

OUTAGAMIE COUNTY

CDBG-EAP Grant Program Application

Complete the application including all appendices. Failure to complete all sections of the application will delay the review process. **Submitting an application does not automatically qualify assistance/acceptance.** Assistance is dependent on the availability of funds and meeting program eligibility guidelines. Applications will be accepted until August 1, 2014.

APPLICANT	FULL NAME (LAST, FIRST, MI)	MAILING ADDRESS (IF DIFFERENT THAT PROPERTY ADDRESS)		
	PROPERTY ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE)			
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	

CO-APPLICANT OR SPOUSE	* If married, it is a requirement that the spouse be listed as the co-applicant.			
	FULL NAME (LAST, FIRST, MI)	MAILING ADDRESS (IF DIFFERENT THAT PROPERTY ADDRESS)		
	PROPERTY ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE)			
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	

List all individuals, other than the applicant and co-applicant, who live in the house for six or more months per year. This includes children, step-children, caregivers, and/or family members. Use a separate sheet of paper to list any additional individuals if needed. **Failure to report all household members may result in disqualification.**

NAME	AGE	RELATIONSHIP	FULL-TIME STUDENT?	
			YES	NO
			YES	NO
			YES	NO
			YES	NO

DWELLING INFORMATION

OCCUPANCY	TYPE OF PROPERTY	IS DWELLING IN 100-YR. FLOODPLAIN?	AGE OF DWELLING	APPLICANT'S PRIMARY RESIDENCE
<input type="checkbox"/> OWNER-OCCUPIED <input type="checkbox"/> RENTAL UNIT	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

ASSESSED PROPERTY VALUE	NAME(S) AS ON PROPERTY TITLE	PROPERTY HELD IN
		<input type="checkbox"/> HOME MORTGAGE <input type="checkbox"/> PURCHASE AGREEMENT <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/> OTHER

Name of mortgage company:

Amount owed: \$

Name of homeowner's insurance company:

Number of legal bedrooms (include those not currently being used as bedrooms):

Is your home adjacent to a chemical spill site, SUPERFUND site, or radioactive materials? Yes No

DESIRED REPAIR AND/OR REHABILITATION NEEDS

Please describe the areas of your home MOST in need of repair as a result of the August 6-7, 2013 Storms. List the specific types of repair required, in order of need. Attach additional pages if necessary.

1)

2)

3)

4)

5)

Are you working with another organization or state/local agency to address any of the above needed repairs? YES NO

If Yes, what organization/agency?

FINANCIAL INFORMATION

In order for the application to be considered complete, **applicants must provide** the last 3 months of pay check stubs and other income and a copy of the 2012 U.S. Individual Income Tax Return Form (1040).

Gross Monthly Income: Income includes, but is not necessarily limited to, regularly recurring income from all gross wages, salaries, commissions; net income from self-employment, net income from the operation of real property; interest and dividend income; Social Security, SSI pensions, AFDC, alimony, child support, and other benefit income.

Household Income Types

W	Wages/Salary/Tips	A	Alimony Received	T	TANF/W2
CS RECD	Child Support Received	C-SUPP	SSI Caretaker Supplement	V	Veterans Benefits
D/I	Dividends/Interest	GR	General Relief	WK	Workers' Compensation
DL	Disability Long Term	LC	Land Contract Payment		
P	Pensions/Annuities/IRA	O	Other		
SSI/SSDI	Social Security	R	Rental Income		
SE	Self-Employment	SSI	Social Security Supplemental Income		
UC	Unemployment Compensation	SU	Subsidized Housing Utility Allowance		

All income from individuals 18 and over MUST be included in the table below.

HOUSEHOLD MEMBERS NAME	INCOME TYPE	INCOME	INCOME	INCOME	3 MONTH TOTAL	STAFF USE ONLY INITIAL WHEN VERIFIED
		MONTH 1	MONTH 2	MONTH 3		
TOTAL 3 MONTH HOUSEHOLD INCOME				\$ _____		

I certify that the above information is to be true and accurate to the best of my knowledge on the date below.

_____	_____	_____	_____
<i>Applicant Signature</i>	<i>Date</i>	<i>Co-Applicant Signature</i>	<i>Date</i>

FUNDS APPLIED FOR AND/OR RECEIVED FROM:

Please complete this table if you have applied for any other disaster related funding.

