## MILWAUKEE COUNTY FISCAL NOTE FORM

Original Fiscal Note

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Substitute Fiscal Note

**SUBJECT:** <u>A report from the Director, Department of Health and Human Services, requesting</u> <u>approval of a settlement of a Milwaukee County Home Repair Ioan for Erin Crawford in the amount</u> <u>of \$1,200.00 as part of a short sale</u>

## FISCAL EFFECT:

$\square$	No Direct County Fiscal Impact	Increase Capital Expenditures
	Existing Staff Time Required	Decrease Capital Expenditures
	Increase Operating Expenditures	
	(If checked, check one of two boxes below)	Increase Capital Revenues
	Absorbed Within Agency's Budget	Decrease Capital Revenues
	Not Absorbed Within Agency's Budget	
	Decrease Operating Expenditures	Use of contingent funds
	Increase Operating Revenues	
	Decrease Operating Revenues	

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement	Expenditure		
Budget	Revenue		
	Net Cost		

## **DESCRIPTION OF FISCAL EFFECT**

## In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.<sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to approve a settlement of a Milwaukee County Home Repair loan for Erin Crawford in the amount of \$1,200.00 as part of a short sale.

Erin Crawford of 5700 W. Glenbrook, Brown Deer has received Home Repair loans totaling \$17,315 that have a current outstanding balance remaining of \$13,654.80.

The current estimated fair market value of the property is \$125,000; an offer to purchase has been received and presented to the County in the amount of \$125,000. Based on this purchase price, after the past due taxes and other fees have been paid in full, \$1,200.00 will remain available to partially satisfy the Home Repair loans. Ms. Crawford has requested settlement of her loans in the amount of \$1,200.00.

B. The terms of the settlement would reflect forgiveness of \$13,654.80 in outstanding loan debt.

C. There is no tax levy impact associated with approval of this request. This loan settlement will reduce future HOME program income (and thus reduce funding for future Home Repair loans to other eligible Milwaukee County residents) by \$13,654.80.

D. There are no further assumptions.									
Department/Prepared By	Lynn Wagner, Senior Budget Analyst, Housing Division								
Authorized Signature	Ain	A Ciloi							
Did DAS-Fiscal Staff Review?	Yes	$\boxtimes$	No						
Did CDPB Staff Review?		Yes	No No	Not Required					

<sup>&</sup>lt;sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.