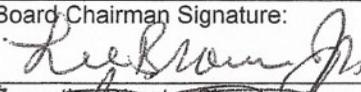




HO-CHUNK HOUSING & COMMUNITY DEVELOPMENT AGENCY

P.O. Box 730 • Tomah, WI 54660

Title: Down Payment Assistance Program Policy	Effective Date: 05/09/02	Review Date:
		Revision Dates: 05/17/07, 08/16/07
	Attachment:	Revision Number: 2
Board Chairman Signature: 		Subject: Home Buyer Down Payment Assistance
Executive Director Signature: 		Page 1 of 7

Down Payment Assistance Program

Goal

The goal of the Down Payment Assistance Program is to assist low-to-moderate income families with down payment and closing costs on the purchase of a safe, decent and sanitary house.

Section I Applicants Eligibility Requirements

1. The applicant must qualify as a "first-time homebuyer" defined as an individual or family who has not owned a home during the last three (3) years or owns a home that is in such a state of dilapidation that is very minimal or no financial value.
2. The applicant's annual income must not exceed the limits set by H.U.D. adjusted for family size.
3. The applicant must not have any past due unpaid debts to the Ho-Chunk Housing & Community Development Agency.
4. The applicant must use the property as their principal place of residence for a minimum of five (5) years.
5. Program participants will be required to complete a Home Buyer Education Class before submitting the Down Payment Assistance Application.

Section II Eligible Property Requirements

1. The property must be a single-family home, and be legally zoned for residential use.

2. The home must be built on or after 1978; older homes may be acceptable but only if certified to be lead-based paint safe
3. The home cannot be on land identified by F.E.M.A. as having special flood hazards.
4. The property must meet housing quality standards*; a professional building inspection report must be submitted with the application.
5. Ineligible properties include but are not limited to: vacant land, fixer-uppers,* rental or commercial properties, mobile homes or travel trailers, condominium and multi-family apartment buildings.
6. Ho-Chunk Housing & Community Development Agency cannot provide assistance for the purchase of a Ho-Chunk Nation Home Ownership Program house.

Section III Application Process

The applicant must submit the following information:

1. Down Payment Assistance Application.
2. Income verification.
3. A copy of the Offer to Purchase from the Realtor. The Ho-Chunk Housing & Community Development Agency recommends inclusion of the following statement on the Offer to Purchase: "Contingent upon receiving down payment assistance from Ho-Chunk Housing & Community Development Agency." This assures no loss of "Good Faith Money/Earnest Money" should the applicant be denied and not able to follow through with the purchase.
4. Good Faith Estimate (purchase price and itemized closing costs).
5. Any and all paperwork received from the Realtor including: Legal land and / or property description and photos of the home.
6. First mortgage holder's information including: Company name, Loan Officer's name, address, and phone number.
7. Copy of the certified appraisal.
8. Copy of the Professional Building Inspection Report.
9. Homebuyer Education Certificate of Completion.

Section IV Terms and Conditions

1. The grant amount cannot exceed \$5,000.00 and can only be used for down payment and closing costs.
2. The recipient must maintain the dwelling as his primary residence for a five (5) year period upon receipt of the grant. For each full year (no exceptions unless Board approved) the repayment obligation will be forgiven \$1,000. This grant is secured by a Grant Agreement which requires the recipient to repay the grant amount if he or she does not comply with the residency period. Also repayment of the Down Payment Assistance will be required if the recipient defaults on their mortgage or forecloses on the home. If the Grant Agreement is violated the recipient will not be eligible to participate in any housing programs administered by the Ho-Chunk Housing & Community Development Agency until the grant is repaid in full.
3. The recipient must agree to maintain homeowner's insurance on the dwelling naming Ho-Chunk Housing & Community Development Agency as a loss payee for up to \$5,000.00 for a minimum of five (5) years after receipt of the grant or until the grant obligation is satisfied.
4. The grant monies will be released to the Title Company or appropriate third-party closing agent at the time of closing.
5. No recipient will receive benefits under this program more than once unless extenuating circumstances and Board approved.
6. Recipients of this grant are not eligible to apply for Tribal Repair and Improvement Program (T.R.I.P.) assistance for a minimum of five (5) years after receipt of this grant.
7. The property must be inspected by a Certified State Licensed Independent home inspector at the applicant's expense.



