



WESTERN DAIRYLAND ECONOMIC OPPORTUNITY COUNCIL

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Eau Claire, WI 54703
(715) 836-7511

www.WesternDairyland.org

WESTERN DAIRYLAND
HOUSING COST REDUCTION INITIATIVE AND
FRESH START APPLICATION

Please take the time to fill out this application completely

Form with fields: Date of Application, County, Applicant Name, Social Security Number, Address (Street, City, Zip Code), Telephone (Home, Cell, Work)

Form with fields: Spouses Name, Social Security Number, Address (Street, City, Zip Code), Telephone (Home, Cell, Work)

Applicant Information section with fields: Race/Ethic Background, Marital Status, Family Status

<b>Military Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> No Affiliation <input type="checkbox"/> Veteran <input type="checkbox"/> Unspecified
<b>Education:</b> <input type="checkbox"/> Less than High School Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED obtained <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Student (Indicate school/program attending): <input type="checkbox"/> Other (please identify):
<b>Health Insurance:</b> <input type="checkbox"/> None <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Medicaid <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicare <input type="checkbox"/> Other (please identify):
<b>Handicapped Status – check all that apply:</b> <input type="checkbox"/> I am handicapped/disabled <input type="checkbox"/> A member of my household is handicapped/disabled
<b>Do you have trouble speaking or reading English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE LIST ALL HOUSEHOLD MEMBERS, INCLUDING APPLICANT**

*HI=Health Insurance, please indicate Y for yes and N for no*

Name	DOB	Sex	HI	Name	DOB	Sex	HI

Are you participating in a W-2 Wisconsin Works Employment Program?    Yes    No

**CURRENT HOUSING**

How long have you lived at your present address? Number of years \_\_\_\_\_

Do you live in \_\_\_\_\_apartment\_\_\_\_\_house    \_\_\_\_\_duplex    \_\_\_\_\_mobile home

Do you rent or own your own home?    rent    \_\_\_\_\_own

If your home is a mobile home, is it attached to property which you own? \_\_\_\_\_yes \_\_\_\_\_no

What is your current monthly rent or mortgage payment? \$ \_\_\_\_\_

How much do you pay per month for all utilities? \$ \_\_\_\_\_

Does anyone in your household currently own any real estate property such as a house, investment property, cabin or cottage? \_\_\_\_yes \_\_\_\_no

### FINANCING/HOUSING

Are you currently working with a financial institution to obtain a mortgage? \_\_\_\_yes \_\_\_\_no

If yes, what financial institution are you working with and provide the name and contact information for your point of contact.

Do you have a preapproval letter for a mortgage? \_\_\_\_yes \_\_\_\_no

**\*\*If you have a preapproval you must attach a letter with the total amount you are preapproved for to this application.** Your application will not be processed until a preapproval letter is provided.

Have you received any housing ownership counseling or budget/financial counseling? \_\_\_\_yes \_\_\_\_no

If yes, indicate from whom and provide a certificate of completion.

Will the house you are looking to purchase be your primary residence? \_\_\_\_yes \_\_\_\_no

Have you: \_\_\_\_ looked at homes \_\_\_\_contacted a realtor \_\_\_\_found a home to buy?

Are you approved or have you applied to receive any closing or Down Payment Assistance through another program? \_\_\_\_Yes \_\_\_\_No

If yes, please indicate below which program you have been approved for or applied.

## INCOME ELIGIBILITY

***\*\*Please complete all information AND provide appropriate documentation in this section to avoid a delay in the processing of your application.\*\****

Please list below all persons who live in your household. List the incomes of all persons 18 years of age and older. Income includes, but not 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, AFDC, alimony, child support, and other benefit income.

<b>Annual Income</b>					
<b>Family Member</b>	<b>a. Wages/ Salaries</b>	<b>b. Interest/ Dividends</b>	<b>c. Benefits/ Pension</b>	<b>d. Public Assistance</b>	<b>e. Other income (i.e. Child support, SS, Unemployment Etc.</b>

### Income Supporting Documentation

You must provide two forms of income supporting documentation for EACH family member's income indicated above. Supporting documentation must represent the previous 2 months of income.

Some examples of documentation include:

Wages/Salaries

- Minimum of 2 months of paycheck stubs
- Letter or print out from employer for minimum of 2 months of income

Child Support

- Bank statements showing child support deposits
- Copy of court order

## ASSETS

Indicate assets of each family member over 18 years of age. Assets include but not limited to checking accounts, savings accounts, pension, 401K, Roth IRA, retirement, bonds, mutual funds, second home (not primary residence). ***\*\*Please note that all interest bearing accounts will need to have documentation showing the current interest rate.***

<b>Assets</b>			
<b>Family Member</b>	<b>Asset Description</b>	<b>Current 6 month average cash value of asset</b>	<b>Current interest rate</b>

### **Asset Supporting Documentation**

You must provide documentation (statements, etc) showing the 6 month cash value average AND current interest rate. For example, a savings account would need 6 months of statements and the current interest rate provided by the bank. Please be sure to provide interest rates for all pensions, 401K, etc.

*\*\*If you own a second home please provide the fair market value and the average sales costs along with documentation*

Please feel free to share with us any other information you think would help us in assisting you to purchase a home.

Where did you hear about Western Dairyland's Homebuyer Assistance Program?

