certificate of insurance is kept on file. Participants must keep their property insured as long as they have the home rehabilitation lien.

b. **Contract(s) signed.**

The homeowner enters a written contract(s) with the contractor(s). Contractors are given 90 days to complete the work. Sometimes the timeline is extended if the work cannot be done within 90 days due to weather restrictions, supply and demand of materials and pre-scheduled work. A good example might be the replacement of a septic system. The contract is between the homeowner and the contractor, not the Grantee or Administrator. **The homeowner is ultimately responsible for supervising and monitoring the contractors and the quality of their work.**

10. _____ **Payments and inspection of completed work**

Payment request forms and lien waivers will be submitted to the Administrator by the contractor(s) signifying part or all of the work completed. The assessor will schedule an appointment with the homeowner to determine if the work has been completed satisfactorily. The homeowner will be asked to sign the payment request signifying their acceptance of the work and approving the amount to be paid to the contractor. Approved payments will be made directly to the contractor.

11. _____ **Loan closure**

Participants are provided with important information about their loan when the rehab is complete. They are reminded that as a condition of the lien, they must carry liability insurance on the property to cover at least the home repair mortgage and lot fees must be kept current. Periodic examinations are conducted on all loans to verify insurance coverage and lot fee payments. Notices are sent to homeowners when violations in terms of the lien are discovered.

12. _____ **Loan repayment**

The loan is due in full when the homeowner no longer owns or occupies the mobile home.

13. _____ **Loan default**

When a homeowner has been found to be in violation of the terms of the lien, a notice is sent with procedures for remedy. All attempts are made to resolve the situation with the homeowner. Remedy of the violation or repayment of the loan is the preferred way to settle and all reasonable ways that still meet the requirements set forth by the State are considered. When a reasonable solution cannot be reached with the homeowner, advice is sought with the legal counsel and the Loan Committee.

14. _____ **Subordinations (If Applicable)**

When a homeowner wishes to refinance a superior mortgage and does not intend to pay off the CDBG lien, their refinancing lender will most likely require that the CDBG lie subordinate or allow the refinancing lender to be in a superior position to the CDBG lien. It is important to tell the lender about the CDBG lien when you apply for a refinance loan. The CDBG loans do not automatically subordinate, and you will be required to submit a request for subordination. Subordination for cash out will not be allowed.

***** Subordination procedure **** - to refinance an existing mortgage to reduce interest rate or a comparable interest rate and extended payment terms, to obtain a loan for rehabilitating their primary residence (money must be held in escrow by finance company, and paid directly to the contractor, or lumber supply company) or for medical emergencies (paid directly by the finance company), to refinance an existing mortgage to halt foreclosure or tax deed proceedings. Subordinations will not be granted if there is any cash out, consumer loans, and or other loan products. The CDBG loan will be second in the mortgage position and will not subordinate for more than 100% of the fair market value.

15. _____ **Grievances**

All applicants or participants have the right to file an appeal/grievance when there is disagreement or dissatisfaction with a decision by our agency. The appeal process is initiated by filing a written letter regarding the grievance within fifteen (15) business days of the service decision.

*****Grievance procedure***** - An applicant may appeal the decision of the Program Administrator by submitting in writing a request for reconsideration and the reason for the request to the Lead County with supporting documentation of why the request should not be denied. The appeal will be reviewed in an informal review by the Administrative Team. If the Administrative Team again determines the applicant ineligible, the applicant can file a formal appeal to the Housing Committee to be discussed at the next regularly scheduled Housing Committee meeting.

Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

**CENTRAL HOUSING REGION
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 CENTRAL HOUSING REGION CDBG PROGRAM 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 JCHA/CDBG OFFICE 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 JCHA/CDBG OFFICE.

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.