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APPLICATION FOR DOWN PAYMENT ASSISTANCE PROGRAM

SECTION I APPLICANT INFORMATION

Applicant Name:	Telephone:
Address:	Social Security Number:
City & State:	Maiden Name:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Tribal Affiliation: Enrollment Number:
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you between 55-59 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 60 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No

Co-Applicant Name:	Telephone:
Address:	Social Security Number:
City & State:	Maiden Name:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	Tribal Affiliation: Enrollment Number:
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you between 55-59 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 60 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide the following information on all members of the household:

Name	Relation to family head	Age	Date of birth	Sex (M/F)	Social Security #	Enrollment #	Occupation

You must provide copies of Social Security cards for each family member age six and older.

Do you own your own home? _____

Is your home mobile home? _____

Is this home in such a state of dilapidation it has minimal or no financial value? _____

Have you received Down Payment Assistance from the Ho-Chunk Nation in the past? _____

If yes, please list the date and the amount of assistance.

Have you ever rented or received assistance from a Public or Indian Housing Authority before?				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
If yes, where?	Agency Name:	City:	State:	ZIP:
Dates you rented or received assistance?				

SECTION II EMPLOYMENT INFORMATION

Applicant:

Co-Applicant:

Business Name:	Yrs on this Job	Business Name:	Yrs on this Job
Address:		Address:	
City & State:		City & State:	
Telephone:		Telephone:	
Job Title: <input type="checkbox"/> Self Employed		Job Title: <input type="checkbox"/> Self Employed	

SECTION III MONTHLY INCOME AND CURRENT HOUSING EXPENSE

Monthly Income:	Applicant	Co-Applicant	Total	Housing Exp:	Per Month
Wages & Tips	\$	\$	\$	Rent	\$
Per Capita				Mortgage Payment	
Social Security				Property Taxes	
Disability				Home/Renters Insurance	
Other Please Specify				Other Please Specify	
Total	\$		\$	Total	\$

SECTION IV ASSETS & LIABILITIES

This section is to be completed by both married and unmarried co-applicants. If assets such as bank accounts are held jointly, please indicate.

Applicant:

Co-Applicant:

List Checking & Savings Acct Below:	Cash or Market Value	List Checking & Savings Acct Below:	Cash or Market Value
Name & Address of Bank or Credit Union:	[] Checking [] Saving \$	Name & Address of Bank or Credit Union:	[] Checking [] Saving \$
Name & Address of Bank or Credit Union:	[] Checking [] Saving \$	Name & Address of Bank or Credit Union:	[] Checking [] Saving \$
Real Estate Owned (Enter Market Value)	\$	Real Estate Owned (Enter Market Value)	\$
Automobiles Owned List Make & Year	\$	Automobiles Owned List Make & Year	\$

Please include automobile loans, credit card companies, real estate loans, and child support payments.

Applicant:

Co-Applicant:

Liabilities	Monthly Payment	Unpaid Balance	Liabilities	Monthly Payment	Unpaid Balance
Name & Address of Company	\$	\$	Name & Address of Company	\$	\$
Name & Address of Company	\$	\$	Name & Address of Company	\$	\$
Name & Address of Company	\$	\$	Name & Address of Company	\$	\$
Name & Address of Company	\$	\$	Name & Address of Company	\$	\$

SECTION V DOWN PAYMENT ASSISTANCE

APPLICANTS STATEMENTS:

I/We certify that the information given to Ho-Chunk Housing and Community Development Agency on household composition, income, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false information is punishable under Federal law. I/We understand that false statements or information will make me ineligible for housing services.

