



Department of Planning & Development
Community Development Block Grant

WEB: www.cityofmadison.com/cdbg
EMAIL: cdbg@cityofmadison.com



Madison Municipal Building, Room 280
215 Martin Luther King, Jr. Boulevard
P.O. Box 2985
Madison, Wisconsin 53701-2985
PH: 608 267 0740
TDD: 608 267 0744

City of Madison American Dream Loan Application

Borrower First Name _____ Middle Initial ____ Last Name _____

Co-Borrower First Name _____ Middle Initial ____ Last Name _____

Present Address _____ Telephone Number _____

Lender Name _____ Lending Institution _____

Lender Telephone Number _____ Lender Address _____

Address of the property to be purchased _____

Amount of American Dream loan request \$ _____ Estimated closing date _____

Are you or any member of your household a City of Madison employee/board member/elected official?
_____ Yes _____ No

Name of City of Madison employee/board member/elected official _____
City of Madison department/board/office held _____
Relationship to City of Madison employee/board member/elected official _____

Are you a first-time homebuyer? _____ Yes _____ No

If you are not a first-time homebuyer:

Are you a single parent? _____ Yes _____ No

Are you a displaced homemaker (defined as an adult who has not worked full-time full-year in the labor force for a number of years but has, during such years, worked primarily without compensation to care for the home and family and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment)? _____ Yes _____ No

How did you hear about the American Dream Program?

- | | |
|--------------------|--------------------------------|
| _____ TV | _____ City of Madison employee |
| _____ Radio | _____ City of Madison website |
| _____ Newspaper ad | _____ Homebuyers Fair |
| _____ Friend | _____ Realtor |
| _____ Lender | _____ Other _____ |



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0744
Fax: 608 261

9661

Authorization to Release Information

To Whom It May Concern:

I (We) _____ have applied for a City of Madison American Dream Downpayment loan. As part of the application process, _____ (Lender), its successors and assigns or agents, and the City of Madison (Verification Agent), may verify information contained in my/our application and in other documents required in connection with the program, either before I/we are accepted to receive funding or as part of the City of Madison quality control program.

I (We) authorize you to provide to the Verification Agent, any and all information and documentation that they request. Such information includes, but is not limited to employment history and income; bank, money market, brokerage, and similar account balances; credit history; and copies of income tax returns.

The Verification Agent may address this authorization to any party named on the loan application.

A copy of this authorization may be accepted as an original.

Your prompt reply to the Verification Agent is appreciated.

Borrower Signature Social Security Number Date

Co-Borrower Signature Social Security Number Date

Privacy Act Notice:

The information obtained by the Verification Agent will determine eligibility for the Madison American Dream Downpayment Initiative according to the underwriting standards. The information will not be disclosed outside the Verification Agent without consent except to the person or company verifying the information including, but not limited to, the employer, bank, lender, and any other credit reference as needed to verify other credit information and as permitted by law. This information is not required, however, if the information is not received, the application may be

delayed or denied.



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City of Madison American Dream Borrower Affidavit

The City of Madison Community Development Office receives American Dream Downpayment funding from the Federal Department of Housing and Urban Development (HUD). As a requirement of this funding, the Community Development Office must determine whether you are eligible to purchase this property under the rules of the City of Madison American Dream program. Consequently, you are required to provide the following information on this sworn affidavit. Please read each statement carefully and answer appropriately. By making a false statement under oath, you may be subject to criminal penalties.

A. Household Income and Residents

List all persons intending to occupy the residence regardless of relationship, age or income. List the annual income gross earnings from all sources for all persons over the age of 17 intending to occupy the residence. Please attach an additional page if there will be more than 6 residents.

Household annual gross income includes total income from all sources including, but not limited to: wages, interest, dividends, commissions, payments from annuities, retirement plans, social security, and any other source of income.

Name	Age	Relationship	Gross Monthly Income
		Borrower	\$
			\$
			\$
			\$
			\$
			\$

Total Number of Residents _____

Total Household Income \$ _____

- I (We) have included true copies of last year's income tax return, my last three months wage and other income statements (including interest income, self-employment income, AFDC, SSI or SSDI, retirement or pension income, etc.).
- I (We) understand that I have a continuing obligation to amend and/or supplement the information provided herein if any of the representations I have made should change prior to closing, and that the representations made herein shall survive the closing of the loan.
- I (We) and all the persons who will live in our household are documented United States residents. (Submit copies of verification of residency for each household member with this form. Acceptable forms include: social security cards, passports, birth certificate, etc.).

B. Property

1. I (We) will occupy the property as my full time residence within 60 days after closing the loan. I will not use the property as a vacation or recreational property, or rent the property to any other person.
2. I (We) certify that I have not had an ownership interest in any principal residence within the previous three years or I am a sole homebuyer and a displaced homemaker or a single parent.
3. I (We) understand that the Madison American Dream Downpayment funds are provided as a long-term deferred loan and that I will be required to sign a promissory note and mortgage provided by the City of Madison.
4. I (We) have received a copy of the booklet **Protect Your Family from Lead in Your Home**.

C. Marital Property Statement

I (We) understand that 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.

D. Beneficiary Information

Borrower

Ethnicity:

- Hispanic
 Non-hispanic

Race/National Origin:

- White/Caucasian
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Black/African American & White/Caucasian
 Asian & White/Caucasian
 Am. Indian/Alaskan Native & White/Caucasian
 Am. Indian/Alaskan Native & Black/African American

Gender: Male Female

Disabled: Yes No
 Hispanic

Co-Borrower

Ethnicity:

- Non-hispanic

Race/National Origin:

- White/Caucasian
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 Black/African American & White/Caucasian
 Asian & White/Caucasian
 Am. Indian/Alaskan Native & White/Caucasian
 Am. Indian/Alaskan Native & Black/African American

Gender: Male Female

Disabled: Yes No

Dated as of _____, 20____.

Borrower Signature

Co-Borrower Signature (if applicable)

Print Name

Print Name

Subscribed and sworn to before me on this _____ day of _____, 20____.

Notary Public, State of Wisconsin _____

My Commission Expires _____