



Couleecap

your local community *action* program

Southwest Wisconsin Housing Region Flood Damage Repair and Reimbursement for Repairs

Dear Resident,

Monroe and La Crosse counties have received funding through the Community Development Block Grant (CDBG) Emergency Assistance Program (EAP) to provide repair services for eligible homes affected by the August 2018 flooding event. Funds have been awarded to the Southwest Wisconsin Housing Region, and will be administered by Couleecap, Inc.

Couleecap has partnered with Monroe County Emergency Management Coordinator Darlene Pintarro and La Crosse County Emergency Management Coordinator Keith Butler to offer this program to affected residents.

This assistance is offered as an instantly forgiven grant and will not have to be repaid. The funds come from the State of Wisconsin's Division of Administration. Funds are available on a first come first serve basis, to income eligible households only.

Please see the enclosed informational sheet for more details about the income limits as well as what damages are eligible for repair under the program. If you are unsure about whether or not, you qualify you may call Taylor LeJeune at 608-796-9062 to complete an intake and pre-screening which will take about 15 minutes. It is recommended that you contact Taylor prior to filling out the application to determine if you appear to be eligible.

Returning the application and supporting documents does not guarantee that any repairs will be completed on your home. Income must first be verified to determine whether your household meets the program income guidelines. Upon verification of income, an inspector will come to your home to determine the repairs needed to return your home to its pre-flood state. If you have already completed flood damage related repairs on your home you may be eligible for reimbursement of those costs by providing copies of receipts.

This letter is not a guarantee that the Southwest Wisconsin Housing Region will perform repairs on your home, but that we are considering your home for assistance.

In order for Couleecap's staff to determine your eligibility for the Emergency Assistance Program (EAP) you will need to return the enclosed application, asset disclosure form as well as all applicable documents in the list below as soon as possible. If you are unable to provide all of the documents due to items being lost in the flood, please talk with Staff and we will see what we can help with.

- Proof of homeownership with a complete legal description (i.e. Deed, Mortgage, Title Insurance Policy). **PLEASE NOTE:** Property tax statements do not contain complete legal descriptions and are not acceptable. You can get a copy of your Deed at your county's Register of Deeds Office.
- Most recent Federal Tax Return

**Review the list below and return all applicable
income documentation for your household:**

- Last 3 months of pay-stubs for all household members over the age of 18
- Social Security Benefits Award Letter for the current year—to obtain a copy of your award letter call the La Crosse Social Security Office at 1-866-770-2345
- Supplemental Social Security Income (SSI) Award letter—to obtain a copy of your award letter: Federal benefits 1-866-770-2345; State benefits 1-800-362-3002
- Proof of Annuity/Pension income (current award letter from Annuity/Pension provider)
- Proof of Child Support payments (divorce decree showing award amount, printout of payments from Child Support agency, or proof of deposit into bank account for the past 3 months)—to obtain a copy of year-to-date payments, contact the State of Wisconsin Child Support Office at 1-800-991-5530 or the website at <http://dcf.wisconsin.gov/bcs/payments/logon.htm>
- Proof of self-employment income: Copy of last 2 years' Federal Tax Returns including Schedule C (self-employment income) and/or Schedule F (farm income) **AND** a year-to-date profit-and-loss statement that is signed and dated
- Proof of weekly unemployment amount and year-to-date unemployment earnings—to obtain a print out of your unemployment benefits contact the Wisconsin Department of Workforce Development at 1-800-494-4944 or visit their website at <http://dwd.wisconsin.gov/ui/>
- Other: Receipts for any repairs you are seeking reimbursement for
- Other: _____

Completed forms can be returned in the following ways:

-mailed to:

Couleecap, Inc.
Attn: Shaynan Holen
700 3rd N. Street, Suite 202B
La Crosse, WI 54601

-emailed to:

shaynan.holen@couleecap.org

-faxed to:

608-782-4822 Attn: Shaynan

Sincerely,

Shaynan Holen

Shaynan Holen
Southwest Wisconsin Housing Region Representative

CDBG – Emergency Assistance Program (CDBG EAP)

HOUSING ASSISTANCE

Program Description: CDBG-EAP housing assistance is available to eligible homeowners and tenants whose primary residence has been affected by a natural or man-made disaster event. **CDBG-EAP housing assistance is awarded as a grant not a loan.**

Eligible Damages:

The CDBG EAP assists with housing rehabilitation and replacement activities directly related to damages incurred during a disaster event.

