

Think you can't afford a new home?



Think again...

COULEE COMMUNITY

— LAND TRUST —

CCLT APPLICATION				
<i>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 funds or homebuying assistance. Available assistance is dependent on funds availability and program guidelines.</i>				
APPLICANT	FULL NAME (LAST, FIRST, MI)	MAILING ADDRESS (ADDRESS, CITY, STATE, ZIP)	HOME PHONE	CELL PHONE
	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	
	E-MAIL ADDRESS <input type="checkbox"/> Check if you would like to receive our e-newsletter			
	EMPLOYER	EMPLOYER'S ADDRESS	EMPLOYER'S PH #	
	POSITION/JOB TITLE	WAGE INFORMATION \$ _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> BI-WEEK <input type="checkbox"/> YEAR _____ Number of hours per week		
CO-APPLICANT OR SPOUSE	FULL NAME (LAST, FIRST, MI)	MAILING ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)	HOME PHONE	CELL PHONE
	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	
	E-MAIL ADDRESS			
	EMPLOYER	EMPLOYER'S ADDRESS	EMPLOYER'S PH #	
	POSITION/JOB TITLE	WAGE INFORMATION \$ _____ PER <input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> BI-WEEK <input type="checkbox"/> YEAR _____ Number of hours per week		
CHILDREN OR OTHER INDIVIDUALS LIVING IN THE HOME				
<i>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, family members, and live-in unmarried partners or significant others.</i>				
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	
Where did you hear about us? _____				



This institution is an equal opportunity provider and employer

HOUSING AND HOUSEHOLD INFORMATION

Do you presently rent? Yes No

If yes, please answer the following:

Current Landlord _____ Phone Number _____

Landlord's Address _____

Amount of Monthly Rent _____ Dates of Tenancy (From) _____ (To) _____

Are you currently at risk of being displaced from your home? Yes No

If yes, when will you have to move? _____

Reason for displacement: _____

Within the last three years, have you been evicted or been asked by your landlord to move out of your rented home?

Yes No If yes, please explain: _____

Is your current housing substandard in any way? Yes No

If yes, please explain: _____

Does anyone in your household have special needs or serious medical problems aggravated by your current housing?

Yes No If yes, please explain: _____

Have you ever owned or do you presently own property? Yes No

If yes, please explain: _____

Are you a United States resident? Yes No

If no, are you a permanent resident alien? Yes No

If no, please explain your status: _____

Total number of persons residing in your household: _____

PROPERTY SPECIFIC INFORMATION

What amount of money do you have available for a down payment?

Today \$ _____ In 6 Months \$ _____

Have you found a house you wish to purchase? Yes No

If yes, what is the address? _____

If no, what community or communities are you considering? _____

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.

Updated 06/10/2009



FINANCIAL HISTORY INFORMATION

	Borrower	Co-Borrower
Do you have any judgments or collection accounts currently outstanding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a vehicle repossessed? If "yes" indicate year _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 a qualified alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever declared bankruptcy? If "yes" indicate year _____	<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:

Grant/Loan Agreements:

1. The property will not be used for any illegal or prohibited purpose or use;
2. All statements made in this application are made for the purpose of obtaining the loan/grant herein;
3. The property will be used as the primary residence of the applicants;
4. Verification or re-verification of any information contained in the application may be made at any time by CCLT 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 CCLT, even if the loan/grant is not awarded.
5. CCLT, 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.

Additional Loan Agreements:

1. If there is a loan involved 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;
2. In the event payments on the loan indicated in this application become delinquent, CCLT, 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;
3. Ownership of the loan may be transferred to successors or assigns of CCLT without notice to me and/or the administration of the loan account may be transferred to an agent, successor, or assign of CCLT without prior notice to me.
4. CCLT, 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)



If applicant or co-applicant has been employed by the above for less than two years, fill out the following and attach copies of your 1040 federal tax forms for the last three years:

Applicant's Previous Employer		Employer's Address	
Position		Length of Employment	Employer's Phone #
Hourly Wage:	Hours per week:	(Or Annual Salary):	
Co-Applicant's Previous Employer		Employer's Address	
Position		Length of Employment	Employer's Phone #
Hourly Wage:	Hours per week:	(Or Annual Salary):	
Other Household Member's Present Employer		Employer's Address	
Position		Length of Employment	Employer's Phone #
Hourly Wage:	Hours per week:	(Or Annual Salary):	

If any of the above applicants are SELF-EMPLOYED, please attach copies of 1040 tax return forms from the past three years. _____ Check if attached, along with a profit and loss statement showing income and expensed for each month so far for the current year

List three people who can give personal references (sit only one relative):

Name _____ Relationship to applicant _____
 Address _____ Phone Number _____

Name _____ Relationship to applicant _____
 Address _____ Phone Number _____

Name _____ Relationship to applicant _____
 Address _____ Phone Number _____



CCLT, Inc. 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
<i>CCLT Executive & Housing Programs Staff</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Grace Jones	Executive Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Todd Mandel	Community Development Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Kahya Fox	Housing Assistant Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Anastasia Penchi	Housing Programs Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Michele Engh	Housing Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Ashley Lacenski	Housing Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Paul Medinger	Housing Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Jessica Kewin	Executive Aide
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Kristi Knutson	Administrative Assistant
<i>Board of Directors</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	John Young	Chairman
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Bill Rudy	Vice Chairman
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Grace Jones	Treasurer
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Celesta Leis	Secretary

