



NeighborWorks® Green Bay
(Trade name of Neighborhood Housing Services of Green Bay, Inc.)

Physical & Mailing Address:
437 S. Jackson Street
Green Bay, WI 54301

FEIN: 39-1402851

HUD Counseling Agency ID: 80929

Phone: (920) 448-3075

Fax: (920) 448-3078

Website: www.nwgreenbay.org

General Email: info@nwgreenbay.org

Executive Director: Noel S. Halvorsen

Lending Programs Contact: Kent Gross (920) 593-3702

Internal Revenue Service
District Director

Department of the Treasury

Date: MAY 21 1982

Employer Identification Number:

39-1402851

Accounting Period Ending:

December 31

Foundation Status Classification:

509 (a)(1) & 170 (b)(1)(A)(vi)

Advance Ruling Period Ends:

December 31, 1983

Person to Contact:

Marilyn Gaiovnik

Contact Telephone Number:

~~612-725-5811~~

CLD 0305-2 CASE NO. 41207120ED
FFN 4100300987
NEIGHBORHOOD HOUSING SERVICES OF
GREEN BAY, INC
308 NORTH CHESTNUT AVENUE
GREEN BAY, WI 54303

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Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509 (a)(1) and 170 (b)(1)(A)(vi)

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509 (a)(1) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509 (a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509 (a)(1) organization.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

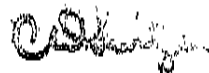
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



U. S. Department of Housing and Urban Development



Denver Homeownership Center
Program Support Division, 8AHTT

1670 Broadway, 23rd Floor
Denver, Colorado 80202-4801

Phone: 1-800-CALLFHA
Fax: 303-672-5084
Web: www.hud.gov

HUD Home Discount Sales and Secondary Financing

Approval Date: September 2, 2008

Approved for the Following Areas:

**City of Green Bay, State of Wisconsin
54301, 54302, 54303, 54304, 54300, and 54313**

Mr. Noel S. Halvorsen, Executive Director
Neighborhood Housing Services of Green Bay
437 South Jackson Street
Green Bay, WI 54301

Dear Mr. Halvorsen:

The Denver Homeownership Center is pleased to advise you that Neighborhood Housing Services of Green Bay has been re-certified as a non-profit organization to perform the following activities:

Purchase HUD foreclosed properties, in certain cases, at a discounted price.

Provide Down Payment, Closing Cost, or Rehabilitation Assistance with a Secondary Lien.

This approval does not include a long-term rental program where Neighborhood Housing Services of Green Bay takes the role of a market rate landlord and/or any lease purchase program.

Although Neighborhood Housing Services of Green Bay has been approved and other Homeownership Centers (HOCs) will recognize this approval, the Affordable Housing Program approval is limited to the geographic area listed above. Should you wish to expand into other areas within our region, contact the individual listed below for expansion requirements. Approval is contingent upon receipt of annual reports documenting the agency's accomplishments during the previous calendar year. The report is to be sent to this office and is due by February 1st of the following year. Neighborhood Housing Services of Green Bay must notify the Denver Homeownership Center immediately if the currently approved Affordable Housing Program Plan changes.

A requirement of the HUD Homes Discount Sales Program is to obtain a Name Address Identifier (N.A.I.D.). If you do not presently have a N.A.I.D., please complete and return the enclosed HUD Form "Payee Name and Address" (SAMS-1111) within 15 days of receipt of this letter (you need only complete blocks 2, 3, 9, 12, and 22-25). The form should be returned to the Denver HOC, Attention: Real Estate Owned Division. You will be unable to bid on and purchase HUD Homes as a non-profit until this form has been returned and the information entered into the appropriate property sales systems.

Per Mortgagee Letter 01-30, Appendix B, all non-profit organizations shall utilize the property to expand affordable housing opportunities by:

- ◆ Completing needed repairs to bring the property in compliance with local housing code followed by resale only to a person who intends to occupy the property as his or her primary principal residence, and whose income is at or below 115 percent of the median income in the area, when adjusted for family size, or State, government entity, tribe, or agency thereof.

