

Renville County HRA/EDA PO Box 481 Redwood Falls, MN 56283 507-637-4004 or admin@radc.org

Renville County Homeownership Down Payment and Rehab Loan Program Application

Applicant		_ Social Security #	
Co-Applicant		_ Social Security #	
Physical Address			
Telephone (home)		(cell)	
Email			
Other household members:			
Name	_ Age	Name	Age
Name	_ Age	Name	Age
Name	_ Age	Name	Age

INCOME INFORMATION

Income means any amount, before taxes, withholding or deductions, received by any resident of the household, age 18 or older, from any source such as but not limited to the following:

- Salaries, wages, commissions, tips, bonuses, and overtime pay, including pay of household members of the temporarily absent, such as in the Armed Services.
- Pensions, annuities, Social Security, PERA, etc.
- Cash public assistance such as SSI, General Assistance, MFIP, Unemployment Compensation
- Rental income, gains from sale of property or securities, payments on contracts for deeds
- Alimony or child support
- Net business/self-employment income averaged over past three years
- Interest or dividends

Proof of income is required: (Attach one month of check stubs or last income tax return.)

Income Source _	 Amount \$	per
	 Amount \$	per
	 Amount \$	per



WHAT PROGRAM ARE YOU APPLYING FOR?

Rehab/Home ImprovementsDown Payment/Closing Costs

What is the source of funds you will use to match the funding from the Homeownership Program? (*Attach copy of a recent bank statement if proposing to use personal funds.*)

Personal Funds
 Other Loan (Bank, Family, etc.)
 Other: ______

CREDIT AND PROPERTY INFORMATION

Are you in default on any loan, mortgage or contract for deed?
□ Yes □ No
Are you delinquent on any property tax payments?
□ Yes □ No
Note: Loans will not be approved if delinquent property taxes exist

REHAB BORROWERS ONLY

Briefly describe the improvements for which you are requesting funding:

 NAME OF SELLER:
 PURCHASE PRICE:

 LENDER NAME:
 CONTACT:

Renville County Homeownership Down Payment and Rehab Loan Program Application Notices to Applicants

<u>DATA PRIVACY</u>. The information requested in this application is classified as private data under the Minnesota Government Data Practices Act. Under the provisions of this act, we are hereby notifying you that:

- 1. This information is being collected in order to determine if you qualify for a 0% interest loan under the Renville County Homeownership Down Payment and Rehab Program. The information will be used by the Renville County HRA/EDA in order to calculate your eligibility.
- 2. You are not legally required to provide the information which is requested in this application and you may refuse to do so. If you do provide the information which is requested, the Renville County HRA/EDA will be able to determine your eligibility for Homeownership Down Payment and Rehab Program Ioan. If you do not provide the information, the HRA/EDA will not be able to determine your eligibility and you will not receive a Ioan.
- 3. You have the right to see, receive copies of, and challenge the accuracy and completeness of any and all information relating to you which the Renville County HRA/EDA has on file relating to your application.
- 4. To determine your eligibility for the Homeownership Down Payment and Rehab Program, or to deliver such assistance, such information relating to your application may be made available to: (a) staff of the Renville County HRA/EDA, (b) staff of another financial institution, and/or (c) a real estate professional who, with your permission, may be involved in the financing or transacting the rehabilitation or purchase of your home.

<u>INSPECTION INFORMATION</u>. While HRA/EDA staff may visit your home during the loan process to verify its general condition or that work has been completed, this visit does not constitute a formal inspection that warrantees that the home is free of hazards or that the home or the improvements financed under the Home Ownership & Rehab Program meet the building codes of any unit of government.

<u>WATCH OUT FOR LEAD POISONING!</u> Please read carefully: If your house was constructed before 1978, it may contain lead-based paint. Lead-based paint is especially harmful to children under seven years of age. If lead-based paint is found in your home, steps may be taken to remove or cover the paint surfaces.

1. Children get lead poisoning when they eat bits of paint that contain lead. If a child eats enough lead paint, his/her brain will be damaged. He/she may develop learning disabilities or even die. Older houses often have layers of lead paint on the walls, ceilings, and woodwork. When the paint chips off or when the plaster breaks, there

is real danger for babies and young children. Outdoors, lead paints and primers may have been used in many places, such as walls, porches and fire escapes. If you have seen your child putting pieces of paint or plaster in his mouth, you should take him to a doctor, clinic, or hospital as soon as you can. In the beginning stages of lead poisoning, a child may not seem really sick. Do not wait for signs of poisoning.

