

MKE UNITED ANTI-DISPLACEMENT FUND 2022 APPLICATION

www.mkeunited.com/antidisplacementfund

Due by December 29, 2023



Name(s) of property owner(s): _____

Telephone Number: _____ Address: _____

Email Address: _____

Eligibility Certification

- I own and occupy a home in the program target area (see attached map).
Do you have a mortgage on your home? _____
If yes, who is your lender? _____
- I owned my home prior to January 1, 2015
(Note – see program guidelines for provisions for homeowners who acquired their home through inheritance).
If you inherited your home, what year did you acquire the title to home? _____
- I am not delinquent on my real estate taxes, and I am not subject to a foreclosure action.
- My household income meets the program income guidelines (see table to the right).

Family Size	Maximum Income Limit
1	\$55,950
2	\$63,950
3	\$71,950
4	\$79,900
5	\$86,300
6	\$92,700

List other people who live in the house (but not yourself):

Name	Age	Relationship to You

If additional space is needed, please attach on separate page.

To process your application for the Anti-Displacement program please submit the following supporting documentation with your application.

- ✓ **Your 2022 Tax Returns (if you do not file tax returns, you will need to submit copies of documentation regarding all your income sources e.g., a benefit statement)**
- ✓ **A copy of your Wisconsin Driver's License OR Identification Card**

Optional demographic information – The Fund does not discriminate based on race. However, the information is helpful for summary reporting purposes for our funders.

APPLICANT		CO-APPLICANT	
Black/African American		Black/African American	
Hispanic		Hispanic	
White		White	
Asian		Asian	
Other		Other	

I certify that the information provided on this application is true and complete. I authorize the Anti-Displacement Fund Program Administrator to review the application and to request and receive information from 3rd parties to verify its accuracy for the purpose of qualifying me for the program. I understand that providing false information on this application may disqualify me from receiving assistance through the Fund.

Owner Signature: _____ Co-Owner Signature: _____ Date: _____