- ◆ Re-selling the property for an amount not in excess of 110 percent of the Net Development Cost. Net Development Costs are the total HUD-allowable costs to purchase, rehabilitate and re-sell the property as identified in Appendix A.
- ◆ Ensuring the property is not to be occupied by or re-sold to any of the non-profit's officers, directors, elected or appointed officials, employees, or business associates, either during their tenure or for one year thereafter, or to any individual who is related by blood, marriage, or law to any of the above.
- ◆ Not participating in conflict-of-interest activities with individuals or firms that may provide acquisition or rehabilitation funding; management, sales or rehabilitation services; or other services associated with the property.

Per Mortgagee Letter 06-14, FHA mortgage insurance will not be approved for re-sold properties unless the following condition is met:

- ◆ Only owners of record can sell properties that will be financed using FHA insured mortgages.

In order to access the list of properties available for sale to non-profit organizations, please access the Department's property list at the following web site: <http://www.hud.gov/homes/index.cfm>. The organization responsible for the sale of HUD Homes in your area is:

Company: **Best Assets**
Address : **501 Marquette Ave., Suite 1200, Minneapolis, MN 55402**
Office : **(612) 333-7450**
Toll-Free : **(888) 902-2378**
Fax : **(612) 333-6474**
E-mail : minneapolis@best-assets.com

Questions regarding access to properties, bid results and instructions, and available properties should be addressed directly to this company.

A requirement of the HUD Homes Discount Sales Program is to obtain a Name Address Identifier (N.A.I.D.). If you do not presently have a N.A.I.D., please complete and return the enclosed HUD Form "Payee Name and Address" (SAMS-1111) within 15 days of receipt of this letter (you need only complete blocks 2, 3, 9, 12, and 22-25). The form should be returned to the Denver HOC, Attention: Real Estate Owned Division. You will be unable to bid on and purchase HUD Homes as a non-profit until this form has been returned and the information entered into the appropriate property sales systems.

Neighborhood Housing Services of Green Bay may provide secondary financing assistance in conjunction with an FHA mortgage provided the following guidelines are met:

1. Borrower must make an investment of at least 3% of the cost to acquire the property from a source acceptable to HUD (this source does not include a non-profit which establishes a lien for this funded amount).
2. FHA-insured first mortgage when combined with a second mortgage, as well as any other mortgages, grants, etc., may not result in cash back to the borrower. The sum of all financing may not exceed 100 percent of the cost to acquire the property plus any normal prepaid expenses (except for 203k mortgages where the sum of all financing may not exceed 110 percent of the after-improved value).

3. Required monthly payment under the insured mortgage and the second mortgage or lien, plus other housing expenses and all recurring charges, cannot exceed the borrower's reasonable ability to pay.
4. Source, amount, and repayment terms must be disclosed in the mortgage application, and borrower must acknowledge that he or she understands and agrees to the terms.
5. Any fees charged to the borrower for their involvement in this down payment or closing cost assistance program must be reasonable and customary for the area.
6. If the funds are to be used in conjunction with the rehabilitation of the property, the subsequent lien must meet all of the criteria in 1-5 above.
7. Borrower's household annual income may not exceed 115% of area median income when adjusted for family size.

Please provide a copy of this letter to any lender providing FHA financing for properties included in the approved homeownership program. This approval is limited to the geographic areas listed above. Should you wish to expand into other areas, please contact the individual listed below for expansion requirements.

Non-profit approval will expire two years from the date of this letter. You must submit a request for re-certification at least 30 days prior to the expiration of this approval.

