



Wyoming Rehabilitation and Acquisition Program Application Form

Return Completed Application and \$20 application fee to:

WCDA – WRAP Program
155 North Beech Street
PO Box 634
Casper WY 82602
Phone (307) 265-0603

Applicant(s) Information:

Applicant's Full Name _____

Address _____
Street Apt. # City State Zip

Phone (Home) _____ Phone (Cell) _____

Marital Status _____ Email Address: _____

Co-Applicant's Full Name _____

Address _____
Street Apt # City State Zip

Phone (Home) _____ Phone (Cell) _____

Marital Status _____ Email Address: _____



Current housing arrangement: RENT HOMELESS LIVING WITH FAMILY HOMEOWNER
 OTHER, please describe _____

Has the Applicant or Co-Applicant owned a home in the last three years? YES NO
 If yes, when _____ If yes, was the home your primary residence? YES NO

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long:	

A. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age	SS#
Head					
Co-Head					
3.					
4.					
5.					
6.					
7.					
8.					

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain:

Do your dependents live with you at least 50% of the year? YES NO



Will anyone else be living with you? YES NO If YES, include:

Full Name _____

Is there a need for special accommodations for the household? Yes No if Yes, Please explain _____

Housing Preferences:

Due to the nature of the program it is not possible to select a house for any specific household; however, the information will be used to gather general information on the type of house and features that are desired by participants.

Number of Bedrooms Desired: Minimum _____ Maximum _____

Number of Bathrooms Desired: Minimum _____ Maximum _____

Type of House Desired: Single Family Detached Townhouse/Attached Condo

Other desired features _____

Desired Area of Town _____

Do you understand that should your household be selected for a home under the WRAP Program you will be required to make a monthly mortgage payment for 30 years? YES NO

Are you able to contribute 25% of the gross household income towards a mortgage payment? YES NO

B. INCOME

List ALL sources of income for all those in the household, as requested below. If a section doesn't apply write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$



	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Contributions from outside the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships exceeding the amount of tuition may have to be included in total income)	\$

	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

C. Employment

Household Member Name	Source of Income	Monthly Amount
	Monthly salary	\$
	Employer:	
	Position Held	
	How long employed:	
	Monthly salary	\$
	Employer:	
	Position Held	
	How long employed:	
	Monthly salary	\$
	Employer:	
	Position Held	
	How long employed:	
	Monthly salary	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$



Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes to any of the above, explain and provide amount:

.....

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$



Life Insurance Policy	#			Cash Value \$
Life Insurance Policy	#			Cash Value \$
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Market value when sold/dispensed	\$



Amount sold/disposed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please list:	

E. Monthly Expenses

Household Member Name	Expense	Monthly Amount
	Rent / Mortgage	\$
		\$
	Utilities (Electric)	\$
	Utilities (Water)	\$
	Utilities (Gas)	\$
		\$
	Food	\$
	Cable	\$
		\$
	Telephone	\$
	Telephone	\$
	Telephone	\$
		\$
	Automobile/Transportation/Fuel	\$
	Automobile/Transportation/Fuel	\$
	Automobile / Transportation/Fuel	\$
		\$
	Auto Insurance	\$
	Auto Insurance	\$
	Auto Insurance	\$
		\$



	Auto Maintenance	\$
	Auto Maintenance	\$
	Auto Maintenance	\$

	Alimony	\$
	Alimony	\$
	Alimony	\$

	Child Support	\$
	Child Support	\$
	Child Support	\$
	Child Care	\$
	Child Care	\$
	Child Care	\$
	Medical Insurance / Bills	\$
	Medical Insurance / Bills	\$
	Medical Insurance / Bills	\$
	SUB-TOTAL (carry forward)	\$

Monthly Expenses (continued)

Household Member Name	Expense	Monthly Amount
	SUB-TOTAL (brought forward)	\$
	Garnishment / Collections	\$
	Garnishment / Collections	\$
	Credit Card	\$
	Credit Card	\$
	Credit Card	\$
	Judgment	\$
	Judgment	\$
	Judgment	\$
	Student Loans:	\$
	Other (list):	\$
	Other (list)	\$



	Other (list):	\$
TOTAL EXPENSES		

Outstanding Obligations (itemize outstanding debts for applicant, co-applicant or other household member(s))				
Household Member Name	Type of Loan	Account No.	Amount Owed	Monthly Payment

Has the Applicant or Co-Applicant ever filed bankruptcy? YES NO If yes, who & when _____

Has the Applicant or Co-Applicant ever defaulted on a mortgage which resulted in a foreclosure? YES NO
If yes, when _____

Has the Applicant or Co-Applicant ever had a judgment filed against their assets YES NO
If yes, what is the status of the judgment _____

Does the Applicant or Co-Applicant have outstanding collections from creditors? YES NO
If yes, what is the status of the collections? _____

Are you or any member of your family currently using an illegal substance? _____

Do you have access to funds from a homeownership preparedness /self-sufficiency program? YES NO
If yes, please explain _____

Are you able to make a down payment of at least the first year taxes and homeowner's insurance, estimated to be approximately \$1,500 to \$2,500? YES NO

Are you receiving a portion of the down payment from another party? YES NO If yes, please list amount and who is giving the funds _____

Are you currently working with a Realtor? YES NO
If yes, have you signed any documents, including a Buyers Agent Agreement, with the Realtor? YES NO



If yes, please attach a copy of all documents.