Signature of Head of Household

Date

Signature of Spouse/Co-applicant

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-424-8590.

After verification by this Housing and Community Development Agency, the information will be submitted to the Department of Housing and Urban Development of form HUD 50058 Family Report, a computer generated facsimile. See the Federal Privacy Act Statement for more information about its use.



Document Checklist

Step	Date Submitted
<input type="checkbox"/> Down Payment Assistance Application	___/___/___
<input type="checkbox"/> Income Verification	___/___/___
<input type="checkbox"/> A copy of the Offer to Purchase from Realtor	___/___/___
<input type="checkbox"/> Good Faith Estimate	___/___/___
<input type="checkbox"/> Legal Land and/or property description and photos of the home	___/___/___
<input type="checkbox"/> Name, address of financial institution that is your source of the first mortgage	___/___/___
<input type="checkbox"/> Copy of the certified appraisal	___/___/___
<input type="checkbox"/> Copy of a professional building Inspection Report	___/___/___
<input type="checkbox"/> Homebuyer Education completion certificate	___/___/___
<input type="checkbox"/> Copies of Social Security cards	___/___/___



HO-CHUNK HOUSING & COMMUNITY DEVELOPMENT AGENCY

P.O. Box 730 • Tomah, WI 54660

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/we, the undersigned, with this, authorize the HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY and their agents to obtain any information, necessary, to process the HUD housing application. This information may be obtained from the following sources, and of the Programs of the HO-CHUNK NATION, Federal, State, and Local governments and any of their agencies and representatives, Law Enforcement Agencies, Financial Institutions and current and prior landlords. This list is not all-inclusive and may include any additional agency, government, or private source, as deemed necessary by the HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY and/or their agents.

I/we, the undersigned, with this, release the HO-CHUNK HOUSING AND COMMUNITY DEVELOPMENT AGENCY and/or their agents any requested information from the following agencies: Federal, State, And Local governments Law Enforcement Agencies, Financial Institutions, and current or prior landlords.

The information request may be given by fax, telephone, or in writing. This release is valid for fifteen (15) months from the date of the applicant's signature. This release is valid if photocopied and does not have to have an original signature.

I/we have read the terms and conditions of the AUTHORIZATION FOR THE RELEASE OF INFORMATION and with this, give consent for the release of any requested information.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

_____-_____-_____
S.S.N. OF APPLICANT

_____-_____-_____
DATE OF BIRTH

TODAY'S DATE

PRINT NAME OF CO-APPLICANT

SIGNATURE OF CO-APPLICANT

_____-_____-_____
S.S.N. OF APPLICANT

_____-_____-_____
DATE OF BIRTH

TODAY'S DATE

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Ho Chunk Housing & Community
Development Agency
P.O. Box 730
Tomah, WI 54680

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Ho-Chunk Housing & Community Development Agency at application or reexamination. HUD will collect the information on Form HUD 50058. The data it will collect include name, sex, birth date, Social Security Number (SSN), Income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell about this. We also are required to tell you what HUD will do with the information.

HUD may give the information to manage and monitor HUD assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicant and residents to give the Ho-Chunk Housing & Community Development Agency the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Ho-Chunk Housing & Community Development Agency, Ho-Chunk Housing & Community Development Agency is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the Ho-Chunk Housing & Community Development Agency, the Ho-Chunk Housing & Community Development Agency is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended 42 U.S.C. 1437 et. Seq., and the Housing and Community Development Act of 1987, P.L. 97 - 35, 85 stat., 348, 408 require applicants and residents to provide the other information listed in the first paragraph to the Ho-Chunk Housing & Community Development Agency. If you are an applicant and you fail to give the Ho-Chunk Housing & Community Development Agency this information, the Ho-Chunk Housing & Community Development Agency may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Ho-Chunk Housing & Community Development Agency may have to evict or withdraw your housing assistance.

I have read and fully understand the Federal Privacy Act Statement:

Head of Household

Date

Spouse/Co-Applicant

Date