It is Neighborhood Housing Services of Green Bay's responsibility to be aware of guidelines and procedures relative to non-profit participation in FHA programs and to maintain knowledge of any updates relating to these guidelines and procedures. The enclosed list of guidance letters and handbooks will provide a baseline of information. However, future guidance and information will be made available on the HUD Internet web site located at: <http://www.hud.gov>. Those organizations that do not adhere to Departmental guidelines and procedures are subject to possible suspension and/or removal from the approved non-profit listing.

We appreciate your interest in the Department's programs and your assistance to low- and moderate-income homebuyers. If we can be of further assistance, please call Ms. Diane Waller, Housing Program Specialist, at 1-800-CALLFHA (1-800-225-5342).

Sincerely,



Irma Devich
Director

Attachment



Down Payment and Counseling Program
Lender Documentation

ATTENTION: _____ **COMPANY:** _____
FAX: _____ **PHONE:** _____

Client Name(s): _____
Property Address: _____

Housing Counselor: _____ **Direct Line:** _____
Proposed Funding Source(s): _____

NeighborWorks® requires the following documentation from the lender: ** Source of Funding

1. **NRC Funds** - No income restrictions, items A - H required. Plus, either J or K. If self-employed, then item I required.
2. **FHLB Funds** - 80% county Median Income, items A – H required. Item J required for income verification (if no VOE, then item L). If self-employed, then item I required.
3. **HOME Funds** - 80% County Median Income **NO FEE**, item A – F, H & I required. Item J required for income verification (if no VOE, then item L).
4. **Counsel only** - Counseling Form will be faxed & H. Fee as allowed by program.

LENDER DOCUMENTATION:

- A. Loan Application & Underwriting Summary (1008)
- B. Good Faith Estimate
- C. Credit Scores (and/or copy of credit report)
- D. First pages summary of Appraisal
- E. Buyer must make a minimum \$1,000.00 contribution. Contribution cannot be from a seller initiated program.
- F. An 11.00 recording fee will need to be assessed and shown on the HUD.
- G. \$600 NeighborWorks® Program/Counseling Fee will be charged for NRC and \$500 NeighborWorks® Program/Counseling Fee for the FHLB funding and shown on the HUD.
- H. HUD before Closing
- I. 2yr Current Tax Forms & W 2s
- J. VOE
- K. 1 Current Pay Stub showing the year-to-date earnings
- L. 3 Current Consecutive Pay Stubs showing the year-to-date earnings
- M. 1 Current Bank Statement (or signed letter of applicant stating no accounts)
- N. Title Policy

Estimated Closing Date: _____

Closing Location: _____

Title Company: _____

**** NeighborWorks® must be notified immediately with any changes in loan product or closing date after receipt of initial documentation.**

PLEASE FAX ALL DOCUMENTS TO 920-448-3078!

Buyer will also be required to:

1. Complete the NeighborWorks® Homebuyer Education program.
2. Complete a budget for their file.
3. Have a State Certified Home Inspection on property to be reviewed and approved by NeighborWorks® prior to Closing. Property must be in substantial compliance with City of Green Bay codes and ordinances.
4. List *NeighborWorks® Green Bay d/b/a of Neighborhood Housing Services of Green Bay, Inc.* on their homeowner's insurance policy as a SECOND mortgage holder on the property.

80% Maximum Gross Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Brown County	\$36,900	\$42,150	\$47,450	\$52,700	\$56,900	\$61,150	\$65,350	\$69,950

60% Maximum Gross Income:

- 1 Person: \$27,625
- 2 Person: \$31,620
- 3 Person: \$35,580
- 4 Person: \$39,540

REDEVELOPMENT AUTHORITY OF THE CITY OF GREEN BAY PROMISSORY NOTE

Date: Month and Date, 2009

Address: Purchase Address

City: Green Bay, WI Zip Code?

