

1st TIME HOMEBUYER PROGRAM APPLICATION

Complete the application including all appendices. Failure to complete all sections of the application will delay the process. **Submitting an application does not automatically qualify you for assistance.** Assistance is dependent on funds availability and program guidelines. If you are married, it is required that your spouse be listed as the co-applicant.

| | | | | |
|-------------------------------|-----------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| APPLICANT | FULL NAME (LAST, FIRST, MI) | | MAILING ADDRESS (if different than property address) | |
| | PROPERTY ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE) | | | |
| | HOME PHONE | CELL PHONE | EMAIL ADDRESS | |
| | DATE OF BIRTH | SOCIAL SECURITY NUMBER | MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | |
| | BEST NUMBER OR WAY TO BE REACHED/BEST TIME TO BE REACHED | | WAGE INFORMATION \$ _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> BI-WEEK <input type="checkbox"/> YEAR _____ Number of hours per week | |
| CO-APPLICANT OR SPOUSE | FULL NAME (LAST, FIRST, MI) | | MAILING ADDRESS (if different than property address) | |
| | HOME PHONE | CELL PHONE | EMAIL ADDRESS | |
| | DATE OF BIRTH | SOCIAL SECURITY NUMBER | MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | |
| | BEST NUMBER OR WAY TO BE REACHED/BEST TIME TO BE REACHED | | WAGE INFORMATION \$ _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> BI-WEEK <input type="checkbox"/> YEAR _____ Number of hours per week | |

CHILDREN OR OTHER INDIVIDUALS LIVING IN THE HOME

List all individuals, other than the applicant and co-applicant, who live in the house for six or more months per year. This includes children, step-children, caregivers, or family members. Use a separate sheet of paper to list any additional persons beyond four. Failure to report all household members may result in disqualification.

| | | | | |
|------|-----|---------------|--------------|-------------------------------------------------------------------------------|
| NAME | AGE | DATE OF BIRTH | RELATIONSHIP | FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME | AGE | DATE OF BIRTH | RELATIONSHIP | FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME | AGE | DATE OF BIRTH | RELATIONSHIP | FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME | AGE | DATE OF BIRTH | RELATIONSHIP | FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO |

Are you interested in purchasing any of the following? *Please check all that apply.*

- Any home for sale (not being sold by Couleecap) and would like help with down payment assistance
- A Couleecap developed home (new construction or rehab)
- A Coulee Community Land Trust Home – home is permanently affordable through a shared appreciation agreement

HOUSING AND HOUSEHOLD INFORMATION

Do you presently rent? Yes No

If yes, please answer the following:

Current Landlord _____ Phone Number _____

Landlord's Address _____

Amount of Monthly Rent _____ Dates of Tenancy (From) _____ (To) _____

Are you currently at risk of being displaced from your home? Yes No

If yes, when will you have to move? _____

Reason for displacement: _____

Within the last three years, have you been evicted or been asked by your landlord to move out of your rented home?

Yes No If yes, please explain: _____

Is your current housing substandard in any way? Yes No

If yes, please explain: _____

Does anyone in your household have special needs or serious medical problems aggravated by your current housing?

Yes No If yes, please explain: _____

Have you ever owned or do you presently own property? Yes No

If yes, please explain: _____

Total number of persons residing in your household: _____

Are you currently living in subsidized housing? Yes No

PROPERTY SPECIFIC INFORMATION

What amount of money do you have available for a down payment?

Today \$ _____ In 6 Months \$ _____

Have you found a house you wish to purchase? Yes No

If yes, what is the address? _____

If no, what community or communities are you considering? _____

WISCONSIN MARITAL PROPERTY ACT CREDIT APPLICATION FORM

In order to comply with the provisions of the Wisconsin Marital Property Act, it is necessary for you to provide the following information:

1. Marital Status: _____ Married _____ Unmarried _____ Legally Separated (Date of Decree) _____

2. If married:

a. Spouse's name _____

b. Spouse's address _____

3. **Notice to married applicants:** No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to s. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under s.766.59, or court decree under s.766.70 Wisconsin Statutes adversely affects the creditor unless the creditor is furnished 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.

If you wish to have a marital property agreement, unilateral statement or court decree considered in connection with your application, you may enclose a copy of it with this form.

