



324 East River Road
Brainerd, MN 56401

Phone: 218/828-3705
Fax: 218/828-8817

Dear Homeowner:

Thank you for your interest in the MHFA rehabilitation loan program. Enclosed you will find an application; please complete, sign, date, and return it to me along with the following information.

- Proof of income if you receive any of the following:
 - a. If self-employed, copies of last two years federal tax forms
 - b. If you receive child support or alimony, a copy of the court award
 - c. If you have wages, please enclose a copy of your **two** most recent pay stubs
 - d. Proof of Social Security SSI awards letter
 - e. Asset Documentation (minimum of **3** months bank statements)

- Current Mortgage Statement
- Proof of Homeowners Insurance – copy of Policy Declaration Page
- Data Privacy Statement – sign and date
- Photo Release Form – sign and date
- Authorization to Release Information – sign and date
- Rehab Loan Program Expectations – sign and date

We will verify income from other sources. I look forward to meeting you and working with you in the weeks ahead. Should you have any questions, please feel free to contact me.

When you have completed and collected the above items, please return them to me and I will call you to discuss the next step in the process.

Thank You,

LeAnn Goltz, Executive Assistant
218-824-3420, leann@brainerdhra.org



Rehabilitation Loan Program/Emergency and Accessibility Loan Program

Rehabilitation Loan Program income limits are based on HUD median family income estimates and calculated at 30% of the Minneapolis/St. Paul area median income and are applicable in all Rehabilitation Program areas of the state.

The following income limits are effective for any loans closed under the Rehabilitation Loan Program/Emergency & Accessibility Loan Program **on or after May 1, 2018.**

Household Size	Income Limits
1 Person	\$19,900
2 People	\$22,700
3 People	\$25,500
4 People	\$28,300
5 People	\$30,600
6 People	\$32,900
7 People	\$35,100
8 People	\$37,400
9 People	\$39,700
10 People	\$41,900
11 People	\$44,200
12 People	\$46,500

INSTRUCTIONS: Complete all information on this application. Please print. Use ink.

Borrower Information

Last Name	First Name	MI
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Social Security	Date of Birth	Dependents under 18	Other Dependents	Disabled Household
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Household Size	Move in Date	Years Employed
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() Business Phone	Extension	() Home Phone
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Mailing Address	Mailing Address 2
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City	State	Zip Code
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The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender’s compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Separated	Race (select 1 or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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 I do not wish to furnish this information

Co-Borrower Information (Repeat for all Co-Borrowers)

Last Name

First Name

MI

Social Security

Date of Birth

Sex

- Male
 Female

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

Marital Status

- Married
 Not Married
 Separated

Race
(select 1 or more)

- White
 Asian
 Black or African American
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

Relationship to Borrower

- Co-Head of Household
 Dependent
 Other Adult
 Spouse

Household Information

Income

List all household members, their ages, and their estimated income (even if it is zero). Income listed should include all income which can be reasonably expected to be received during the next 12 months.

Income includes, but is not limited to, the following sources.

Base Pay	Educational Grants
Self-Employment	Transfer Payment Income (Unemployment Compensation, Public Assistance, Worker's Compensation, Disability, VA, Pensions, Social Security Benefits)
Variable Income (Bonus, Overtime, Shift Pay, Commissions, Tips, Seasonal)	Interest/Dividend
Flexible Benefit Cash	Investment Property, etc. (Rental Income, Contract for Deed Payment Income)
Housing Car/Allowance	Roommate Rent
Child/Spousal Support	Income from retirement, 401(k) and Keogh accounts
Other	

Name of ALL Household Member(s), including minor children	Age	Type of Income	Annual Income
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Annual Household Income			\$

Note: Household Size listed on page 1 and the number of members listed above should match.