ELIGIBLE ACTIVITIES	INELIGIBLE ACTIVITIES
Roofing repair/replacement	Repairs to vacation homes
Windows	Repairs to storage sheds, outbuildings and other non-dwelling units
Siding repair/replacement	Repairs to driveways or other means of ingress and egress (unless related to accessibility)
Foundations	Cosmetic repairs
Electrical	
Water heaters, furnace replacement. A/C repair/replacement	
Acquisition/Demolition/Replacement of a home where necessary repairs exceed 51% of the pre-disaster Fair Market Value	
Water sources (main water line, well pump repair/replacement) and sewer/septic repairs	

Who Can Apply?

- Individual homeowners must apply through Couleecap to be considered for assistance.
 - You can call Taylor LeJeune at 608-796-9062 to request an application or to determine whether or not you might be eligible for the program.

Household Income Guidelines

Eligible households must have an annual gross income not exceeding the identified amount below. The figure represents 80% of County Median Income (CMI). ***Household Income Limits for all Wisconsin Counties can be found on the DOA website at the following link: <http://doa.wi.gov/Divisions/Housing/CDBG-EAP>***

Family Size	La Crosse County	Monroe County
1 Person	\$40,550	\$38,000
2 Person	\$46,350	\$43,400
3 Person	\$52,150	\$48,850
4 Person	\$57,900	\$54,250
5 Person	\$62,550	\$58,600
6 Person	\$67,200	\$62,950
7 Person	\$71,800	\$67,300
8 Person	\$76,450	\$71,650





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your local community *action* program

Southwest Wisconsin Housing Region (Emergency Flood Repair Grant – EAP funds)

CDBG EAP PROGRAM APPLICATION

Complete the application including all appendices. Failure to complete all sections of the application will delay the process. **Submitting an application does not automatically qualify you for assistance.** Assistance is dependent on funds availability and program guidelines. If you are married, it is required that your spouse be listed as the co-applicant.

APPLICANT	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	PROPERTY ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE)			
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER OR WAY TO BE REACHED		BEST TIME TO BE REACHED	
CO-APPLICANT OR SPOUSE	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER/WAY TO BE REACHED		BEST TIME TO BE REACHED	

CHILDREN OR OTHER INDIVIDUALS LIVING IN THE HOME

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, or family members. Use a separate sheet of paper to list any additional persons beyond four. Failure to report all household members may result in disqualification.

NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

WISCONSIN MARITAL PROPERTY ACT CREDIT APPLICATION FORM

In order to comply with the provisions of the Wisconsin Marital Property Act, it is necessary for you to provide the following information:

1. Marital Status: _____ Married _____ Unmarried _____ Legally Separated (Date of Decree) _____

2. If married:

a. Spouse's name _____

b. Spouse's address _____

3. **Notice to married applicants:** No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to s. 766.587, Wis. Stats.), a unilateral statement classifying income from separate property under s.766.59, or court decree under s.766.70 Wisconsin Statutes adversely affects the creditor unless the creditor is furnished 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.

If you wish to have a marital property agreement, unilateral statement or court decree considered in connection with your application, you may enclose a copy of it with this form.

FINANCIAL HISTORY INFORMATION

	Applicant	Co-Applicant
Are you currently a party to a lawsuit, or do you have reason to believe that you will become party to a lawsuit in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a United States citizen or qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligations, or loan guarantees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AGREEMENTS & ACKNOWLEDGEMENTS

The undersigned specifically acknowledge that:

Loan Agreements:

