

Renewal Unlimited, Inc.
 2900 Red Fox Run
 Portage, WI 53901
 (608) 742-5329
 (608) 742-5481 - FAX

Dear HOME Homebuyer Applicant:

Thank you for your recent request regarding our HOME Homebuyer Program. The Renewal Unlimited Homebuyer Program provides money through a 2nd Mortgage for down payment and closing costs assistance for low to moderate income homebuyers.

Enclosed is the application. When filling out this application please make sure to answer all of the questions. Please do not leave anything blank. If there is a section on the application that does not pertain to your household, mark (N/A) on that specific section.

All adults in the household over the age of 18 must sign the application and submit income and tax information along with the application.

Listed below is a checklist of information that is required to be submitted with your application.

Please utilize the checklist when gathering your information together. Without the following information your application cannot be processed which will delay the process for down payment and closing cost assistance. Some of the information will pertain to you, while other information may not. All applicants will be notified as to the status of their application.

Application	Any Other Income Verification	
Annual Child Support Statement-If Applicable	Pre-Approval Letter From 1 st Mortgage Lender	
Copy of Last Year's Tax Return and W-2's	Housing Spec Sheet	
2 Most Recent Check Stubs For All Adults	Accepted "Offer to Purchase"	
Annual Social Security Statement-If Applicable		

If you have any questions regarding the necessary information please contact me immediately so I can clear up any questions or concerns.

Thank you,
 Brittany Brooks
 Director of Housing Services

Please sign below indicating that you have read and understand the contents of this letter.

Signature:	Date:
Signature:	Date:

Applicant (s) Information:

Date:	Applicant Name:		
Social Security #:	Date of Birth:	Gender: M or F	
Current Address:	City	State Wisconsin	
Zip Code	County		
Phone Number:	Daytime Phone:	Cell #:	

Current Housing Situation:

A. Do you currently:	Own Home? _____ Rent House/Apartment? _____ Homeless? _____ Other? _____ Please explain: _____ _____
	Please circle
B. Are you a US Citizen?	Yes or No
If no, are you a qualified alien?	Yes or No

Household Information:

A. Are you a single parent of a minor child?	Yes or No
B. Does your household include four or more minor children?	Yes or No
If yes to A or B, are any of these children currently enrolled in Head Start?	Yes or No
C. Is anyone in the household handicapped/disabled?	Yes or No
D. What is the ethnic background of the head of your household?	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____
E. What is the monthly rent or mortgage payment you currently pay monthly?	\$ _____.

Steps Taken Towards Purchase of a Home:

A. Have you contacted a lender about obtaining a home loan?	Yes or No
B. Have you been pre-approved for a home loan?	Yes or No
C. If you have been pre-approved for a home loan, what is the amount you are eligible for?	\$ _____.
D. Have you made an offer on a home?	Yes or No
E. If you have made an offer, what is the purchase price of the home?	\$ _____.

Lender Information:

Name of Lender:	Name of Realty:
Address:	Address:
Name of Loan Officer:	Name of Salesperson:
Phone Number:	Phone Number:

Household Composition:

(Please list all people, related or unrelated, who are living in your household. Include yourself on the first line).

Name	Date of Birth	Gender	Social Security Number	Disability/Type	Is he/she a Veteran/Branch	Is he/she Full-Time Students

Household Income: List the gross income, (before taxes), from all sources that every member of your household has received in the past six months. This should include employment, social security benefits, child support payments, per capita etc. Documentation must be included as stated in the cover letter.

Full Name	Source of Income (Employment, etc.)	Average Monthly Gross Income

Debt Information: Please list all outstanding debts or loans your household has, this may include school loans, car payments, credit cards etc. List all the debts even the ones you are unable to make payments on or that have been sent to collections. Again, please attach documentation of these debts. Attach additional pages if needed.

Type of Debt / Loan	Monthly Payments	Unpaid Balance

Conflict of Interest:

Do you have any relationship to anyone employed at Renewal Unlimited, Inc? Brittany Brooks, Suzanne Hoppe, or Merle Alt	Yes or No
If yes, with whom and what is the nature of the relationship?	

Applicant (s) Signature	Date
Applicant (s) Signature	Date

Applicant Certification and Release of Information:

I understand that the above information is being used to determine my eligibility for assistance through the Home Homebuyer Program. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements are punishable under the Law, and that in addition to other penalties, Renewal Unlimited, Inc. may levy penalties on me as well. I also understand that it is illegal to use this assistance for any purpose other than what it is intended for.

I further give my permission to Renewal Unlimited, Inc. to verify the information in this application as may needed or to contact other pertinent sources such as mortgage lender, landlord, caseworker, or other agencies as is deemed necessary in the processing of this application. I further authorize Renewal Unlimited, Inc. to input my household and demographic information into the Wisconsin Service Point Database, which is managed by the Wisconsin Department of Commerce. The Baseline Privacy Standard, Release of Information for WISP and the Consumer Notice are posted in the agency and will be made available to me upon request.

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Applicant (s) Signature Date

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Applicant (s) Signature Date

Receipt of "Protect Your Family From Lead In Your Home" Pamphlet

Enclosed with this application is an informational packet on protecting yourself and family from lead in your home. Please keep this packet for your reference. It is not intended to be returned with your application. By signing below you verify having received and read a copy of the pamphlet titled "Protect Your Family From Lead In Your Home".

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Applicant (s) Signature Date

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Applicant (s) Signature Date

Wisconsin's Marital Property Statement:

Wisconsin's Marital Property law recognizes that each spouse makes an equally important contribution to a marriage. All property and assets acquired during a marriage are presumed to be marital property. All marital property belongs equally to both spouses. All debts incurred during a marriage are presumed to be "in the interest of the marriage". Both spouses' marital property is available to satisfy marital obligations.

