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**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 ***legally*** ***entitled*** to receive alimony? |  Yes  No |
| If yes, list the amount you are ***entitled*** to receive. | $ |
| Do you receive alimony? |  Yes  No |
| If yes list amount you receive. | $ |
|  | | |
|  | **Child Support** |  |
| Are you ***legally*** ***entitled*** to receive child support? |  Yes  No |
| If yes list the amount you are ***entitled*** to receive. | $ |
| Do you receive child support? |  Yes  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? | | | | | ** Yes  No** |
| Is any member of the household legally entitled to receive income assistance? | | | | | ** Yes  No** |
| Is any member of the household likely to receive income or assistance ***(monetary or not)***  from someone who is not a member of the household as listed on Page 2 etc)? | | | | | ** Yes  No**  **Yes** |
| **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: ***Do you own any property?*** |  Yes  No |
| ***If yes,*** 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? |  Yes  No |
| ***If yes,*** describe: | |
|  | |
|  | |
|  | |



|  |  |
| --- | --- |
| Have you sold/disposed of any property in the last 2 years? |  Yes  No |
| ***If yes,*** Type of property: |  |
| Market value when sold/disposed | $ |
| 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)? | |
|  |  Yes  No |
| ***If yes,*** describe the asset: | |
| Date of disposition: | |
| Amount disposed | $ |

|  |  |  |
| --- | --- | --- |
| Do you have any other assets not listed above (excluding personal property)? | |  Yes  No |
| ***If yes,*** 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 with 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 \_\_\_ Black, not of Hispanic Origin

\_\_\_ Hispanic \_\_\_ Hispanic

\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female Sex: Male Female

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**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.

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**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) 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.

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**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) 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.