



Application Instructions for City Grant Program

You will need to submit to the HRA the following items:

- 1. Privacy Notice:** (enclosed)
Sign and date.
- 2. Property Owner Conditions:** (enclosed)
Sign and date.
- 3. Credit Application:** (enclosed)
Complete pages 1-4, sign and date. Please do not leave any questions unanswered.
- 4. Authority to Release Information:** (enclosed)
Both applicant and co-applicant must sign and date.
- 5. Income Verifications:**
Please submit all required information that pertains to your household's source of income.
 - **For Salary or Regular Wages:** enclosed are the Verification Forms. Please complete the section that asks for your employer's name, address and phone number as well as your name. Your employer is to complete the other section. Return the form to the HRA to be forwarded to your employer.
 - **Interest or Dividends:** From the most two recent calendar years, copies of 1099 Forms or Federal Tax Form 1040.
 - **Seasonal Employment:** Copies of the most recent two years W-2 Forms & 1099 forms; or Federal Tax Form 1040, if this is the only source of income
 - **Self Employment: Sole Proprietorship or Farm Operation:** Copies of the two most recent years federal income tax returns; Form 1040, Schedule C (for sole proprietorship, Schedule F (farm operation) or Form 8829 if you operate a business out of your home.
 - **Self Employment: Partnership:** Copies of two most recent federal income tax returns; Form 1040, Schedule E, Form 1065 K-1 or from the U.S. Partnership Return of Income Form 1065.
 - **Self Employment: S-Corporation:** Copies of the two most recent federal income tax returns; Form 1040, Schedule E, Form 1120S K-1, W-2 or 1099 form or form the U.S. Small Business Income Tax Return Form 1120S.
 - **Rental Income:** Schedule E from the most recently file federal income tax returns, or a copy of the rental agreement if the rental property is a new purchase.
 - **Child Support or Alimony:** A copy of the divorce decree and a Six month history verifying that the income is received such as cancelled checks, bank deposit records or county disbursement printout.
 - **Contract for Deed Income:** A copy of the contract of deed and evidence that the income is received such as cancelled checks or bank deposits.
 - **Social Security:** Copies of a current check or a current bank deposit or the award letter received at the start of each calendar year.
 - **Education Grants/Scholarships:** Copies of Grant Award Letters for grants or scholarships paid directly to the Applicant not to include Education Loans.

- For Checking & Savings Accounts: enclosed is a Verification of Deposit Form. Please complete the section that asks for your bank's name, address and phone number as well as your name. Your bank is to complete the other section. Return the form to the HRA to be forwarded to your bank.
- Other Assets: Please make sure to complete Part IV on the application.

6. Borrower Consent to Use Tax Return Information Form (enclosed): Sign and Date form

7. Copy of Your Current Mortgage Statement

8. Copy of Your Current Home Insurance Policy

9. City Grant Program Homeowner Certification (enclosed): Sign and Date form

10. Photo Release Form (enclosed): Sign and Date form

11. Fair Housing Certification (enclosed): Read pamphlet, Sign and Date form

12. Lead Based Paint Statement (enclosed): Read pamphlet, Sign and Date form

13. Owner Match Requirement & Escrow Agreement (enclosed): Sign and Date

Please return all required forms listed above, and copies of all sources of income to

Hutchinson HRA

111 Hassan St. SE, Hutchinson, MN 55350

Phone (320) 234-4251 Fax (320) 234-4240

When we receive the above requested items, we will evaluate your application based on the program criteria. *We will notify you if you are eligible for the program.*

Rehab Process (Wanted improvements have to be subject to a building permit inspection):

- Submit two bids from Minnesota licensed contractors.
- No HRA inspections will be performed but the homeowner/contractor will be required to get a Building Permit from the City Building Department and follow that process. This option addresses only limited eligible work items requested by the homeowner that are subject to the City of Hutchinson's building permit. Only a building permit inspection for the specific work item will be performed. The HRA and City of Hutchinson will not perform a full house inspection and is not responsible for any other code issues that may be present.
- No materials only loans. Payment made directly to the selected contractor on behalf of the homeowner.

Homeowner Paid Administration Fees & Closing Costs:

- \$350 – loan application fee, paid to the HRA
- \$50 – title search fee paid to the HRA



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: Judy Flemming at (320) 234-4251.

REHAB PROGRAMS

Property Owner Conditions

IT IS HERE BY UNDERSTOOD & AGREED TO, BY THE APPLICANT(S), THAT THE FOLLOWING CONDITIONS APPLY DURING APPLICATION PROCESSING AND, IF APPROVED, THE LENGTH OF TIME FOR THE REHABILITATION OF MY HOME TO BE COMPLETED.