1. This application is being made to La Crosse County, lead county administrator for the Southwest Wisconsin Housing Region;
2. The property will not be used for any illegal or prohibited purpose or use;
3. All statements made in this application are made for the purpose of obtaining the loan/grant herein;
4. The property will be used as the primary residence of the applicants;
5. Verification or re-verification of any information contained in the application may be made at any time by La Crosse County or its agents, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by La Crosse County, even if the loan is not awarded.
6. La Crosse County, its agents, successors, and assigns will rely on the information contained in the application. I have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I have represented herein should change.
7. The loan requested by this application will be secured by a mortgage or deed of trust on the property purchased with the assistance of this application;
8. In the event payments on the loan indicated in this application become delinquent, La Crosse County, its agents, successors, an assigns may, in addition to all their other rights and remedies, report my name and account information to a credit reporting agency;
9. Ownership of the loan may be transferred to successors or assigns of La Crosse County without notice to me and/or the administration of the loan account may be transferred to an agent, successor, or assign of La Crosse County without prior notice to me.
10. La Crosse County, its agents, successors, and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

Certification:

I certify that the information provided in this application is true and correct as of the date of my signature on this application. I acknowledge my understanding that any intentional or negligent misrepresentation of the information in this application may result in civil liability and/or criminal prosecution.

Applicant Signature

Date

Co-Applicant Signature

Date

Applicant Name (printed)

Co-Applicant Name (printed)

Southwest Wisconsin Housing Region Fair Housing Act Information Form

Statement of Purpose:

The Southwest Wisconsin Housing Region requests the following information in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so.

The Southwest Wisconsin Housing Region may neither discriminate on the basis of this information, nor on the basis of whether or not you choose to furnish it. Under Federal regulations the Southwest Wisconsin Housing Region is required to note race and gender on the basis of visual observation or surname even if you do not choose to supply such information.

	Applicant	Co-Applicant
Race/National Origin	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> American Indian/Alaskan Native & White
	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American
	<input type="checkbox"/> Other/Multi-racial	<input type="checkbox"/> Other/Multi-racial
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Male
	<input type="checkbox"/> Female	<input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino

Applicant: I do not wish to furnish this information

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

Additional Household Questions

1. Are you or anyone in your household a veteran or in the military? Yes No

2. Are you or anyone in your household disabled? Yes No

Uses a walker, cane, or crutches Wheelchair bound Loss of Limb

Blind Hearing impaired Mentally disabled

If yes, please list name(s): _____

Southwest Wisconsin Housing Region General Release of Information

To Whom It May Concern:

I/We have applied for a loan and hereby authorize you to release to the Southwest Wisconsin Housing Region, the program administrator, the requested information listed below:

1. Previous and past employment history including employer, period employed, title of position, income, and hours worked.
2. Disability payments, social security, and pension funds.
3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.
4. Information regarding previous or current unemployment benefits received as well as the remaining benefit amount. These unemployment insurance files may be provided to and accessed by Federal Home Loan Bank of Chicago, WHEDA, HUD, Wisconsin Community Action Program, Department of Administration, The City of La Crosse Planning Department or USDA Rural Development.

This information will be for the confidential use of the Southwest Wisconsin Housing Region in determining my/our eligibility for a grant or to confirm information I/we have supplied. Please complete the attached verification request. A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed release of information form will be kept on record with the Southwest Wisconsin Housing Region.

Applicant

Co-Applicant

Last Name, First Name, MI

Last Name, First Name, MI

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Signature

Date

Signature

Date

NOTICE TO BORROWERS: the Right to Financial Privacy Act of 1978 requires this notice to you. The Department of Housing and Intergovernmental Relations/Department of Housing, Federal Housing Administration or Veterans Administration have a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to DHIR/DOH, FHA, or VA without further notice or authorization but will not be disclosed or released by this institution to another government agency without your consent except as required by law.

NOTICE TO BORROWERS: You are not required to provide the Southwest Wisconsin Housing Region or any of its agents, officers, or employees with your social security number. Failure to provide your social security number may limit your participation in programs or make you ineligible for programs.

Southwest Wisconsin Housing Region Home Rehabilitation Request

HOUSEHOLD REPAIR QUESTIONS

Answer all of the questions below to the best of your ability. You may need to contact your local city or county clerk for some information.