Have you been prequalified for a mortgage? YES NO If yes, what is the approved loan amount ? \$_____

How did you hear about the WRAP Program? _____

Are any members of the household related to a WCDA employee or member of the Board of Directors?
YES NO

If yes, please list _____

Homebuyer Education:

Have you taken a qualified homebuyer education class? YES NO If yes, please attach a copy of the certificate

Have you participated in the one-on-one homebuyer/credit counseling? YES NO

All homebuyers are required to take a HUD certified homebuyer education class and attend one-on-one counseling prior to closing.

Include with the application:

- Most recent three years tax returns
- Three months pay stubs (or other source of income)
- \$20.00 non-refundable fee



Acknowledgment and Certification

The undersigned specifically acknowledge(s) and agree(s) that: (1) the loan requested by this application will be secured by a mortgage on the property described herein; (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 indicated herein; (4) the property will be occupied by the owner; (5) verification or re-verification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, 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 the Lender, even if the loan is not approved; (6) the Lender, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) in the event my/our payments on the loan indicated in this application become delinquent, the Lender, its agents, successors and assigns, may, in addition to all their other rights and remedies, report my/our name(s) and account information to a credit reporting agency; (8) ownership of the loan may be transferred to successor or assign of the Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of the Lender with prior notice to me; (9) the Lender, 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/We certify under penalty of perjury that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

Applicant Signature

Co-Applicant Signature

Date

Date

Information for Governmental Reporting

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

Borrower

Co-Borrower

I do not wish to furnish this information

I do not wish to furnish this information

American Indian or Alaskan Native

American Indian or Alaskan Native

Asian or Pacific Islander

Asian or Pacific Islander

White, not of Hispanic Origin

White, not of Hispanic Origin



Black, not of Hispanic Origin
 Hispanic
 Other (specify) _____

Sex: Male Female

Black, not of Hispanic Origin
 Hispanic
 Other (specify) _____

Sex: Male Female



Credit Report Authorization and Release

Authorization is hereby granted to the Wyoming Community Development Authority to obtain a standard factual data credit report through a credit reporting agency chosen by the Wyoming Community Development Authority.

My signature below authorizes the release to the credit reporting agency of a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds the Wyoming Community Development Authority and any credit reporting organization harmless in so mailing the copy requested. Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Borrower's Signature

Date

Co-Borrower's Signature

Date

Other Household Member Signature

Date

All household members, age 18 and above must, sign the Authorization.



Authorization to Release Copy of Credit Report

Federal Program requirements mandate that WRAP program participants attend a homebuyer education course. The homebuyer is required to attend a class containing information regarding homeownership and credit counseling. Wyoming Housing Network, Inc. (WHN) provides the homebuyer education and one-on-one counseling for the WRAP program in Wyoming. In order to provide the one-on-one credit counseling, WHN will need to have access to your Credit Report. Signing the following authorization will allow WCDA to provide a copy of your Credit Report to WHN.

I, _____, (print name) _____, (print name) _____, (print name) _____, (print name) hereby authorize Wyoming Community Development Authority (WCDA) to release a copy of my/our credit report to:

**Wyoming Housing Network
300 South Wolcott, Suite 200
Casper, WY 82601**

Applicant Signature

Date

Co-Applicant Signature

Date

Other Household Member(s) Signature

Date

All household members, age 18 and above must, sign the Authorization.

Do Not Fax a copy of the Authorization to Release Copy of Credit Report. Original signature are needed.



Authorization to Release Information to Realtor

If you are working with a Realtor, signing the following would authorize Wyoming Community Development Authority (WCDA) to provide information to the Realtor regarding the status of your Wyoming Rehabilitation and Acquisition Program (WRAP) application and also to provide them with an approximate purchase price of a house that you would be able to qualify to purchase based on your income, credit, and household size.

By signing the following:

I, _____, (print name) _____, (print name) _____, (print name) _____, (print name) hereby authorize Wyoming Community

Development Authority (WCDA) to release information to:

Realtor Name: _____

Realtor Address: _____

Realtor Phone Number: _____

Applicant Signature Date

Co-Applicant Signature Date

Other Household Member(s) Signature Date

All household members, age 18 and above must, sign the Authorization.

Do Not Fax a copy of the Authorization to Release Copy of Credit Report. Original signature are needed.