1. BORROWER'S PROMISE TO PAY

I promise to pay \$5,000.00 (Five Thousand and No Cents, this amount is called "principal") to the order of the Lender. The Lender is the Redevelopment Authority of the City of Green Bay. Pursuant to the terms of the attached Promissory Note Rider, I understand that the Lender may transfer this Note. The Lender or anyone who takes this Note by transfer and who is entitled to receive payments under this Note is called the "Note Holder".

No Waiver By Note Holder

Even if, at a time when I am in default, the Note Holder does not require me to pay immediately in full as described above, the Note Holder will still have the right to do so if I am in default at a later time.

Payment of Note Holder's Costs and Expenses

If the Note Holder has required me to pay immediately in full as described above, the Note Holder will have the right to be paid back by me for all of its costs and expenses in enforcing this Note to the extent not prohibited by applicable law. Those expenses include, for example, reasonable attorney's fees.

2. GIVING NOTICES

Unless applicable law requires a different method, any notice that must be given to me under this Note will be given by delivering it or by mailing it by first class mail to me at the Property Address above or at a different address if I give the Note Holder a notice of my different address.

Any notice that must be given to the Note Holder under this Note will be given by mailing it by first class mail to the Note Holder at the address stated above or a different address if I am given a notice of that different address.

3. OBLIGATIONS OF PERSONS UNDER THIS NOTE

If more than one person signs this Note, each person is fully and personally obligated to keep all of the promises made in this Note, including the promise to pay the full amount owed. Any person who is a guarantor, surety or endorser of this Note is also obligated to do these things. Any person, who takes over these obligations, including the obligations of a guarantor, surety or endorser of this Note, is also obligated to keep all of the promises made in this Note. The Note Holder may enforce its rights under this Note against each person individually or against all of us together. This means that any one of us may be required to pay all of the amounts owed under this note.

4. WAIVERS

I and any other person who has obligations under this Note waive the rights of presentment and notice of dishonor. "Presentment" means the right to require the Note Holder to demand payment of amounts due. "Notice of dishonor," means the right to require the Note Holder to give notice to other persons than amounts due have not been paid.

5. UNIFORM SECURED NOTE

This Note is a uniform instrument with limited variations in some jurisdictions. In addition to the protections given to the Note Holder under this Note, a Mortgage, Deed of Trust or Security Deed (the "Security Instrument"), dated the same date as this Note, protects the Note Holder from possible losses which might result if I do not keep the promises which I make in this Note. That Security Instrument describes how and under what conditions I may be required to make immediate payment in full of all amounts I owe under this Note. Some of those conditions are described as follows:

Transfer of the Property or a Beneficial Interest in Borrower. If all or any part of the Property or any interest in it is sold or transferred (or if a beneficial interest in Borrower is sold or transferred and Borrower is not a natural person) without Lender's prior written consent, Lender may, at its option, require immediate payment in full of all sums secured by this Security Instrument. However, this option shall not be exercised by Lender if exercise is prohibited by federal law as of the date of this Security Instrument.

If Lender exercises this option, Lender shall give Borrower notice of acceleration. The notice shall provide a period of not less than 30 days from the date the notice is delivered or mailed within which Borrower must pay all sums secured by this Security Instrument. If Borrower fails to pay these sums prior to the expiration of this period, Lender may invoke any remedies permitted by this Security Instrument without further notice or demand on Borrower.

WITNESS THE HAND(S) AND SEAL(S) OF THE UNDERSIGNED

_____(seal)
Borrower

_____(seal)
Borrower

page
initials

initials

"By initialing, the Borrower(s) acknowledge(s) that this
2 of 2 of the Multisale Fixed Rate Note"

The foregoing instrument was acknowledged before me on this date.

PROMISSORY NOTE RIDER

THIS PROMISSORY NOTE RIDER (“Rider”) is made this **xx** day of **Month**, 2009 and is incorporated into and shall be deemed to supplement a note in the amount of \$5,000.00 (Five Thousand herewith, executed by the Undersigned (“Borrower”) to the Redevelopment Authority of the City of Green Bay (“Lender”) secured by a Mortgage dated on even date herewith.

