

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



Name (print, use middle initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Development \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email \_\_\_\_\_ How many people are in your household? \_\_\_\_\_

What is your monthly rent? \_\_\_\_\_ Are you current with your rent and in compliance with your lease? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain \_\_\_\_\_

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 named as co-owners:

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) \_\_\_\_\_

If your household consists of a person or persons with a disability, you *may* be eligible for grant assistance. If you believe your household consists of a person or persons with a disability and would like to be considered for possible assistance, please indicate below:

\_\_\_\_ Yes, my household consists of a person or persons with a disability.

\_\_\_\_ No, my household does not consist of a person or persons with a disability.

\_\_\_\_ I am not sure and would like to be assessed for eligibility.

*Verification that a person (or persons) meets the definition of disability may be required for eligibility of possible additional grant assistance.*

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 Dario Romero at (414) 286-5473, [dromer@milwaukee.gov](mailto:dromer@milwaukee.gov), or 2363 N. 50<sup>th</sup> St, Milwaukee, WI 53210

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**STATEMENT OF ELIGIBILITY AND OBLIGATIONS**

The Section 32 Homeownership Program of the Housing Authority of the City of Milwaukee has the following eligibility guidelines:

Only residents of the city of Milwaukee Housing Authority are eligible.

Only households that meet eligibility requirements for public housing are eligible.

Households must have a minimum annual income of \$15,000. Purchasers must be able to provide 3% for down payment costs; 1% must be from their own funds.

Applicants must complete homeownership counseling through a HUD certified counseling agency.

Applicants must be buying their first home (or have not owned a home for three years, or have been displaced due to death or divorce).

Public housing residents must be in compliance with all lease obligations to be considered.

Applicants must not have been previously terminated from any HACM program for lease or agreement violations.

Please note the following obligations regarding participation in the Section 32 Homeownership Program:

Any assistance, grant, or subsidy is given with the understanding that the purchased home will remain owner-occupied for a minimum of five years.

Appreciated gains from sales prior to five years are subject to terms outlined in the note and/or limited warranty deed.

Buyer agrees not to be involved in a collusive purchase for the benefit of non-eligible persons.

No cash offers will be accepted. Mortgage terms are subject to review and approval by the program manager.

I understand the above eligibility guidelines and obligations and wish to continue the application process for the Section 32 Homeownership Program through the Housing Authority of the City of Milwaukee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed application, statement of eligibility and obligations, employee disclosure and release of information to:

Housing Authority -City of Milwaukee  
Homeownership Program  
2363 N. 50<sup>th</sup> St.  
Milwaukee, WI 53210  
If you have questions, please call (414) 286-5473

**HOMEOWNERSHIP PROGRAM**



**Applicant Employment Disclosure**

*The City of Milwaukee’s Department of City Development’s conflict of interest policy requires that every program applicant complete this form. Answering “yes” to any of these questions does not automatically 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



## Authorization for Release of Information

Requested by:

**Housing Authority of the City of Milwaukee**  
2363 N. 50<sup>th</sup> St.  
Milwaukee, WI 53210  
Phone: (414) 286-5043  
Fax: (414) 286-0253

**Purpose:** This information authorizes the Housing Authority of the City of Milwaukee to secure your signature and the signatures of each adult member of your household for the purpose of obtaining information about applicants, residents, and household members 18 years of age or older. Such information will be used to administer and enforce program rules and policies.

### Authorization:

**I authorize the release of any information to the Housing Authority of the City of Milwaukee (HACM),** (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs administered by HACM:

Low-Income Rental Public Housing  
Veterans Middle Income Rental Housing  
Homeownership Program

**I authorize HACM to obtain information about me or my family that is pertinent to eligibility or participation in assisted housing programs.** I authorize HACM to obtain information on wages, social security, W-2, child support, or unemployment compensation from employers and government agencies. Information covered inquiries may be made about:

Credit history, including a credit report  
Convictions  
Terms & conditions of parole or probation  
Family composition  
Employment, income, pension, assets  
Federal, state, tribal or local benefits  
Social Security numbers  
Residences and rental history  
Agency or persons assisting applications  
Judgments of evictions

### Individuals, Organizations or Providers that may release information

Any individual including any governmental organization or provider may be asked to release information. For example:

Landlords, past and present  
State of Wisconsin Dept. of ILHR  
Credit Bureaus  
Banks and other financial institutions  
U.S. Social Security Administration  
U.S. Dept. of Veterans' Affairs  
Utility Companies  
W-2 Agencies  
Child Support Agencies  
Alimony Sources  
Pension/Annuity Sources  
Internal Revenue Service  
Federal, state, local or tribal law enforcement agencies.

### Computer Matching Notice & Consent

I understand that a public housing agency such as HACM, or the U.S. Department of Housing and Urban Development (HUD) may conduct computer matching programs with other governmental agencies including federal, state, tribal or other local agencies.

The governmental agencies include:

U.S. Office of Personnel Management  
U.S. Social Security Administration  
U.S. Postal Service  
State Employment Security Agencies  
State Welfare, W-2 and Food Stamps Agencies  
Internal Revenue Service  
Immigration/Nationalization Services

This match will be used to verify information supplied for myself and/or other adult members of my household.

Conditions: I agree that photocopies or fax copies of this authorization may be used for the purposes stated above. If I, or any adult member of my family, fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance or residency, or both.

\_\_\_\_\_  
Signature of Applicant

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

THIS RELEASE EXPIRES 15 months after date of signature.

