
Home Improvement Loan Full Application

Part I:

Name: _____ **Birthday Date** _____ **Social Security #:** _____ **Marital Status:**
Applicant: _____ Married,
_____ Separated, or
_____ Unmarried
(Includes widowed,
Co-Applicant: _____ divorced, or single)

Street Address: _____ How long have you lived here? _____

Your Work Phone: _____ Your Home Phone: _____

Person to contact if we cannot reach you: _____ Phone #: _____

During the last 12 months, do you or have you had any immediate family ties with any of the below named persons?

- No Yes If yes, which:
 Employee of the City Consultant of the City Officer of the City
 Elected Official of the City Appointed Official of the City

Who: _____

This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.

Gender of Applicant

- Male
 Female

Race/Ethnicity of Applicant (check one)

- White
 Black or African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial

Hispanic Ethnicity

- Yes No

Does any member of the household have disabilities? Yes No

If "Yes," describe the nature of the disabilities: _____

Have been notified by the city if you are in violation of the nuisance ordinance relating to the structure of your house? Yes No **If yes, please provide a copy of the letter from the city with this application.**

Do you rent out any portion of your home? Yes No

Part II: Household Information

Home Improvement Loan Full Application

How many people live permanently in your household? _____

Please check all sources of applicable household income:

Social Security or SSI <input type="checkbox"/>	Pension/Annuities/PERA <input type="checkbox"/>	Self Employed* <input type="checkbox"/>
AFDC <input type="checkbox"/>	Welfare Assistance <input type="checkbox"/>	Farm Income <input type="checkbox"/>
Child Support <input type="checkbox"/>	Rental Income <input type="checkbox"/>	Worker's Comp <input type="checkbox"/>
Contract-for-Deed Payments <input type="checkbox"/>	VA Educ. Grant <input type="checkbox"/>	Salaries, including overtime, bonuses, tips, etc. <input type="checkbox"/>
Estate or Trust Income <input type="checkbox"/>	Interest and Dividends <input type="checkbox"/>	Unemployment <input type="checkbox"/>

*Please submit copies of your complete last 2 years income tax returns.

List all household members, their monthly gross income and source of income including Social Security, Wages, Pensions, AFDC, Child Support or Alimony, SSI, General Assistance, Self-employment, Farm income, and Rental income: (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

<u>Name</u>	<u>Birth Date</u>	<u>Monthly Gross Income</u>	<u>Source of Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you made all of your monthly payments (housing payments, utilities, loans, credit cards) in a timely manner? Yes No If the answer is "no," please explain:

From your last property tax statement:

- What is the Estimated Market Value of your home? _____
- What are your yearly property taxes? _____
- Are your property taxes current? Yes No

Is your home modular or manufactured? Yes No

What year was your home built (approximately)? _____

Is your home insured? No Yes If so, with which insurance company? _____

Have you ever received a Minnesota Housing Finance Agency Loan or Grant? Yes No

Has your home ever been weatherized with Department of Energy funds? Yes No

The kinds of improvements I think are needed to my home are:

Part III: Bank Accounts

Please list the name and address of your bank, savings and loan, or credit union:

Bank: _____ Address: _____

Checking Account and/or Savings Account _____

Bank: _____ Address: _____

Checking Account and/or Savings Account _____

Check here if you have no bank accounts of any kind.

Part IV: Assets

Please list the name, address and value of your assets that would include, but not limited to, stocks, bonds, equity in property other than your home, cash value of insurance or proceeds from inheritance, capital gains, insurance settlements, court judgments, and other claims.

<u>Name:</u>	<u>Address:</u>	<u>Value:</u>
_____	_____	\$ _____
<u>Name:</u>	<u>Address:</u>	<u>Value:</u>
_____	_____	\$ _____
<u>Name:</u>	<u>Address:</u>	<u>Value:</u>
_____	_____	\$ _____

Part V: Credit History

Please answer all questions. If the answer to any of them is "yes," please attach a written explanation.

Are there any outstanding financial judgments or liens against you? Yes No

Have you declared Bankruptcy within the last 36 months? Yes No

Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure? Yes No

Are you a co-signer on any note or loan? Yes No

Part VI: Debts

Please list all current financial obligations, child support or alimony, installment accounts, charge accounts, debts to banks, finance companies, and government agencies.

Creditor:	City and State Location of Creditor:	Year Loan Account Opened:	Maximum Amount Owed:	Present Balance:	Monthly Payments:	Is Debt Business Related?
Mortgage company:			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			TOTALS:	\$	\$	

Part VII: Certification

I certify that by signing this that the information stated above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from assistance in the Housing Rehabilitation Program.

I hereby authorize the Housing Rehabilitation staff to enter my home to identify rehabilitation necessary work items, to take photographs, and to inspect work in progress while construction is occurring during regular business hours.

Signature of Applicant: _____

Date _____

Signature of Co-applicant: _____

Date _____