Assets

List the cash value of assets held by all household residents. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

Total cash on hand, in checking and savings accounts:	\$	
Bank Name #1	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name #2	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name #3	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name #4	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Cash value of life insurance policies.		\$
Securities or U.S. Savings Bonds.		\$
Market value of all interests in real estate, exclusive of the structure to be improved and a parcel of real property of not more than two contiguous platted lots or 160 continuous acres on which such structure is located.		\$
Recreational vehicles such as golf carts, snowmobiles, boats, or motorcycles.		\$
All other property, excluding household furnishings, clothing, one automobile, and real estate, equipment, supplies, and inventory used in a business.		\$
All land in which any resident of the household holds title and is selling on a contract-for-deed. Value in this case is defined as the outstanding principal balance expected to exist on the contract one year from the date of application.		\$
Total cash value of retirement, 401(k), Keogh and pension fund accounts	\$	
Institution Name #1		
Institution Name #2		
Institution Name #3		
Life estate value on a property other than the subject property.		\$
Other (e.g. additional land holdings, etc.)		\$
Total Assets		\$

Loan History

I/We currently have a Minnesota Homes Rehabilitation Loan

Borrower Name	Date of Loan
_____	_____
_____	_____
_____	_____

List the outstanding balance of all loans/Mortgages/Contract for Deed on the property, including any deferred loans:

Bank Name	Outstanding Balance	Current
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Combined Balances: \$ _____

Property Information

Address _____		Address 2 _____	
City _____	County _____	MN State _____	Zip Code _____

Building Type

<input type="checkbox"/> Single Family	<input type="checkbox"/> Manufactured Home Real Property	<input type="checkbox"/> Townhome
<input type="checkbox"/> Duplex	<input type="checkbox"/> Manufactured Home Personal Property	<input type="checkbox"/> Twinhome
<input type="checkbox"/> Condominium with common areas	<input type="checkbox"/> Condominium without common areas	

Manufactured Home Park

<input type="checkbox"/> Yes <input type="checkbox"/> No
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Year Built _____	Number of Units _____	Property Value _____	<input type="checkbox"/> New <input type="checkbox"/> Existing Category	Number of Bedrooms _____
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Other Funding Sources

Please list any other Funding Sources and amounts that will be used to complete this project:
(Other Loans, Grants, Local Government Incentives, etc.)

	\$	
	\$	
	\$	
	\$	
	\$	
Total Other Funding Source Amount	\$	

Disclosures:

- Minnesota Housing Finance Agency, United States Department of Housing and Urban Development or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Rehabilitation Loan, upon giving due notice to the occupants.
- The information requested in this application is legally required to determine if you qualify for participation in this Minnesota Housing program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statute 462A.065. Use of data obtained is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, and other governmental agencies when authorized by state statute or federal law.
- The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes). Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of obligations.
- Under the Minnesota Criminal Code a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- 15 year Mortgage (taxed as real property): If the property ceases to be your principal residence or is sold, title is transferred or conveyed, then the full amount of the loan will be due and payable.
- 10 year Manufactured Home Note and Security Agreement (taxed as personal property): If, prior to the maturity of the Note, the home ceases to be your principal residence, or is sold, title is transferred or conveyed, the full amount of the loan will be due and payable.
- Your ability to use any potential equity in the property will be severely restricted. Subordinations are granted only under strictly limited circumstances.

Certifications:

- I/We understand loan funds may not be used to pay existing debt or improvements begun or completed before the date of the loan.
- I/We understand that all work contained in the Scope of Work must be completed within nine months from the date of the loan commitment.
- I/We certify that I/We have not received a Minnesota Housing Rehabilitation Loan within the last five years. I/We understand that for the next five years, I/We will be ineligible to receive further financing through this program (with the possible exception for an emergency situation as determined by Minnesota Housing.)
- I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief. If any of the information included in this Borrower Application changes prior to the loan closing date, I/We agree to notify the lender of these changes within 5 business days of the loan closing date.