In addition to the agreements and provisions made in said Note, Borrower and Lender further agree as follows: Borrower has received the sum of \$5,000.00 from Lender.

Borrower agrees to repay the loan in full if the property ceases to become the principal residence of Borrower, is sold or title is transferred within. It is the policy of the Redevelopment Authority of the City of Green Bay not to subordinate our loan position after a retention period of five (5) years. There are certain instances when we will consider subordination. Please call NeighborWorks® Green Bay, as agent of the Redevelopment Authority of the City of Green Bay, for a determination if you are asking for a review of your subordination under this policy. Upon payment no amounts will remain due.

Reimbursement of said subsidy funds shall be made directly to NeighborWorks® Green Bay, as agent for the Redevelopment Authority of the City of Green Bay

The Borrower further agrees that in the event subsidy funds are not repaid in accordance with the provisions set forth above. NeighborWorks® Green Bay, as agent of the Redevelopment Authority of the City of Green Bay, may commence legal action to collect such funds in accordance with the terms of this Agreement and Borrower may be liable for any court costs in addition to any reasonable costs and expenses incurred in collection of this amount to the extent not prohibited by applicable law.

This Promissory Note Rider along with promissory Note and Mortgage is executed in accordance with the terms and conditions of the HOME Down Payment/Closing Cost Program administered by NeighborWorks® Green Bay, as agent of the Redevelopment Authority of the City of Green Bay.

Borrower acknowledges borrower’s payment of an \$11.00 mortgage recording fee in connection with this note.

IN WITNESS WHEREOF, Borrower has executed this Promissory Note Rider.

_____(Seal)
Borrower

_____(Seal)
Borrower

The foregoing instrument was acknowledged before me on this date



GREEN BAY

Neighborhood Housing Services of Green Bay, Inc. d/b/a NeighborWorks® Green Bay Program Application

Return Completed Application: NeighborWorks® Green Bay
437 S. Jackson St.
Green Bay, WI 54301

Today's Date: _____

Part 1: Household Information

Name, Social Security Number, Date of Birth, Co-Applicant, Current Address, City/State, Zip Code, Home Telephone, Mobile Phone, Other Telephone, Email

Part 2: Tracking Services

How did hear about NeighborWorks® Green Bay?, Are you or anyone in your household disabled?, Have you owned a home in the last three years?, Do you currently reside in Brown County?, If other than Brown County, what county do you reside in?, Are you currently getting rental assistance (Section 8)?, Have you been pre-approved?, Do you currently rent or own?, If rent, how much is your current rent?, If own, how much is your current mortgage payment?

Part 3: Loan Information

Do you currently have an offer on a property?, If Yes, what is the Property Address: _____ Closing Date: _____, Lender (Company): _____ Lender (Name): _____ Phone: _____, Realtor (Company): _____ Realtor (Name): _____ Phone: _____

Information for government monitoring purposes:

Applicant: Race (Circle One): White Black Asian/Pacific Islander American Indian/Alaska Native Other, Ethnicity (Circle One): Hispanic Not Hispanic, Foreign Born (Circle One): Yes No, Veteran (Circle One): Yes No, Marital Status (Circle One): Divorced Married Separated Single Other Widowed, Education (Circle One): Unknown Below HS Diploma HS or Equal 2 years College Bachelor Master Above Masters

Co-Applicant:

Race (Circle One): White Black Asian/Pacific Islander American Indian/Alaska Native Other, Ethnicity (Circle One): Hispanic Not Hispanic, Foreign Born (Circle One): Yes No, Veteran (Circle One): Yes No, Marital Status (Circle One): Divorced Married Separated Single Other Widowed, Education (Circle One): Unknown Below HS Diploma HS or Equal 2 years College Bachelor Master Above Masters

Part 3: Other Household Member Information

List information for all other household members residing at the same residence:

