



**Section 32 (Non-HACM Resident)
HOMEOWNERSHIP PROGRAM - APPLICATION**

Name (print, use middle initial) _____

Address _____ Apt. _____ City _____ St. _____

Zip Code _____ Telephone #1 _____ #2 _____

Email (please write clearly) _____

Notices will be sent by email unless noted here: _____ I do NOT want notices sent by email.

Date of Birth _____ How many people are in your household? _____

What is the total **gross annual** (yearly-before taxes) income for the household? _____

Have you purchased or owned a house in the past three years? Yes _____ No _____

Please list below all persons, 18 or older, who will be purchasing the home with you and named as co-owners (NOTE: CO-APPLICANTS MUST SIGN AND INITIAL ALL SECTIONS OF THE APPLICATION):

Name	Relationship	Social Security Number	Date of Birth

HUD requires HACM to gather the following information for statistical purposes.

Please indicate the following for yourself: Sex: Male _____ Female _____ Race: _____

Ethnicity: Hispanic _____ Non-Hispanic _____ First language (if other than English) _____

Please note: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For more information or assistance, please contact Patricia Schmidtkecht at (414) 286-8264, pschmi@hacm.org, or 650 W. Reservoir, Milwaukee, WI 53212

**Section 32 (Non-HACM Resident)
HOMEOWNERSHIP PROGRAM - AFFIDAVIT OF ELIGIBILITY**



I, _____, attest that the information provided in this application is true and accurate to the best of my knowledge.

I understand that I will be denied if I have any outstanding debt to the City of Milwaukee or to the Housing Authority at the time I purchase a home through the Section 32 Program.

I understand that **a criminal background check will be conducted *after* I have submitted a pre-approval** from a qualified lender. At that time, I will be denied if my record contains any convictions that preclude participation in the program. Specifically, I attest that:

I am not subject to a lifetime sex offender registration requirement in any state. _____ (initial/s)

I have never been convicted of, nor have criminal charges pending for, manufacturing methamphetamines in any public or subsidized housing. _____ (initial/s)

I have neither been convicted of, nor have criminal charges pending for, any drug related criminal activity in the past three years. _____ (initial/s)

I do not have a criminal history of disturbing neighbors or destroying property in the past three years. _____ (initial/s)

I have not purchased or owned a house in the past three years (or I have been displaced due to death or divorce). _____ (initial/s)

I understand that I will be denied if I have been terminated from the City of Milwaukee Rent Assistance or Public Housing program. _____ (initial/s)

I understand that my household income cannot exceed 80% of the county median income to be eligible for this program. I further understand that my household income must be at least **\$15,000** annually. _____ (initial/s)

I understand that I must have 3% of the purchase price for a down payment, 1% of the purchase price must be from my own funds. _____ (initial/s)

I understand that any assistance, grant, or subsidy is given with the understanding that the purchased home will remain owner-occupied for a minimum of five years. _____ (initial/s)

Applicant's Signature

Date

Co-Applicant's Signature

Date

Section 32 (Non-HACM Resident)
HOMEOWNERSHIP PROGRAM - Employment Disclosure



Note: Answering "yes" to any of these questions does not disqualify the applicant.

Applicant's Name _____

1) Are you an employee of the Department of City Development, the Housing Authority of the City of Milwaukee, the Redevelopment Authority of the City of Milwaukee, the Milwaukee Economic Development Corporation, or the Neighborhood Improvement Development Corporation? Yes _____ No _____

If "yes", please identify the department for which you work. _____

2) Are you married to an employee of the Department of City Development, the Housing Authority of the City of Milwaukee, the Redevelopment Authority of the City of Milwaukee, the Milwaukee Economic Development Corporation, or the Neighborhood Improvement Development Corporation? Yes _____ No _____

If "yes", please identify the employee and the department for which he/she works.

3) Are you the brother, sister, parent, or child of an employee of the Department of City Development, the Housing Authority of the City of Milwaukee, the Redevelopment Authority of the City of Milwaukee, the Milwaukee Economic Development Corporation, or the Neighborhood Improvement Development Corporation?

Yes _____ No _____

If "yes", please identify the employee, for which department he/she works, and his/her relationship to you. _____

Signature

Date

Co-Applicant's Signature

Date

Return completed application, affidavit, and employee disclosure and to:

Housing Authority -City of Milwaukee

Homeownership Program

2363 N. 50th St.

Milwaukee, WI 53210