

MKE UNITED ANTI-DISPLACEMENT FUND
2022 APPLICATION
Due by January 6, 2023
www.mkeunited.com/antidisplacementfund



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	\$40,115
2	\$45,850
3	\$51,580
4	\$57,310
5	\$61,895
6	\$66,480

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 2021 Tax Returns (if you do not file tax returns, you will need to submit copies of documentation regarding all of your income sources e.g., a benefit statement)**
- ✓ **A copy of your Wisconsin Driver's License OR Identification Card**

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

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

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: _____

HOW TO SUBMIT YOUR APPLICATION (Due by January 6, 2023)

MAIL TO: RIVERWORKS DEVELOPMENT CORPORATION
526 E Concordia Avenue
Milwaukee, WI 53212
ATTN: Yolanda Coleman

OR

DROP OFF IN PERSON:

NORTHSIDE
Riverworks Development Corporation
10:00 a.m. – 3:00 p.m. Monday through Friday

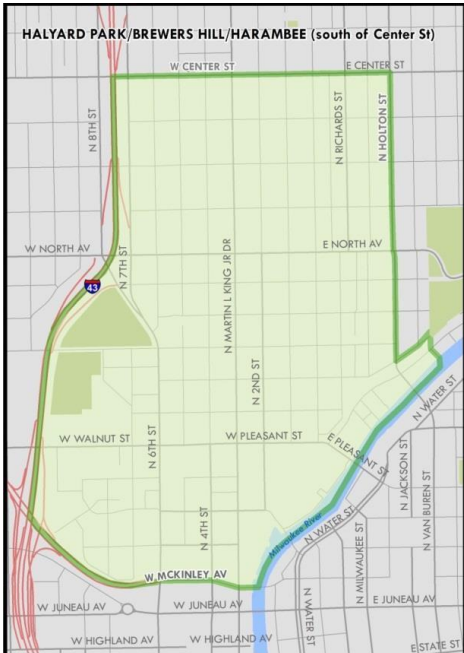
SOUTHSIDE
Arts @ Large
11:00 a.m. – 4:00 p.m. Monday, Tuesday
Thursday & Friday **Closed Wednesday**
10:00 a.m. – 1:00 p.m. Saturday
1100 S 5th St
Milwaukee, WI 53204
ATTN: Clarissa Morales/Emma Corbett

526 E Concordia Avenue
Milwaukee, WI 53212
ATTN: Yolanda Coleman

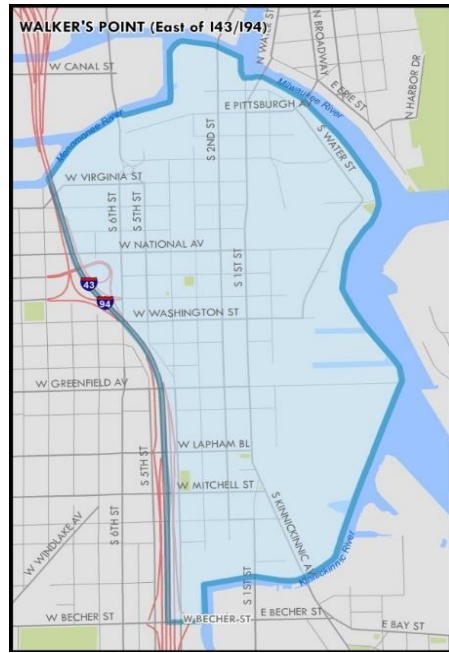
OR

USE SECURE ONLINE APPLICATION: <https://form.iotform.com/Riverworks/anti-displacement>

NORTH SIDE TARGET AREA



SOUTH SIDE TARGET AREA



(Note: These neighborhoods were selected for the Fund because they have experienced significant property value increases above the city averages during the past five years and are experiencing the type of market-rate development that can be linked to displacement.)

Questions regarding your application? Contact Coretta Herring at Riverworks: 414-882-7445
Corettah@riverworksmke.org

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Home purchased date _____

Annual income from all sources (Applicant and Co-Applicant)? \$_____