

APPLICATION

The information collected below will be used to determine eligibility for the
City of Racine's Homeownership Incentive Program

APPLICANT INFORMATION:

Name (Last) (First) (Middle)

Address (Street) (City) (State) (Zip)

Age Social Security # Phone # E-mail Address
Marital Status Married Unmarried (single, divorced, or widowed) Separated
Time at this address: ____ yrs ____ months Own Rent Landlord: _____ Phone: _____

Name of Employer Address (Street) (City) (Zip)
Period of Employment _____ to _____

CO-APPLICANT INFORMATION:

Name (Last) (First) (Middle)

Age Social Security # E-Mail Address
Marital Status Married Unmarried (single, divorced, or widowed) Separated

Name of Employer Address (Street) (City) (Zip)
Period of Employment _____ to _____

HOUSEHOLD COMPOSITION (other than applicant(s):

Family Member:	Full Name	Relationship	Age
1	_____		
2	_____		
3	_____		
4	_____		
5	_____		

PREVIOUS ADDRESS:

Address (Street) (City) (State) (Zip)

Previous Owner (Name)

At the time of application, the property was:

Occupied by Owner Occupied by a Tenant Vacant – How long: _____

Realtor (Name) (Company)

Lending Institution (Name)

QUESTIONS FOR THE APPLICATION AND CO-APPLICANT:

Are you presently delinquent or in default on any debt or taxes to the City of Racine?

Applicant: Yes No Co-Applicant: Yes No

Are you presently delinquent or in default on any debt or taxes to Racine County?

Applicant: Yes No Co-Applicant: Yes No

Are you presently delinquent or in default on any debt or taxes to the State of Wisconsin?

Applicant: Yes No Co-Applicant: Yes No

Are you presently delinquent or in default on any Federal debt or taxes?

Applicant: Yes No Co-Applicant: Yes No

Have you ever had property foreclosed upon?

Applicant: Yes No Co-Applicant: Yes No

Do you intend to occupy the property as your primary residence?

Applicant: Yes No Co-Applicant: Yes No

Are you a US Citizen?

Applicant: Yes No Co-Applicant: Yes No

AGREEMENT:

The undersigned hereby applies for the City of Racine's Homeownership Incentive Program and represents that no part of said premises will be used for any purpose forbidden by law or restriction and that all statements made in this application are true and made for the purpose of obtaining the tax and utility credits. Verification may be obtained from any source named herein. The original or a copy of this application will be retained by the City of Racine even if the incentives are not granted.

If approved for the Homeownership Incentive Program, the undersigned agrees to occupy said property as their primary residence for a period of five years from the date of purchase. If for any reason the applicant abandons, sells, rents, or sublets the property prior to the end of the five years, the undersigned agrees that any credits received through the program must be repaid.

The undersigned agrees to provide any needed information the City of Racine for the purpose of processing this application.

Signature (Applicant) (Date)

Signature (Co-Applicant) (Date)