AGREEMENTS & ACKNOWLEDGEMENTS

The undersigned specifically acknowledge that:

Grant/Loan Agreements:

1. The property will not be used for any illegal or prohibited purpose or use;
2. All statements made in this application are made for the purpose of obtaining the loan/grant herein;
3. The property will be used as the primary residence of the applicants;
4. Verification or re-verification of any information contained in the application may be made at any time by Couleecap or its agents, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by Couleecap, even if the loan/grant is not awarded.
5. Couleecap, its agents, successors, and assigns will rely on the information contained in the application. I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change.

Additional Loan Agreements:

1. The loan requested by this application will be secured by a mortgage or deed of trust on the property purchased with the assistance of this application;
2. In the event payments on the loan indicated in this application become delinquent, Couleecap, its agents, successors, and assigns may, in addition to all their other rights and remedies, report my name and account information to a credit reporting agency;
3. Ownership of the loan may be transferred to successors or assigns of Couleecap without notice to me and/or the administration of the loan account may be transferred to an agent, successor, or assign of Couleecap without prior notice to me.
4. Couleecap, its agents, successors, and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

Certification:

I certify that the information provided in this application is true and correct as of the date of my signature on this application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information in this application may result in civil liability and/or criminal prosecution.

Applicant Signature

Date

Co-Applicant Signature

Date

Applicant Name (printed)

Co-Applicant Name (printed)

Income Calculation Worksheet

ALL income from individuals 18 and over MUST be included in the table below. Failure to provide accurate information will delay and/or disqualify your application.

| | |
|------------------------------|------------------------------|
| APPLICANT'S EMPLOYER | EMPLOYER PHONE NUMBER |
| EMPLOYER ADDRESS | Hire Date |
| CO-APPLICANT EMPLOYER | EMPLOYER PHONE |
| EMPLOYER ADDRESS | Hire Date |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INCOME TYPES: W Wages/Salary/Tips CS RECD Child Support Received D/I Dividends/Interest DL Disability Long Term DS Disability Short Term P Pensions/Annuities/IRA SSI/SSDI Social Security SE Self-Employment UC Unemployment Compensation | A Alimony Received C-SUPP SSI Caretaker Supplement G Gambling/Lottery/Bingo GR General Relief GF Gift/Donation GV Government Relief/Disaster LC Land Contract Payment O Other | R Rental Income SSI Social Security Supplemental Income SU Subsidized Housing Utility Allowance T TANF/W2 TR Tribal per Capita V Veterans Benefits WK Workers' Compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| HOUSEHOLD MEMBERS NAME | INCOME TYPE | INCOME | INCOME | INCOME | 3 Month Total | CC staff initial when verified* |
|------------------------|-------------|---------|---------|---------|---------------|---------------------------------|
| | | MONTH 1 | MONTH 2 | MONTH 3 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total 3 Month Household Income \$ _____

I certify that the above information is to be true and accurate to the best of my knowledge on the date affixed below:

_____ _____ _____ _____
 Applicant Signature Date Co-Applicant Signature Date

TO BE COMPLETED BY COULEECAP PROGRAM STAFF ONLY

_____ ÷ 3 = _____ X 12 = \$ _____ per year
 3 Month Total Monthly Average Income Annual Income

| | |
|----------------------|---------------|
| Review Date: | CMI %: |
| Reviewed By (print): | Signature: |

***Please provide proof of your household income. This may include but is not limited to last 6 weeks of paystubs, social security/disability award letter, child support, unemployment proof and etc.

Couleecap, Inc. Fair Housing Act Information Form

Statement of Purpose:

Couleecap, Inc. requests the following information in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so.