Approximate age of your property	
Number of years at this address	
Name of your Homeowners Insurance company	
Type of Fuel Used for Heating: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other (_____)	
Number of legal bedrooms (include those not currently being used as bedrooms)	
Do you have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many and what kind?	
Is your home historic, or could it be considered historic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home currently owned under a land contract or lease to purchase agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home located in a 100 year floodplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home located along a riverbank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home adjacent to a site of a chemical spill, SUPERFUND site, or radioactive materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home located within 1,000 feet of an interstate or US highway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your home located in a wetland area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any endangered species (plants or animals) on your property to your knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your property located next to a factory or other industrial site that could create an explosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name of the company who hauls your garbage:	
Please list the name of the landfill where your garbage is hauled to: (You can obtain this information by calling your garbage hauler)	
Is your source of water a private well or municipal?	<input type="checkbox"/> Private Well <input type="checkbox"/> Municipal
Is your home in a residentially zoned area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you still making payments on your home (mortgage payments)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your payment per month?	\$
If yes, what is your current mortgage balance?	\$
Are you working with another organization to address any of the repairs on your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what Organization?	

PERSONAL STATEMENT

Please write a brief explanation of why you should be selected and how it will help you:

DESIRED REHABILITATION / HOME MODIFICATIONS

Briefly describe the type of work feel is necessary for your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items below will be considered for assistance, but the final decision on what work can be done with our time and financial resources will be made at the discretion of the lead housing agency. Pictures of any damage that you can send may be helpful as well.

Area of Repair	Description
<p>Accessibility Modification</p> <p><i>Examples: Wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</i></p>	
<p>Carpentry Repairs</p> <p><i>Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.</i></p>	
<p>Electrical Repairs</p> <p><i>List rooms where wall outlets, switches, and/or light fixtures do not work. List areas where electrical may be dangerous.</i></p>	
<p>Plumbing Repairs</p> <p><i>Describe sink, tub, toilet, or other plumbing leaks and/or concerns.</i></p>	
<p>Roofing Repairs</p> <p><i>Describe where the roof leaks. Is it shingles? Plastic? Metal? Describe condition. Include any soffit, fascia or gutter repairs needed.</i></p>	
<p>Doors and Windows</p> <p><i>Describe repairs required, including glass, frames, weather-stripping, etc. Please list the number of windows, doors, etc. you seek to be repaired/replaced.</i></p>	
<p>Exterior Repairs</p> <p><i>Describe exterior touch ups desired, including exterior painting, small exterior repairs, siding replacement, etc.</i></p>	
<p>Other Repairs</p> <p><i>Please list all other repairs not listed above.</i></p>	

Southwest Wisconsin Housing Region Household Financial Relationships Disclosure

Applicant Name _____ Date _____

The Southwest Wisconsin Housing Region must consider all income earned by residents of the household. Please complete this questionnaire. Providing false information may be cause for disqualification from the program.

1. Are you married? Yes No

For purposes of this question, if you were married and do not have a final divorce decree you are still considered married under the provisions of the Southwest Wisconsin Housing Region's programs.

2. Does anyone, age 18 or over, live in your household with you? Yes No

If someone you consider a "significant other" is living with you now, that person must be listed below. Also include any children, age 18 and over, who live with you.

Place additional names on the back of this form

Failing to completely disclose all income-earning household members is one of the top reasons for disqualification from the Southwest Wisconsin Housing Region's home rehabilitation programs. Failure to disclose all individuals can place you at risk to lose earnest money and/or face additional financial penalties.

Statement of Understanding

I hereby state that the above information is true and accurate to the best of my knowledge. I understand that failure to disclose household members and/or to provide accurate marriage status information may place me at jeopardy of losing funding, may cause me to incur fees, and may place me at risk for immediate repayment of any assistance I may receive. I further agree to not hold the Southwest Wisconsin Housing Region, its officers, employees, or assigns responsible for any financial or other loss that I incur by providing false information.

Applicant Signature

Date

Southwest Wisconsin Housing Region - Conflict of Interest Addendum (Applicant)

Please indicate the nature of any relationship you have with the following people.

Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

No relationship	Family (list relationship)	Business	Name	Position
Administrative Staff				
<i>CC: Couleecap, Inc. SC: Southwestern WI CAP, Inc. WD: Western Dairyland CAA LC: La Crosse County</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ashley Lacenski	Community Development Director, CC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sara Berger	Community Development Specialist, CC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Katelyn Hackman	Housing Programs Assistant, CC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taylor LeJeune	Outreach Assistant, CC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kevin Riley	Housing Programs Assistant, CC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shaynan Holen	Housing Programs Assistant, CC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phyllis Novinskie	Program Director, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicole Nelson	Systems Manager, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lori Olson Pink	Housing Coordinator, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ben Taylor	Housing Coordinator, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pat Klar	Housing Coordinator, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Troy Bjorgo	Assistant Director Energy/Housing, WD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charlie Handy	County Planner, LC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brian Fakuda	Community Development Specialist, LC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharon Davidson	Deputy Finance Director, LC
La Crosse County Board of Supervisors				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Andrea Richmond	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patrick Scheller	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vicki Burke	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ralph Geary	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dave Holtze	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patrick Barlow	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doug Weidenbach	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tina Tryggstad	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Matt Nikolay	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maureen Freedland	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Margaret Larson	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leon Pfaff	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isaac Tahiri	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monica Kruse	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ray Ebert	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roger Plesha	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dan Ferries	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dan Hesse	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharon Hampson	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mike Giese	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tina Hundt Wehrs	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peggy Jerome	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laurence Berg	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kathie Tyser	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerome Gundersen Jr.	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rick Cornforth	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kim Cable	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steve Doyle	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tara Johnson	County Board Chair
Southwest Wisconsin Housing Region Housing Committee				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peggy Jerome	La Crosse County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	David Olson	Crawford County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Linda Gebhart	Grant County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Robert Keeney	Green County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scott Godfrey	Iowa County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kyle Deno	Jackson County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Douglas O'Brien	Lafayette County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	James Bialecki	Monroe County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jeanetta Kirpatrick	Richland County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paul Syverson	Trempealeau County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diane McGinnis	Vernon County

Name: _____ Applicant Co-Applciant
 Signature: _____ Date: _____

Applicant and Co-Applicant must complete separate addendums

Southwest Wisconsin Housing Region - Conflict of Interest Addendum (Co-Applicant)

Please indicate the nature of any relationship you have with the following people.

Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

No relationship	Family (list relationship)	Business	Name	Position
Administrative Staff				
<i>CC: Couleecap, Inc.</i>		<i>SC: Southwestern WI CAP, Inc.</i>		<i>WD: Western Dairyland CAA</i>
<i>LC: La Crosse County</i>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shaynan Holen	Housing Programs Assistant, CC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phyllis Novinskie	Program Director, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nicole Nelson	Systems Manager, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lori Olson Pink	Housing Coordinator, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ben Taylor	Housing Coordinator, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pat Klar	Housing Coordinator, SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Troy Bjorgo	Assistant Director Energy/Housing, WD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charlie Handy	County Planner, LC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brian Fakuda	Community Development Specialist, LC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharon Davidson	Deputy Finance Director, LC
La Crosse County Board of Supervisors				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Andrea Richmond	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patrick Scheller	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vicki Burke	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ralph Geary	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dave Holtze	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patrick Barlow	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doug Weidenbach	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tina Tryggstad	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Matt Nikolay	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maureen Freedland	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Margaret Larson	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leon Pfaff	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isaac Tahiri	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monica Kruse	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ray Ebert	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roger Plesha	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dan Ferries	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dan Hesse	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharon Hampson	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mike Giese	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tina Hundt Wehrs	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peggy Jerome	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laurence Berg	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kathie Tyser	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerome Gundersen Jr.	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rick Cornforth	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kim Cable	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steve Doyle	Board Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tara Johnson	County Board Chair
Southwest Wisconsin Housing Region Housing Committee				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peggy Jerome	La Crosse County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	David Olson	Crawford County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Linda Gebhart	Grant County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Robert Keeney	Green County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scott Godfrey	Iowa County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kyle Deno	Jackson County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Douglas O'Brien	Lafayette County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	James Bialecki	Monroe County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jeanetta Kirpatrick	Richland County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paul Sverson	Trempealeau County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diane McGinnis	Vernon County

Name: _____ Applicant Co-Applicant
 Signature: _____ Date: _____
 Applicant and Co-Applicant must complete separate addendums