**I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT INFORMATION ON THIS APPLICATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL STATUTES.**

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Applicant Signature

Date

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Spouse's Signature

Date



## CONFLICT OF INTEREST STATEMENT

As part of your application for down payment/closing costs or mortgage assistance, it is necessary that you disclose any *conflict of interest*. A conflict of interest occurs when an employee or board member of Western Dairyland is in a decision-making position and has a direct or indirect interest, particularly a substantial financial interest. Please indicate below if you have any family or business ties to any covered positions. (See attached list.)

“Family” includes spouse, children, siblings, parents, grandparents, in-laws, or anyone who received more than 50% of their support from the covered persons.

“Covered Persons” include employees, board members, or consultants who are in positions to participate in decision-making process or gain inside information with regard to housing activities, either for themselves or those with whom they have family or business ties.

Do you have family or business ties to any covered person described above? \_\_\_ Yes \_\_\_ No

If yes, please indicate the name of the covered person: \_\_\_\_\_

What is your relationship to the covered person: \_\_\_\_\_

The undersigned hereby certifies that the conflict of interest statement and information provided is true to the best of their knowledge. The undersigned also certifies that they fully understand that they are able to choose any services, lending products or forms of assistance without influence from Western Dairyland EOC, Inc.

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Applicant Signature	Date	Co-Applicant Signature	Date
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## 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 of 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 of the obligation is incurred.

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Applicant Signature	Date	Co-Applicant Signature	Date
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**CONFLICT OF INTEREST**

Do you have family or business ties to any of the following people? If yes, disclose the nature of the relationship.

<b>NAME</b>	<b>TITLE</b>	<b>RELATIONSHIP</b>
Anna Cardarella	CEO	
Dr. Bill Baxa	Board Member	
Jenny Ebert	Board Member	
Judy Gatlin	Board Member	
Michelle Greendeer-Rave	Board Member	
Michelle Gunther	Board Member	
Grady Gutknecht	Board Member	
Mem-Gween Hernandez	Board Member	
Gentry Jesse	Board Member	
Sheila Kersten	Board Member	
Kristy Kreibich	Board Member	
Tom Marum	Board Member	
Carol McDonough	Board Member	
Steven Nelson	Board Member	
Lou Anne Roby	Board Member	
Connie Russell	Board Member	
Paul Savides	Board Member	
Richard Schaumberg	Board Member	
Ashley Simpson	Board Member	
Danielle Stanley	Board Member	
Curtis Skoyen	Board Member	
Dr. Charles Smith	Board Member	
Craig Thompson	Board Member	
Douglas Winters	Board Member	
Jim Ziegeweid	Board Member	
Katie Hulbert	Program Director	
Melissa Larrabee	Program Manager	
Cindy Maug	Financial Coordinator	

**WESTERN DAIRYLAND HCRI Down Payment  
Assistance Program  
Client Complaint/  
Grievance Procedure**

In order to allow you an opportunity to submit your concerns or complaints for prompt, adequate consideration, we have outlined a thorough client complaint/grievance procedure that offers you assurance that your concern will be heard. If you have a complaint/grievance the following steps should be taken to ensure proper investigation of the complaint/grievance.

**Step 1 – Informal Discussion**

You are encouraged; where possible to first informally discuss any problems you have directly with the agency staff involved.

**Step 2- Complaint Investigation**

If the issue is not resolved through step 1, you will be asked to send a detailed letter describing the complaint and/or grievance and submit it to the Program Director within 30 days of the incident and/or denial of service. The Program Director will investigate the facts, within ten (10) working days after receiving the complaint/grievance, the program director will report on his/her efforts to resolve the dispute and report the findings to you and the Executive Director.

**Step 3 – Continued Investigation**

If the complaint is not resolved to your satisfaction through the first two steps, you must contact the Executive Director in writing within seven days of being notified of the proposed solution/determination. The Executive Director will review the client complaint/grievance letter submitted to the Program Director and issue a formal written decision within ten (10) working days of receiving the complaint and send it to you and a copy to the President of the Board of Directors.

**Step 4 – Continued Investigation**

If the complaint is not resolved, the fourth and final step will take place. The President of the Board of Directors will assign a Committee to review the complaint and staff decision(s) within 30 days. The committee will issue a final finding which will be forwarded to you within ten (10) working days after its meeting.

**I have been given a copy of the complaint/grievance process and I have read and understand the procedure:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff

\_\_\_\_\_  
Date

**Western Dairyland EOC, Inc.**  
PO Box 125, Independence, WI 54747  
Phone: 715-985-2391 ext. 1257 Fax: 715-985-3239

**Request for Employment Verification**

Company or Employer Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

***My signature authorizes verification of this information***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Still Employed: \_\_\_\_\_

Limited Term Employee: Yes \_\_\_ No \_\_\_ If yes, anticipated end date of employment: \_\_\_\_\_

If Employer is a Temp Agency, provide placement terms or expectations: \_\_\_\_\_

\_\_\_\_\_

**GROSS EARNINGS**

\$ \_\_\_\_\_ Per hour # hours per: Week \_\_\_\_\_ Month \_\_\_\_\_

\$ \_\_\_\_\_ Salary per month

\$ \_\_\_\_\_ Commission, tips, bonus or other compensation per pay period (if variable, attach copies of paycheck stubs)

Overtime: Rate of pay per hour \$ \_\_\_\_\_ Average hours OT per: week \_\_\_\_\_ Month \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_