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# Home Improvement Loan Full Application

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## Part I:

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**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ **Marital Status:**  
Applicant: \_\_\_\_\_  Married,  
\_\_\_\_\_  Separated, or  
\_\_\_\_\_  Unmarried  
Co-Applicant: \_\_\_\_\_ (Includes widowed,  
divorced, or single)

Street Address: \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Your Work Phone: \_\_\_\_\_

County: \_\_\_\_\_ Your Home Phone: \_\_\_\_\_

Person to contact if we cannot reach you: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home 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: \_\_\_\_\_

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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:

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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:

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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:

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### Part III: Bank Accounts

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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

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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.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_

### Part V: Credit History

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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:			\$	\$	\$	
Contract-for-Deed holder:			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			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 \_\_\_\_\_