Southwest Wisconsin Housing Region Privacy & Disclosure Notice

We may collect non-public personal information about you from the following sources:

- Information that you provide to us, such as on applications or other forms;
- Information about your transaction with us or others; and
- Information from others, such as credit bureaus, real estate appraisers and employers

We do not disclose any non-public personal information about you to anyone, except as permitted by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information to provide you products or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

The Southwest Wisconsin Housing Region provides Home Improvement and Rehabilitation Counseling, Mortgage Default and Delinquency Counseling, Pre-purchase Counseling, Services for Homeless Counseling, and Pre-purchase Homebuyer Education Workshops. You are not obligated to receive, purchase, or utilize any other services offered by Southwest Wisconsin Housing Region in order to receive housing counseling services.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Each of the undersigned hereby acknowledges the receipt of completed copies of the Privacy Notice.

Applicant Signature

Date

Co-Applicant Signature

Date

Southwest Wisconsin Housing Region, Inc. Privacy & Disclosure Notice

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE

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Applicant Signature

Date

Co-Applicant Signature

Date

Note- Please detach this copy and keep for your records.



Southwest Wisconsin Housing Region

(Emergency Flood Repair Grants – EAP funds)

CDBG EAP Asset Disclosure Form

Name: _____

Address: _____

Please complete the following information and return any required documentation.

1. SAVINGS ACCOUNT

- No, we do not have a savings account (no documentation required)
- Yes, we have a savings account*

*Required documentation (submit documentation for all savings accounts maintained)

1 month bank statement showing monthly account balance, including interest rate and deposits

AND

Copy of 1099 form showing interest accrued in the previous year

2. CHECKING ACCOUNT

- No, we do not have a checking account (no documentation required)
- Yes, we have a checking account*

*Required documentation (submit documentation for all checking accounts maintained)

6 months of bank statements that show the bank's name/logo along with the monthly account balance and all deposits and withdrawals.

3. STOCKS, BONDS, SAVINGS CERTIFICATES, MONEY MARKET FUNDS, OR OTHER INVESTMENT ACCOUNTS

- No, we have no assets under this category (no documentation required)
- Yes, we have assets under this category*

*Required documentation

List all investment items below. Include all assets earnings made on the investments within the past 12 months (i.e. amount made outside of personal contributions: interest, dividends, etc.) —*also include written documentation*

Investment Type	Net worth of Investment	12 month earnings



La Crosse County, 400 4th Street North, La Crosse, WI 54601 • Phone 608.785.5792
 Couleecap, Inc. 110 N Main Street, Westby, WI 54667 • Phone 608.634.4100
 Western Dairyland, 23122 Whitehall Road, PO Box 125, Independence, WI 54747 • Phone 715.985.2391
 Southwest Wisconsin CAP, Inc. 149 N Iowa Street, Dodgeville, WI 53553 • 608.935.2326
 Wisconsin Department of Administration, Division of Housing, 101 E. Wilson St., 5th Floor PO Box 7970 Madison, WI 53707

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4. EQUITY IN REAL PROPERTY OR OTHER PRINCIPAL INVESTMENTS

Equity is the estimated current market value of the asset minus the unpaid balance on all loans against the asset and any reasonable costs associated with selling the asset (i.e. broker fees).

Your primary residence is NOT considered as an asset.

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

List all investments below, include fair market value minus any loans attached to the investment and costs associated with selling the asset—*also include written documentation*

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

5. CASH VALUE OF TRUSTS THAT ARE AVAILABLE TO THE HOUSEHOLD

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

Please list current balance available in all trusts held by your or any family member—*also include written documentation*

\$ _____

6. IRA, KEOGH, OR SIMILAR RETIREMENT SAVINGS ACCOUNTS, EVEN IF WITHDRAWAL WOULD RESULT IN A PENALTY

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

Provide documentation showing balance of funding available in all retirement savings accounts. Also include documentation outlining penalties issued for early withdrawal.