By agreement, spouses may change the classification of some or all of their property by signing written documents called Marital Property Agreements, which outline how spouses will own, manage and dispose of their property. Marital Property Agreements are best prepared with the advice of legal counsel to assure enforceability.

Wisconsin's Marital Property law is sometimes misunderstood to relate only to divorce. It's important to understand that Marital Property law is not divorce law, but affects all married or previously-married individuals.

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Applicant (s) Signature Date

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Applicant (s) Signature Date

Receipt of Grievance Procedure

Enclosed with this application is a copy of the Grievance Procedure. Please keep this policy for your reference. It is not intended to be returned with your application. By signing below you verify having received, read, and understand the Grievance Procedures and your agreement to follow these procedures, if needed.

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Applicant (s) Signature Date

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Applicant (s) Signature Date



Renewal Unlimited, Inc.
A Community Service Agency

**Verification of Employment
HOME Homebuyer Program**

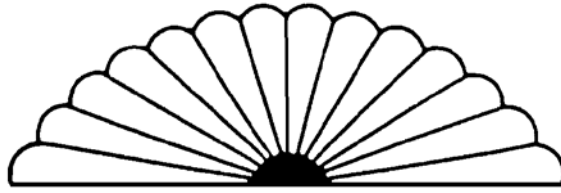
TO THE EMPLOYER: One of your employees has applied for a mortgage to purchase a home through Renewal Unlimited Inc. As part of the application process, we must verify his/ her current and anticipated income. We ask your cooperation in supplying this information and thank you in advance for returning it to us as quickly as possible. If you have any question please talk with your employee or call our Housing Director at 608-742-5329.

Thank you!!

I, _____ hereby authorize these current employer(s) to release information regarding my past and / or current employment to Renewal Unlimited, Inc. 2900 Red Fox Run; Portage, WI 53901. This authorization is effective from the date this release is signed and shall remain in effect for one (1) year unless it is revoked in writing by myself.

Name of Company	City	Phone #	Fax #

Employee Signature	Social Security #	Date



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A Community Service Agency

**Verification of Employment
HOME Homebuyer Program**

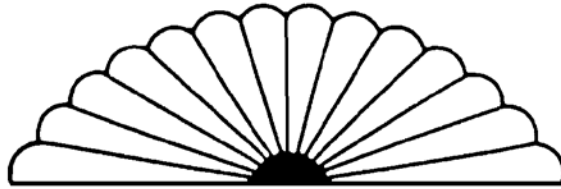
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Name of Company	City	Phone #	Fax #

Employee Signature	Social Security #	Date



Renewal Unlimited, Inc.
A Community Service Agency

**Authorization for Release of Confidential Information
HOME Homebuyer Program**

To the Authorized Agent of: Employers, banks, insurance companies, and any other sources that can verify needed income and asset information.

Regarding the financial records of:

Applicant (s) Name

Name of financial institution:

City	Phone	Fax
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Type of account (s) Please indicate whether checking or savings:

Account Number

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**Type of account (s) please indicate whether
IRA/Money Market/CD's/Retirement Accounts**

Account number

Type of account (s) please indicate whether IRA/Money Market/CD's/Retirement Accounts	Account number

Applicant(s): Please list all accounts for every member of your household including: IRA's, certificates of deposit, checking, savings, money markets, and retirement accounts. I, the undersigned, authorize the named agent or organization to disclose to:

Renewal Unlimited, Inc. 2900 Red Fox Run Portage, WI 53901

Information from my records which will verify income assets, accounts and liabilities.

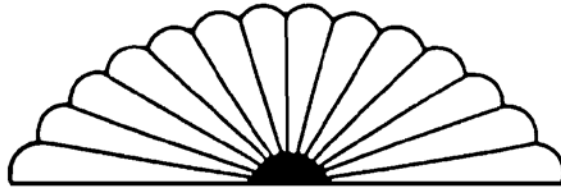
I, understand that this disclosure is to be made for the purpose of assisting in processing an application for short-term housing assistance and affirm that it is completely voluntary.

I, further understand that I may revoke this consent to disclosure of confidential information, in writing, at anytime. If, at any time, I revoke consent, I understand that information already released with my consent may continue to be used to complete actions already initiated. This consent expires one (1) year from the date signed.

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Date



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Applicant (s) Signature

Date



RENEWAL UNLIMITED, INC.

A Community Service Agency

GRIEVANCE PROCEDURE

HOME Homebuyer Down Payment Assistance funding is provided through a grant to Renewal Unlimited, Inc. from the State of Wisconsin, Department of Administration, Bureau of Supportive Housing.

HOME Homebuyer Down Payment Assistance applications are accepted without regard to age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation or national origin.

Applications are reviewed on a case-by-case basis. Applications for HOME Homebuyer Down Payment assistance may be denied for one or more of the following reasons:

1. Over income for our programs.
2. Client has capacity to pay without our assistance.
3. Home exceeds income/no income to support mortgage payment.
4. Client has been a homeowner within three years.
5. Incomplete/falsified application.
6. Lack of funding.
7. Unsafe or unsuitable housing conditions.

You have the right to know the reason(s) if you are denied assistance. If you have been denied assistance and have additional information to submit for reconsideration, you may do so in writing within 14 days of notification of denial. All written requests for review must be submitted to Renewal Unlimited, Inc's. Administrative office at the address above.

The Executive Director will review each written request for appeal and a decision will be rendered within 7 business days.

By returning this application, I acknowledge receipt of the written grievance/appeal procedure for HOME Homebuyer Assistance.