Verifications: I/We certify that I/We have received, read, and understand the booklet "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools."	Borrower/Co-Borrower Initials
I/We understand that I/We will be provided with any and all lead-based paint inspections, risk assessments and/or clearance examination results.	Borrower/Co-Borrower Initials
I/We understand that I/We must apply for the Energy Assistance Program prior to receiving Rehabilitation Loan Program funding. If after application to the Energy Assistance Program it is determined that I/We qualify for a Weatherization loan, I/We will use these funds in conjunction with Rehabilitation Loan Program funds.	Borrower/Co-Borrower Initials

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Signatures: All residents age 18 or over must sign this application.

Signature	<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Other Adult	Date of Application
Signature	<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Other Adult	Date of Application
Signature	<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Other Adult	Date of Application
Signature	<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Other Adult	Date of Application

Lender	\$ _____ Estimated Loan Amount
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TIL and NMLSR ID

Loan Originator Company Name	Loan Originator Individual Name (as name appears on NMLSR)
Loan Originator Company NMLSR ID	Loan Originator Individual NMLSR ID (if applicable)



Minnesota Housing does not discriminate on the basis of race, color, creed, national origin, sex, religion, marital status, status with regard to public assistance, disability, familial status, or sexual or affectional orientation in the provision of services.



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IMPORTANT PRIVACY NOTICE

Read Before Completing the Application Form

We are asking that you provide the information on the Rehabilitation Program application form to determine if you are eligible to participate in the program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- Staff and other persons involved in program administration.
- Local loan committee members who approve applications.
- Auditors who perform required audits of this program.
- Authorized personnel from the Minnesota Dept. of Employment and Economic Development, the U.S. Dept. of Housing and Urban Development or other local, state and federal agencies providing funding assistance for your loan.
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project's policy and procedural manual). Those persons who you authorize to see it.
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order, and, in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

Signature of Applicant _____ Date: _____

Signature of Co-Applicant _____ Date: _____

Minnesota law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you,
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data.

To learn more about these rights, contact: John Schommer at 218-824-3432.





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AUTHORIZATION TO RELEASE INFORMATION / PHOTO RELEASE FORM

MHFA Rehab Loan Program

This is your authorization to release information regarding my homeownership status, income, employment, bank accounts, outstanding debts including mortgages, to order a consumer credit report (if necessary), that is necessary to support my application for a housing improvement loan from the Brainerd HRA.

You may make copies of this letter to distribute to any party with which I have a relationship and that party may treat that copy as an original.

My signature also serves as my authorization for digital pictures or photos of my home to be taken by the Brainerd HRA.

Signature of Applicant

Date

Signature of Applicant

Date





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Rehabilitation Loan Program Expectations

Expectations of Homeowners

The rehabilitation program staff will help homeowners during the home improvement process, but homeowners are responsible for making the choices and doing the work listed below.

1. Homeowners provide the program staff with necessary information promptly.
2. Homeowners, not the program staff, choose contractors to put together bids.
3. Homeowners, not the program staff, select the contractor to do the work on the house.
4. Homeowners sign home improvement contracts with the selected contractor.
5. Homeowners request and approve payments to their contractors.
6. Homeowners are part of inspecting and approving work performed by their contractors
7. Homeowners work with contractors to settle disagreements during the job.
8. Homeowners contact their contractors to ask them to correct problems covered by contractor warranties during the first year after the job is completed.

Home Improvement Loan Considerations

1. Not all the work that applicants want to be done can always be done.
2. Repairs will correct health and safety projects, but they may not solve all problems in your home.
3. Don't expect the house to be completely new after the work is done.
4. It can be stressful working in a property while a contractor is performing the work.
5. Houses always need improvements. It would be a good idea to save \$25 a month to help cover costs of future maintenance and repairs.
6. Finally, the program staff is not the contractor and cannot guarantee that homeowners will be satisfied with the work done by the contractors.

Signature of Application: _____ Date: _____

Signature of Application: _____ Date: _____