Federal Emergency Management Agency (FEMA)	_____ Approved	\$ _____	Received	_____	Pending	_____	Denied
Small Business Administration (SBA)	_____ Approved	\$ _____	Received	_____	Pending	_____	Denied
Individual and Family Grant (IFG)	_____ Approved	\$ _____	Received	_____	Pending	_____	Denied
State/Local	_____ Approved	\$ _____	Received	_____	Pending	_____	Denied
Banks	_____ Approved	\$ _____	Received	_____	Pending	_____	Denied
Insurance	_____ Approved	\$ _____	Received	_____	Pending	_____	Denied
Other (Attach separate sheet explaining)	_____ Approved	\$ _____	Received	_____	Pending	_____	Denied

PLEASE ATTACH THE FOLLOWING INFORMATION:

- Last 3 months of income;
- A copy of the 2012 U.S. Individual Income Tax Return Form (1040);
- Proof of homeownership (Copy of Property Tax Bill);
- Any other supporting documents.

FAIR HOUSING INFORMATION

Outagamie County requests the following information to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. Applicants are not required to furnish this information, but are encouraged to do so.

Outagamie County will not discriminate on the basis of the information submitted, even if the applicant declines to provide it.

	Applicant		Co-Applicant	
Race/National Origin		White		White
		Asian		Asian
		Black/African American		Black/African American
		American Indian/Alaskan Native		American Indian/Alaskan Native
		Native Hawaiian/ Other Pacific Islander		Native Hawaiian/ Other Pacific Islander
		American Indian/ Alaskan Native & White		American Indian/ Alaskan Native & White
		Black/African American & White		Black/African American & White
		American Indian/Alaskan Native & Black/African American		American Indian/Alaskan Native & Black/African American
		Other/Multi-racial		Other/Multi-racial
Gender		Male		Male
		Female		Female
Ethnicity		Hispanic		Hispanic
		Not Hispanic		Not Hispanic

Applicant: I do not wish to furnish this information.

Co-Applicant: I do not wish to furnish this information.

PRIVACY ACT STATEMENT

Routine Uses: The information will be given to agencies from which you are seeking assistance. It may also be shared with insurers of your damaged property along with other disaster assistance providers and State and Federal agencies to ensure benefits are not duplicated and in order to monitor compliance with state and federal regulations.

Voluntary Disclosure: Giving us this information is voluntary; however, failure to give us the information may result in a delay or rejection of your request for disaster assistance.

NON-DISCRIMINATION STATEMENT

Federal law requires that disaster aid be given in a fair and impartial manner, without discrimination on the grounds of race, color, religion, nationality, sex, age, handicap, or familial status.

MARITAL PROPERTY AGREEMENT

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.

APPLICANT'S STATEMENT AND RELEASE

By my signature I certify that I have read and understand all statements in this application:

- All information I have given is true and correct to the best of my knowledge.
- This is the only CDBG-EAP Disaster application submitted for the property described in this application.
- I will return any disaster aid money I receive from the State of Wisconsin or any other source if I receive insurance or other money for the same loss.
- I am the legal owner of the property described on this application:

I understand that if I intentionally make false statement or conceal any information in an attempt to obtain disaster aid, it is a violation of Federal and State laws that carry severe criminal and civil penalties.

I authorize the local unit of government to verify all information given by me about my property, income, employment, and dependents in order to determine my eligibility for disaster aid; and

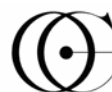
I authorize and direct all custodians of records of my insurance company, employer, and public or private agency, bank, financial institution or credit data service to release information to the local unit of government upon request.

Are you a United States Citizen or a Qualified Alien? Yes No

I have read, or had read to me, the above information, and I understand it.

Owner Signature: _____ **Date:** _____

Co-Owner Signature: _____ **Date:** _____



CONFLICT OF INTEREST

Do you have family or business ties to any staff, employees, elected or appointed officials of the following agencies, or entities? If **yes**, disclose the persons' name(s) and nature of the relationship(s).

Names	Name of Person / Relationship
East Central Wisconsin Regional Planning Commission	
Outagamie County	
Waupaca County	
City of Kaukauna	
City of New London	
Village of Kimberly	
Village of Combined Locks	
Village of Hortonville	
Town of Freedom	
Town of Kaukauna	
Town of Grand Chute	
Town of Greenville	
Town of Hortonia	