

**RIPON FIRST  
HOUSING PROGRAM  
(RFHP)**

PROGRAM APPLICATION

**Applicant Information:**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Co-Applicant Information (if applicable):**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Property Information:**

Property Address: \_\_\_\_\_  
Assessed Value: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_  
Down Payment Amount: \_\_\_\_\_  
Proposed Closing Date: \_\_\_\_\_

**Financial Information:**

Annual Household Income: \_\_\_\_\_  
Has the applicant or co-applicant ever owned a home in the past? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
Will the housing cost no more than 30% of the household's gross monthly income? \_\_\_ Yes \_\_\_ No

Financial/Lending Institution: \_\_\_\_\_  
Banker Name: \_\_\_\_\_  
Banker Phone Number: \_\_\_\_\_  
Banker Email: \_\_\_\_\_  
Mortgage Amount: \_\_\_\_\_  
Mortgage Interest Rate: \_\_\_\_\_  
Mortgage Term: \_\_\_\_\_

**Reason for Applying:**

(Write a brief paragraph explaining why you are applying for the grant and how it would assist you in achieving your goal of homeownership.)

**Supporting Documents Checklist:**

- Copy of an accepted sales contract: \_\_\_\_\_
- Copy of the property inspection report: \_\_\_\_\_
- Income verification: \_\_\_\_\_
- Copy of the approved first mortgage/loan: \_\_\_\_\_

**PROGRAM DETAILS:**

- 1) The maximum amount of grant, in the form of a deferred loan, will be five thousand dollars (\$5,000).
- 2) Applicant(s) must be prepared to commit to living primarily in the property for a minimum of three (3) years. The program provides a grant, in the form of a deferred loan, for down payment and reasonable closing costs. The deferred loan shall not exceed \$5,000. A lien or second mortgage will be placed upon the property for three (3) years and will be released, provided the owner(s) maintain and occupy the property as their primary residence and do not rent or sell the property within three (3) years. If the property is sold or rented within the 3-year period, the owner shall return all the financial assistance received. The amount is not pro-rated. If sold the full amount of assistance due back will be paid out of the net proceeds at closing. The program will allow for loan subordinations for the purpose of refinancing to a lower percentage rate or shorter loan term only.
- 3) Applicant(s) must be approved for and obtain a first mortgage loan by an approved FHA, VA, Freddie Mac, Fannie Mae, or Wisconsin licensed mortgage lender. Loan terms secured by housing under this program shall be considered reasonable in the local primary lending trade. The interest rate for the mortgage must be reasonable and customary.
- 4) The homebuyer, mortgage lender, and settlement agent will be notified by the city that a check will be disbursed. The check will be issued to the settlement agent.
- 5) Program funding and lot availability is subject to change. This program does have limited funding and may be suspended by the city at any time.
- 6) There are no income restrictions on applying for this program. Applicants may only pay up to 30% of their gross monthly income for a housing payment, including principal, interest, insurance and taxes. Applicants must prove the existence of a legitimate primary mortgage lender or other financing acceptable to the City of Ripon. At the time of application, the homebuyer must have an accepted sales contract. A property inspection is required for this program.

I certify that the information in this application is correct and accurate to the best of my knowledge. I/we consent to the disclosure of such information for purposes of verifying eligibility requirements related to my/our application for a RFHP award. I/we understand that giving false information on this application will result in disqualification from the RFHP.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Applicant Date

**For Office Use Only**

Date Received: \_\_\_\_\_

Applicant Eligible: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
City Administrator Date

**Please complete and return to: City of Ripon, 100 Jackson St., Ripon, WI 54971 - (920) 748-4914 - [asonntag@cityofripon.com](mailto:asonntag@cityofripon.com)**

**Additional information at: [www.cityofripon.com/housing](http://www.cityofripon.com/housing)**