Couleecap, Inc. may neither discriminate on the basis of this information, nor on the basis of whether or not you choose to furnish it. Under Federal regulations Couleecap, Inc. is required to note race and gender on the basis of visual observation or surname even if you do not choose to supply such information.

| | Applicant | Co-Applicant |
|----------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Race/National Origin | <input type="checkbox"/> White | <input type="checkbox"/> White |
| | <input type="checkbox"/> Asian | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American |
| | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native |
| | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| | <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| | <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> Black/African American & White |
| | <input type="checkbox"/> American Indian/Alaskan Native and Black/African American | <input type="checkbox"/> American Indian/Alaskan Native and Black/African American |
| | <input type="checkbox"/> Other/Multi-racial | <input type="checkbox"/> Other/Multi-racial |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Male |
| | <input type="checkbox"/> Female | <input type="checkbox"/> Female |
| Ethnicity | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Hispanic or Latino |
| | <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |

Applicant: I do not wish to furnish this information

Co-Applicant: I do not wish to furnish this information



Couleecap, Inc. General Release of Information

To Whom It May Concern:

I/We have applied for a loan/grant and hereby authorize you to release to Couleecap, Inc., the program administrator, 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.
4. Information regarding previous or current unemployment benefits received as well as the remaining benefit amount. These unemployment insurance files may be provided to and accessed by Federal Home Loan Bank of Chicago, WHEDA, HUD, Wisconsin Community Action Program, Department of Administration, The City of La Crosse Planning Department or USDA Rural Development.

This information will be for the confidential use of Couleecap, Inc. in determining my/our eligibility for a grant 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 Couleecap, Inc.

Applicant

Co-Applicant

Last Name, First Name, MI

Last Name, First Name, MI

Social Security Number

Social Security Number

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date

NOTICE TO BORROWERS: the Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, 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 DHIR/DOH, 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.

NOTICE TO BORROWERS: You are not required to provide Couleecap, Inc. or any of its agents, officers, or employees with your social security number. Failure to provide your social security number may limit your participation in programs or make you ineligible for programs.

Couleecap, Inc. Hold Harmless Agreement

In applying for purchase financing from Couleecap, Inc., I understand that it is strongly recommended that I secure the services of both a fully insured, private property inspector in order to determine whether or not to submit an offer to purchase on a property, and a qualified real estate attorney or broker to assist in the negotiation and closing process. I understand that it is important to consult with Couleecap regarding possible repairs and to include an inspection contingency for Housing Quality Standards and Lead Based Paint requirements in the offer to purchase. I understand that these steps are of utmost importance in protecting me from future problems.

I(We) understand and agree that Couleecap, Inc. is not in any way responsible or qualified to act as a pre-purchase property inspector OR attorney OR broker in that regard, and I (we) agree to fully indemnify and hold harmless Couleecap, Inc. for any problems arising from my (our) decision not to secure the services of a fully-insured private property inspector or qualified real estate attorney or broker.

Applicant

Date

Co-Applicant

Date

Couleecap, Inc.
Homebuyer Counseling & Credit Report
Agreement

I UNDERSTAND THAT THE PURPOSE OF Couleecap, Inc. homeownership counseling is to advise and assist me as a potential home buyer in making financing and purchasing decisions.

I ALSO UNDERSTAND the information obtained in counseling sessions is confidential and will be used only for the purpose of assisting with my home purchase and any applicable rehabilitation work. It may be shared with mortgage lenders and others for the purposes of obtaining financing.

I ALSO UNDERSTAND AND AUTHORIZE Couleecap, Inc. to obtain a copy of my credit report from any of the three recognized credit bureaus. This credit report is obtained to establish my creditworthiness and to allow for more effective home purchase counseling and advice.

Applicant

Date

Co-Applicant

Date

Couleecap, Inc. Assets & Liabilities Worksheet

| |
|---------------------------|
| Applicant Name: |
| Co-applicant Name: |

Please list all assets and liabilities in the spaces available below. Disclosing all assets allows staff to make better risk management assessments relating to your financial situation.

| Asset Type | Value | Monthly Contribution | Belongs to |
|---------------------------------------------------------------------|-------|----------------------|--------------------------------------------------------------------------|
| Savings Account | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Checking Account | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Money Market Account | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| IRA | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| IRA | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| 401K or retirement account | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Real property (land, home you rent to someone, commercial property) | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |

| Liability Type | Total Amount Owed | Monthly payments | Owed by |
|------------------------------|-------------------|------------------|--------------------------------------------------------------------------|
| Car loan Year/Make/Model: | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Car loan Year/Make/Model: | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Credit Card Type: | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Credit Card Type: | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Credit Card Type: | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Credit Card Type: | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Credit Card Type: | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Child Support | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Collection account | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Collection account | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Student loans | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Other loans or debts | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |
| Other loans or debts | | | <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant |

