

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:

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 : _____

Principal Amount Owed : _____

Lender Name: _____

Lender Address and/or phone number: _____

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
Robin Reshel	
Lorraine Heffter	
Dennis Hegy	
David Hansen	
Sharon Lamphear	
Tony Garza	
Andy Doberstein	
Tim Purman	

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:

- White
- African/American
- Native American
- Latino/Hispanic
- Asian & White
- Other

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

Phone: 262-670-3770

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.

Applicant/Resident Signature

Date

Applicant/Resident Signature

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.

