

CDBG EMERGENCY ASSISTANCE PROGRAM



IN ORDER TO APPLY FOR THE EMERGENCY ASSISTANCE PROGRAM, PLEASE FILL OUT THE ATTACHED APPLICATION. Photocopies of the following must be submitted with the application:

- ___ A copy of each working household member's 2007 Federal Income Tax Form (NOT W-2's). If you are self-employed, make sure to include all schedules. Contact the Administrator if you do not file income tax.
- ___ Copies to verify other income sources will also be required. (Social Security Statement, Pension Statement, Child Support) Please attach documentation for any regular reoccurring medical expenses, if applicable.
- ___ A copy of all employed household member's most recent paycheck stub. This stub must show **gross year-to-date** earnings. Please provide a start date if the household member started a new job within the last year.
- ___ A copy of your homeowner insurance policy.
- ___ Documentation from FEMA stating you have or have not received funds through them. If you have received funds through FEMA, please submit documentation as to what work was covered.
- ___ Documentation from your insurance company stating if you have received funds from them. If you have received funds from your insurance company, please submit documentation as to what work was covered.



I have read the pamphlet "Protect Your Family from Lead in Your Home".
(please check one)

YES _____

NO _____

[Click here](#) to view the pamphlet.

Return application to:

Stacy Griswold

C/O MSA Professional Services, Inc.

201 Corporate Drive

Beaver Dam, WI 53916

Phone- 800-552-6330 Fax - 920-887-4250

Please list the income of all persons 18 years of age or older (not including full time students).
 Income includes gross wages, salaries, commissions, net income from self-employment, net income from the operation of real property, interest, dividend, Social Security, SSI, Pensions, AFDC, Alimony, Child Support and any other benefit income.

Name of Household Member	Name of Employer or Source of Income	Length of Employment	Monthly Gross Income

CHILD SUPPORT

Does any household member receive child support? (circle one) yes or no
 - If yes, how often? (circle one) weekly, bi-weekly or monthly
 - If yes, please attach documentation.
 Does any household member pay child support? (circle one) yes or no
 - If yes, please attach documentation.

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____
 Policy Number: _____ Expiration Date: _____
 Phone Number of agent: _____

CONFLICT OF INTEREST

Do you have family or business ties to any of the following people? Yes _____ No _____

Stacy Griswold, Housing Program Assistant	Kari Justmann, Housing Team Leader
Sue Koehn, Housing Program Specialist	Lois Schepp, Comptroller
Debra Wopat, County Board Chairperson	Robert Westby, Committee Member
John Tramburg, Committee Member	Robert Hamele, Committee Member
Mark Witt, Committee Member	

If yes, disclose the nature of the relationship:

Names of covered persons	Relationship

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
 _____ YES _____ NO (YOU MUST CHECK ONE)

EXPLAIN DAMAGES

ATTACH RECEIPTS FOR WORK ALREADY COMPLETED OR ESTIMATES YOU HAVE OBTAINED

I/We, the undersigned owners of the described property, certify that the above statements are true, complete and accurate to the best of my/our knowledge, and understand that false information given may lead to disqualification from this program. I fully understand that it is a federal, state and local crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning the facts of the application.

I/We hereby authorize the Municipality to obtain verification of any information contained in this application from any source named herein. We have given our permission to the Columbia County Emergency Assistance Program to request and receive information required to verify employment, mortgages, deed, trust accounts, savings accounts, credit accounts, financial status and any other information necessary to complete application for a Loan.

No provision of a marital property agreement (including a Statutory Individual Property Agreement Pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with 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.

I/We certify that all information contained in this application is true and complete to the best of (my) (our) knowledge and belief. It is understood that this information is given for the purpose of obtaining financial assistance through the Columbia County Emergency Assistance Program and will be used for no other purpose.

(Signature of applicant)

Date: _____

(Signature of applicant)

Date: _____