- 2. Of course, a child might eat paint chips or chew on a painted railing or window sill while parents aren't around. Has your child seemed especially cranky? Is he/she eating very little? Does he/she throw up or have stomach aches often? These could be signs of lead poisoning. Take him/her to a doctor's office or to a clinic. A blood lead level screening test is advisable and available for children under seven years of age. Be sure to tell the rest of your family and people who babysit for you about the danger of lead.
- 3. There are proper and safe ways to remove or cover lead paint. Dry sanding or scraping are not safe lead paint removal procedures. If you have concerns about lead paint in your home, ask the staff of the HRA/EDA for more information concerning safe lead paint abatement procedures.

<u>FALSE STATEMENTS.</u> Any person who knowingly makes a false statement or misrepresentation in connection with this application shall be subject to a fine or imprisonment under provisions of the Minnesota Criminal Code, under provisions of the United States Criminal Code, and/or may be required to return all or part of the Home Ownership & Rehab Program Ioan provided under the terms of the Renville County Home Ownership & Rehab Program.

<u>APPLICANT'S STATEMENT</u>. I, the undersigned, certify that: (a) Under penalty of law, the information provided in this application is true and correct to the best of my knowledge; and (b) I have read, understand, and agree to the terms of the above "Private information," "Inspection Information," "Lead Paint Poisoning," and "False Statements" notifications printed above.

Signature	Date
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Signature _____ Date _____

Submit the following Documents:

- Proof of Income
- _____ Quotes (Rehab Program)
- _____ Signed Purchase Agreement (Down Payment/Closing Cost Program)
- _____ Homeowners Insurance
- _____ Bank Statement (If proposing to use personal matching funds)
- _____ Pre-Qualification Summary from Lender

Renville County Homeownership Down Payment and Rehab Loan Program Application

Applicant's Authorization for Release of Information

I (We) hereby authorize and give permission to any person, corporation, society, organization, government agency or department, bank, or financial institution to disclose to the administrators of the Renville County Homeownership Down Payment and Rehab Program any and all information which they may request concerning me (us) and my (our) financial affairs. I (We) understand that any such information will be treated in a strictly confidential manner and will only be used to determine eligibility for housing repair assistance.

Signed:	Date:
Signed:	Date:
Equal Housing Opportunity Fair Housing Notification	
The Renville County Homeownership Down Payment a Rehab Program does Business in accordance with Feo and State Fair Housing laws.	

It is illegal to discriminate against any person on the basis of their race, national origin, religion, color, sex, age, handicap, marital status, source of income, or status with regard to public assistance:

- In the sale or rental of housing or residential lots.
- In advertising the sale or rental of housing.
- In the financing of housing.
- In the provision of real estate brokerage services.
- Blockbusting is also illegal.

If you feel you have been discriminated against, you should contact:

U.S. Department of Housing & Urban Development Assistant Secretary for Fair Housing & Equal Opportunity Washington, D.C. 20410

CRIMINAL BACKGROUND CHECK RELEASE

The following person(s) have applied for a housing loan program. The Renville County HRA/EDA performs criminal background checks on all applicants of the housing loan programs. This background check will include, but may not be limited to, information obtained through MN Criminals, a web-based criminal history data base; local law enforcement agencies; courts or probation officers. The background check will apply to Minnesota and to any other states listed as previous residences on the credit report obtained by the Renville County HRA/EDA.

First	Middle	Maiden	Last Name	Date of Birth
Applica	ant Signatur	e		Social Security Number
Addres	SS			Driver's License Number

FOR USE BY LAW ENFORCEMENT

Using the numbers below, please indicate whether the above named has been arrested for or convicted of any of the crimes relating to the following:

 Homicide/Murder Rape or Child Molesting Burglary/Robbery/Larceny Threats or Harassment Destruction of Property/Vandalism Assault or Fighting Disorderly Conduct 	 Brug Manufacturing/Sale/Distribution Drug Use/Possession with Intent Child Abuse/Domestic Violence Public Intoxication/Drunk & Disorderly Conduct Receiving Stolen Goods Fraud Prostitution
Crime #	
Status/Disposition:	
Additional Comments:	

Law Enforcement Personnel Signature

Title

Date

Authorization Agreement for Automated Clearing House Transactions (ACH Debits)

(Rehab Loan Program applicants must fill out)

I (we) hereby authorize the <u>Renville County HRA/EDA</u>, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any deposit entry in error to my (our) account indicated below. I (we) also authorize the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until the COMPANY has received written notification from me (either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date	Full Name(s) on Account (Please print)				
Address				State	Zip Code
Email Address		Dayt	ime Phone #		Social Security #
Financial Institution Name		Financial Institution Address			
Financial Institution F	Phone #		Signature		
Loan payments will be taken out by the 1^{st} business day of each month or on the scheduled monthly payment due date.					
TAPE YOUR VOIDED CHECK HERE IMPORTANT! CHECK TYPE OF ACCOUNT: () CHECKING () SAVINGS					