Couleecap, Inc. Media Release

Applicant Name _____

Co-Applicant Name _____

Address _____

City _____ State _____ Zip _____

I hereby authorize Couleecap, Inc. to use my photo, photos of my home and/or information related to my experiences with Couleecap's First-Time Homebuyer Program. I understand this information may be used in publications (including electronic publications), audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

I would be interested in speaking to media and/or other interested parties about my experiences:

Yes

No

I prefer that:

my complete name to be used

my first name only to be used

no name be used

Applicant Signature

Date

Co-Applicant Signature

Date

Couleecap, Inc. Household Financial Relationships Disclosure

Applicant Name _____ Date _____

Couleecap, Inc. must consider all income earned by residents of the household. Please complete this questionnaire. Providing false information may be cause for disqualification from the program.

1. Are you married? Yes No

For purposes of this question, if you were married and do not have a final divorce decree you are still considered married under the provisions of Couleecap’s programs.

2. Does anyone, age 18 or over, live in your household with you presently, or will they live in the household once a home is purchased? Yes No

If someone you consider a “significant other” is living with you now, or will live with you after purchasing a home that person must be listed below. Also include any children, age 18 and over, who live with you or will be living with you.

Place additional names on the back of this form

Failing to completely disclose all income-earning household members is one of the top reasons for disqualification from Couleecap’s homebuyer programs. Failure to disclose all individuals can place you at risk to lose earnest money and/or face additional financial penalties.

Statement of Understanding

I hereby state that the above information is true and accurate to the best of my knowledge. I understand that failure to disclose household members and/or to provide accurate marriage status information may place me at jeopardy of losing earnest money, may cause me to incur fees, and may place me at risk for immediate repayment of any homebuyer assistance I may receive. I further agree to not hold Couleecap, Inc., its officers, employees, or assigns responsible for any financial or other loss that I incur by providing false information.

Applicant Signature

Date

Couleecap, Inc. Conflict of Interest Addendum—Applicant

Please indicate the nature of any relationship you have with the following people. Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

| No relationship | Family (list relationship) | Business | Name | Position |
|--------------------------------------------------------------------------------|--------------------------------|--------------------------|------------------------------|-----------------------------------------|
| <i>Couleecap Executive & Community Development Department Staff</i> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Grace Jones | Executive Director |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Todd Mandel | Community Dev. Director |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Ashley Lacenski | Community Dev. Specialist |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Mark Medinger | Housing Programs Assistant |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Sara Berger | Property & Housing Assistant |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Taylor LeJeune | Outreach Assistant |
| <i>Couleecap Board Members</i> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Ellen Barum | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Rick Blasing | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Bob Brague | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Theresa Burns-Gilbert | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Karen Dahl | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Maureen Freedland | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Mari Freiberg | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Beth Hartung | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Terry Hicks | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Karen Joos | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Larry Kelley | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Monica Kruse | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Celesta Leis | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Karen Long | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Barbara Martinez | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Joe McDonald | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Gail Muller | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Bill Rudy | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Jane Schaaf | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Gary Thompson | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Albert Wee | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Katie Westerman | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | John Young | Board Member |

Name: _____

Applicant Co-Applciant

Signature: _____

Date: _____

Applicant and Co-Applciant must complete separate addendums

Couleecap, Inc. Conflict of Interest Addendum—Co-Applicant

Please indicate the nature of any relationship you have with the following people. Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

| No relationship | Family (list relationship) | Business | Name | Position |
|--------------------------------------------------------------------------------|--------------------------------|--------------------------|------------------------------|-----------------------------------------|
| <i>Couleecap Executive & Community Development Department Staff</i> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Grace Jones | Executive Director |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Todd Mandel | Community Dev. Director |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Ashley Lacenski | Community Dev. Specialist |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Mark Medinger | Housing Programs Assistant |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Sara Berger | Property & Housing Assistant |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Taylor LeJeune | Outreach Assistant |
| <i>Couleecap Board Members</i> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Ellen Barum | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Rick Blasing | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Bob Brague | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Theresa Burns-Gilbert | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Karen Dahl | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Maureen Freedland | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Mari Freiberg | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Beth Hartung | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Terry Hicks | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Karen Joos | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Larry Kelley | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Monica Kruse | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Celesta Leis | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Karen Long | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Barbara Martinez | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Joe McDonald | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Gail Muller | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Bill Rudy | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Jane Schaaf | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Gary Thompson | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Albert Wee | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | Katie Westerman | Board Member |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> | John Young | Board Member |