7. CONTRIBUTIONS TO COMPANY RETIREMENT/PENSION FUNDS THAT CAN BE WITHDRAWN BEFORE RETIREMENT OR TERMINATING EMPLOYMENT

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

Provide documentation showing balance of funding available in all retirement/pension funds. Also include documentation outlining penalties issued for early withdrawal. **This information can be obtained from your employer.**

8. ASSETS THAT, ALTHOUGH OWNED BY MORE THAN ONE PERSON ALLOW UNRESTRICTED ACCESS BY THE APPLICANT(S)

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

List all shared assets below, include fair market value minus any loans attached to the investment and costs associated with selling the asset—*also include written documentation*

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

9. LUMP SUM RECEIPTS, INCLUDING INHERITANCE, CAPITAL GAINS, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, AND/OR OTHER CLAIMS

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

List and provide written documentation of all lump sum payments made to you or any member of your family within the past 12 months

Type of Payment	Amount

10. PERSONAL PROPERTY HELD AS AN INVESTMENT (GEMS, JEWELRY, COIN COLLECTIONS, ANTIQUE CARS, ETC.)

- No, we have no assets under this category (no documentation required)
 Yes, we have assets under this category*

*Required documentation

List all property below, include fair market value minus any loans attached to the investment and costs associated with selling the asset—*also include written documentation*

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

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11. CASH VALUE OF LIFE INSURANCE POLICIES

- No, we have no assets under this category (no documentation required)
- Yes, we have assets under this category*

*Required documentation

Provide documentation showing money available through cash-out of any insurance policies held by you or a family member. **This information can be obtained from your insurance provider.**

12. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE IN THE LAST 24 MONTHS

- No, we have no assets under this category (no documentation required)
- Yes, we have assets under this category*

*Required documentation

List all assets sold for less than fair market value in the past 24 months. Provide written documentation for all sales.

Asset Description	Fair Market Value	Amount sold for

If you have not done so, please also provide a copy of your most recent 1040 Federal Tax Return form.

Child Support Referral Notice

If you are a single parent, you may be entitled to child support payments from the other parent of your child(ren). These payments are not optional and are your right, even if the other parent lives with you, shares custody, or otherwise contributes to the maintenance of your household. A court order is required for non-voluntary child support to be provided. Child support orders can be obtained for obligatory parents who have seasonal work, work part-time, or otherwise have intermittent employment or no employment at all (via tax refund intercepts).

County services exist to help you do the following:

- Establish paternity including genetic testing at a reduced cost.
- Locating the obligated parent.
- Obtain a court order for child support and medical insurance
- Enforce existing court orders for child support including withholding income from the obligated parent's wages, intercepting tax refunds, and obtaining liens against property owned by the obligated parents.
- Enforce existing court orders across state lines. This includes helping you establish a new order or enforce an existing one.

It is the obligation of both parents to provide for the welfare and financial cost of raising a child. If you have a child(ren) and are not receiving support from the other parent, please consider the referral information below to help you begin, increase, or modify your child support payments:

La Crosse County:

La Crosse County Administrative Center, 400 4th Street North – Room 2160, La Crosse, WI 54601
Hours: 8:00 a.m. – 4:30 p.m. Monday-Friday (other times by appointment). Phone: 414-615-2596

Monroe County:

112 South Court Street, Room 101, Sparta, WI 54656
Hours: 8:00 a.m. – 4:30 p.m. Monday-Friday (other times by appointment). Phone: 608-269-8733

Vernon County:

400 Courthouse Square, Viroqua, WI 54665
Hours: 8:00 a.m. – 4:30 p.m. Monday-Friday (other times by appointment). Phone: 608-637-5335

Crawford County:

Administration Building, 225 N. Beaumont Road, Suite 318, Prairie du Chien, WI 53821
Hours: 8:00 a.m. – 4:30 p.m. Monday-Friday (other times by appointment). Phone: 608-326-0218

Other Resources: You may find a list of all Child Support Agencies in the Wisconsin at: <http://dcf.wisconsin.gov/bcs/agencylist.htm>
The Department of Children and Families also has a helpful video that explains the child support process: <http://dcf.wisconsin.gov/bcs/videos/cp-ov/player.html>

I certify that I have received a Child Support Referral Notice from Couleecap as part of my application to the EAP program.

Client Name

Client Signature

Date