<u>Last Name</u>	<u>First Name</u>	<u>Date of Birth</u>	<u>Disabled</u>	<u>Relationship</u>
_____	_____	_____	Yes / No	_____
_____	_____	_____	Yes / No	_____
_____	_____	_____	Yes / No	_____
_____	_____	_____	Yes / No	_____
_____	_____	_____	Yes / No	_____
_____	_____	_____	Yes / No	_____
_____	_____	_____	Yes / No	_____
_____	_____	_____	Yes / No	_____

Total Number People Household (Applicants plus other household member) = _____

Part 4: Household Income

Applicant's Annual Income: _____ Employer/Source _____

Co-Applicant's Annual Income: _____ Employer/Source: _____

Other Household Member Income: _____ Employer/Source: _____

Other Income: _____ Employer/Source: _____

Total Income: _____

Part 5: Counselor Notes

Neighborhood Housing Services of Green Bay, Inc. d/b/a
NeighborWorks® Green Bay
437 S. Jackson Street, Green Bay, Wisconsin 54301
P) 920-448-3075 F) 920-448-3078



Part 6: Authorization for NeighborWorks® Green Bay To Verify Information

I/We verify that the information on this application is true and complete to the best of my knowledge and belief. I consent to the release of such information in order to qualify for NeighborWorks® Program(s). I understand that providing false information or providing false statements may be grounds for denial of my application. I agree to provide verification of all income and assets as required by NeighborWorks® Green Bay. I further authorize disclosure of all information that will verify my income and assets. Furthermore, I agree to complete the assigned budget worksheet.

I/we authorize the release of information requested by NeighborWorks® Green Bay in order to verify our eligibility for assistance and/or any other services offered by NeighborWorks® Green Bay. This information may include inquiries about credit history, rental history, employment, income, pensions, assets, federal, state or local benefits, family composition, social security, residence history, etc.

We further grant permission to NeighborWorks® Green Bay to contact social services, financial institutions, landlords, employers, credit bureaus, courts, realtors, and other sources of information in order to facilitate our participation in services or programs available through NeighborWorks® Green Bay.

We further authorize the sharing of information, including but not limited to such documents as the Offer to Purchase, Loan Application, Third -Party Home Inspection and Appraisal, Verification of Human Services, Verification of Disability, with social service agencies, financial institutions, real estate professionals, courts and attorneys and other agencies as listed in this application.

I am aware that a home inspection completed by a certified home inspector is required and will be reviewed by NeighborWorks® Green Bay to receive funds for Down Payment & Closing Cost Assistance. Defective and/or non-compliant code areas noted in the inspection must be addressed.

We understand that NeighborWorks® Green Bay may charge fees for its programs as follows:
Down Payment & Closing Cost Loans: NRC \$600.00, HOME N/C, FHLB \$500.00
Counseling Only: Down Payment Plus (DPP) \$600.00, Other \$250.00
Employer Assisted Homeownership (EAH): \$250.00

I/We agree that photocopies of this authorization may be used for the purposes stated above.

Applicant's Signature

Co-Applicant's Signature

Date

Date

Application received and reviewed by: _____
NeighborWorks® Green Bay Staff Signature



CLIENT'S AUTHORIZATION FORM

I/We hereby authorize NeighborWorks® Green Bay, to discuss pertinent information relating to credit history, past and present employment earning records, bank accounts, stock holdings, social security disability and benefits, and any other related assets that are needed to receive homeownership counseling. I/We further authorize NeighborWorks® Green Bay to receive and/or know any documents and/or actions relating to our file. In addition, NeighborWorks® Green Bay may, at it's sole discretion, obtain a Credit Bureau Report to verify information submitted to help ascertain eligibility to receive Down Payment & Closing Cost Assistance. It is understood that a photocopy of this form will also serve as authorization.

The information the agency obtains is only to be used in the homeownership program.

Client

Date

Client

Date