Name: _____

Applicant Co-Applicant

Signature: _____

Date: _____

Applicant and Co-Applicant must complete separate addendums

Fair Credit Reporting

An investigation will be made as to the credit standing of all individuals seeking credit in this application. The nature and scope of any investigation will be furnished to you upon written request made within a reasonable period of time. In the event of denied credit due to an unfavorable consumer report, you will be advised of the identity of the consumer reporting agency making such report and of the right to request within sixty (60) days the reason for the adverse action, pursuant to provisions of section 615(b) of the Fair Credit Reporting Act.

THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE

It is illegal to discriminate in the provisions of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and a unsound business practice; or
2. Race, color, religion, sex marital status, national origin or ancestry.

It is illegal to consider the racial ethnic, religious or national origin composition of an neighborhood or geographical area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance. These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four units family residences occupied by the owner and for the purpose of the home improvement of any one to four unit family residences.

If you have questions about your rights, or if you wish to file a complaint contact:

Todd Mandel
Community Development Director
Couleecap, Inc
201 Melby Street
Westby, WI 54667

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of copies of the Fair Credit Reporting Notice.

Applicant Signature

Date

Co-Applicant Signature

Date

Consumer Complaints/Grievances

If you are dissatisfied with the work or outcome of your project you may file a written complaint using the included form. You are strongly encouraged to attempt to resolve the problem with the assistance of your project manager prior to submitting a consumer complaint.

Your complaint will be reviewed by the Department Director. After the review you will receive additional communication regarding your complaint and any potential outcomes or remedies. If you are dissatisfied with the outcome after working with the Department Director you will be directed to other options for resolution.

You must sign the certification below stating that you have read the above information and that you understand it. Please retain the blank forms for your records.

Client Name

Client Name

Client Signature

Date

Client Signature

Date

Consumer Complaint

As a consumer, you have the right to file a complaint if not satisfied with services provided by Couleecap. Please complete this form to the best of your knowledge and keep a copy for your records.

Mail or deliver this form to:

**Couleecap, Inc.
201 Melby Street
Westby, WI 54667**

Complaint: (Please tell what happened and include any information available in support of your complaint, including the names of persons involved.)

Action Sought: (What would you like to see happen?)

Consumer Information

Name (please print): _____

Address: _____

Phone: _____ Email Address: _____

Consumer Signature

Date

Participant Signature

Date

Case Manager Signature

Date

Couleecap, Inc. Privacy & Disclosure Notice

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

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

Couleecap provides Home Improvement and Rehabilitation Counseling, Mortgage Default and Delinquency Counseling, Pre-purchase Counseling, Services for Homeless Counseling, and Pre-purchase Homebuyer Education Workshops. You are not obligated to receive, purchase, or utilize any other services offered by Couleecap in order to receive housing counseling services.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of completed copies of the Privacy Notice.

Applicant Signature

Date

Co-Applicant Signature

Date

Fair Credit Reporting

An investigation will be made as to the credit standing of all individuals seeking credit in this application. The nature and scope of any investigation will be furnished to you upon written request made within a reasonable period of time. In the event of denied credit due to an unfavorable consumer report, you will be advised of the identity of the consumer reporting agency making such report and of the right to request within sixty (60) days the reason for the adverse action, pursuant to provisions of section 615(b) of the Fair Credit Reporting Act.

THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE

It is illegal to discriminate in the provisions of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and a unsound business practice; or
2. Race, color, religion, sex marital status, national origin or ancestry.

It is illegal to consider the racial ethnic, religious or national origin composition of an neighborhood or geographical area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance. These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four units family residences occupied by the owner and for the purpose of the home improvement of any one to four unit family residences.

If you have questions about your rights, or if you wish to file a complaint contact:

Todd Mandel
Community Development Director
Couleecap, Inc
201 Melby Street
Westby, WI 54667

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of copies of the Fair Credit Reporting Notice.

Applicant Signature

Date

Co-Applicant Signature

Date

Note- Please detach this copy and keep for your records.

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