Name: _____

Applicant Co-Applicant

Signature: _____

Date: _____

Applicant and Co-Applicant must complete separate addendums



CCLT, Inc. 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
<i>CCLT Executive & Housing Programs Staff</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Grace Jones	Executive Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Todd Mandel	Community Development Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Kahya Fox	Housing Assistant Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Anastasia Penchi	Housing Programs Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Michele Engh	Housing Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Ashley Lacenski	Housing Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Paul Medinger	Housing Specialist
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Jessica Kewin	Executive Aide
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Kristi Knutson	Administrative Assistant
<i>Board of Directors</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	John Young	Chairman
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Bill Rudy	Vice Chairman
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Grace Jones	Treasurer
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Celesta Leis	Secretary

Name: _____

Applicant Co-Applicant

Signature: _____

Date: _____



CCLT, Inc. Fair Housing Act Information Form

Statement of Purpose:

CCLT, Inc. 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.

CCLT 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 CCLT 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



CCLT, Inc. General Release of Information

To Whom It May Concern:

I/We have applied for a loan/grant and hereby authorize you to release to the CCLT, Inc. 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.

This information will be for the confidential use of the CCLT, Inc. 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 CCLT, Inc.

Applicant

Co-Applicant

Last Name, First Name, MI

Last Name, First Name, MI

Social Security Number

Social Security Number

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 CCLT, Inc. 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.



CCLT, Inc. Hold Harmless Agreement

In applying for purchase financing from CCLT, Inc. I understand that it is strongly recommended that I secure the services of both a fully insured, private property inspector in order to determine whether or not to submit an offer to purchase on a property, and a qualified real estate attorney or broker to assist in the negotiation and closing process. I understand that it is important to consult with CCLT regarding possible repairs and to include any related contingency. I understand that these steps are of utmost importance in protecting me from future problems.

I(We) understand and agree that CCLT is not in any way responsible or qualified to act as a pre-purchase property inspector OR attorney OR broker in that regard, and I (we) agree to fully indemnify and hold harmless CCLT for any problems arising from my (our) decision not to secure the services of a fully-insured private property inspector or qualified real estate attorney or broker.

Applicant

Date

Co-Applicant

Date



**CCLT, Inc. and/or Couleecap, Inc.
Homebuyer Counseling & Credit Report
Agreement**

I UNDERSTAND THAT THE PURPOSE OF CCLT, Inc. and/or Couleecap, Inc., homeownership counseling is to advise and assist me as a potential home buyer in making financing and purchasing decisions.

I ALSO UNDERSTAND the information obtained in counseling sessions is confidential and will be used only for the purpose of assisting with my home purchase and any applicable rehabilitation work. It may be shared with mortgage lenders and others for the purposes of obtaining financing.

I ALSO UNDERSTAND AND AUTHORIZE CCLT, Inc. and or Couleecap to obtain a copy of my credit report from any of the three recognized credit bureaus. This credit report is obtained to establish my creditworthiness and to allow for more effective home purchase counseling and advice.

Applicant

Date

Co-Applicant

Date



CCLT Homebuyer Program Assets & Liabilities Worksheet

Applicant Name:
Co-applicant Name:

Please list all assets and liabilities in the spaces available below. Disclosing all assets allows staff to make better risk management assessments relating to your financial situation.

Asset Type	Value	Monthly Contribution	Belongs to
Savings Account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Checking Account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Money Market Account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
IRA			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
IRA			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
401K or retirement account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Real property (land, home you rent to someone, commercial property)			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant

Liability Type	Total Amount Owed	Monthly payments	Owed by
Car loan Year/Make/Model:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Car loan Year/Make/Model:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Credit Card: Type:			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Child Support			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Collection account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Collection account			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Student loans			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Other loans or debts			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Other loans or debts			<input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant



CCLT, Inc. Media Release

Applicant Name _____

Co-Applicant Name _____

Address _____

City _____ State _____ Zip _____

I hereby authorize CCLT, Inc. to use my photo, photos of my home and/or information related to my experiences with CCLT's First-Time Homebuyer Program. I understand this information may be used in publications (including electronic publications), audiovisual presentations, promotional literature, advertising, community presentations, letters to area legislators and media and/or other similar ways.

I would be interested in speaking to media and/or other interested parties about my experiences:

Yes

No

I prefer that:

my complete name to be used

no name be used

Applicant Signature

Date

Co-Applicant Signature

Date



CCLT, Inc. Household Financial Relationships Disclosure

Applicant Name _____ Date _____

CCLT 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 CCLT's programs.

2. Does anyone, age 18 or over, live in your household with you presently, or will they live in the household once a home is purchased? Yes No
If someone you consider a "significant other" is living with you now, or will live with you after purchasing a home that person must be listed below. Also include any children, age 18 and over, who live with you or will be living 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 CCLT's homebuyer 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 earnest money, may cause me to incur fees, and may place me at risk for immediate repayment of any homebuyer assistance I may receive. I further agree to not hold CCLT, its officers, employees, or assigns responsible for any financial or other loss that I incur by providing false information.

Applicant Signature

Date



CCLT, Inc. Asset Calculation Worksheet

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*

Name of Financial Institution(s) _____

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

- Print-out showing current account balance, including the interest rate

OR

- 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*

Name of Financial Institution(s) _____

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

- Average gross income per month (income after deductions)

\$ _____

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

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

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

Also provide a copy of your most recent 1040 Federal Tax Return form.