THE ADMINISTRATIVE ENTITY RESERVES THE RIGHT TO DISCONTINUE THE APPLICATION PROCESSING OR REHABILITATION PROJECT DUE TO THE FOLLOWING ACTIONS/EVENTS:

1. Abusive language, behavior or actions directed towards the Administrative Entity, the City of Hutchinson or any of their officials shall be cause for the project to become the sole financial responsibility of the property owner.
2. Abusive language, behavior or actions directed towards the Contractor or contractor employees shall be cause for the project to become the sole financial responsibility of the property owner.
3. Refusal to sign any application forms, loan agreements, mortgages or any other required documentation of indebtedness required by the program shall be cause to discontinue the application.
4. Failure to contribute a required owner match if applicable or to contribute additional funds due to change orders shall be cause for the project to become the sole financial responsibility of the property owner.
5. The loan cannot exceed program loan maximums. Any funding needed in excess of those maximums will be the responsibility of the homeowner.
6. Failure to provide necessary documents by the applicant showing evidence of ownership, income, liquid assets, property insurance or other required documentation within the time limit requested shall be cause to discontinue processing.
7. The applicant(s) WILL NOT hold the City or Administrative Entity responsible for final quality of the materials or workmanship of the Contractors.
8. The making of add-on agreements or contracts without prior approval of the Administering Entity, are the sole responsibility of the owner are the sole responsibility of the owner.
9. Changes to the specifications and contract will require a Change Order prior to construction. Any changes made to the contract without authorization by the Administrator are the sole responsibility of the owner.
10. I understand that Final Decisions on Structural Improvements to be made with program funds will be made by the Administering Entity.
11. I will make my property to be improved accessible to contractors for work to be performed. This includes having areas of the property to be worked on free of obstructions or clutter and open for access at the scheduled times.
12. I understand that Health, Safety and Energy Improvements have priority over Cosmetic Improvements.
13. If I have any Family Members who will have any concerns about the program and what work is going to be done, I will inform them now, before loan packaging begins.

Signature

Date

Signature

Date

FAILURE OF APPLICANTS TO SIGN ABOVE WILL BE CAUSE TO DISCONTINUE APPLICATION PROCESSING.

Home Improvement Loan Full Application

Part I:

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

Co-Applicant: _____ How long have you lived here? _____

Street Address: _____ 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 Federal income tax returns if self employed.

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, phone # and address of your bank, savings and loan, or credit union:

Bank: _____ Phone #: _____

Checking Account and/or Savings Account Address: _____

Bank: _____ Phone #: _____

Checking Account and/or Savings Account Address: _____

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

Part IV: Assets

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

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



Release of Information

This is your authorization to release information regarding my income, employment, bank accounts, and outstanding debts including mortgages, to order a consumer credit report and to obtain other information about me/us that is necessary to support my application for a housing improvement loan from the **City of Hutchinson/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.

Signature of Applicant

Date

Signature of Applicant

Date





City Center, 111 Hassan Street SE
Hutchinson, MN 55350
Website Site: www.hutchinsonhra.com
(320) 234-4251 • (320) 234-4240 Fax

VERIFICATION OF EMPLOYMENT

Part I: To be completed by the Applicant

Name of Employer: _____

Address: _____ Phone #: _____

Employee: _____ Fax #: _____

Part II: To be completed by the Employer

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information.

This request for verification of employment and earnings is required to establish eligibility for participation in our housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this family.

1. Gross earnings during the past 12 months: \$ _____ YTD \$ _____

2. Is this person currently an employee? Yes No

3. If not, is this a temporary situation? Yes No

4. If employment is seasonal or sporadic, please give lay-off periods: _____

5. Original or re-hire date: _____ Termination date: _____

6. Average number of hours per work week: Straight time _____ Hrs/Week Overtime _____ Hrs/Week

7. Current Gross pay rate: \$ _____ per _____. Effective date of rate: _____

8. Overtime is paid at the rate of \$ _____ per _____

9. Expected change in pay rate: \$ _____ Date: _____

10. Amount of bonus, incentive pay, commission or tips: \$ _____ per _____

11. Does this person receive vacation with pay? Yes No Sick leave with pay? Yes No

12. Amount deducted for health insurance: \$ _____ per _____ (weekly, monthly, etc.)

13. Employee's position or job title: _____

Person completing this form

Date

Title

Telephone Number

Please return this form to: **Hutchinson HRA, 111 Hassan St SE, MN 55350 Fax 320-234-4240**
If you have any questions contact: **Judy Flemming, Hutchinson HRA, 320-234-4251**





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VERIFICATION OF ASSISTANCE

To: McLeod County Social Services

Part I: To be completed by the Applicant

I, _____, living at
First Name *Last Name*
_____, Hutchinson, MN 55350
Street Address

do hereby authorize the McLeod County Social Services staff to furnish the Small Cities Development Program with information regarding the monthly payment made to me for AFDC, General Assistance or other direct payments.

This information is required for income verification for the Housing Rehabilitation Program. The information you provide will be private and only used in establishing eligibility for this family.

Signature

Date

Part II: To be completed by the Social Services Agency

Type of Assistance Provided: _____ Monthly Amount: \$ _____

If the above recipient receives a Child Support Bonus Payment, please give the monthly amount:
\$ _____

Is this payment? Regular or Sporadic

If it is sporadic, what was the total amount received for the past 12 months? \$ _____.

Is the same amount likely to be received in the next 12 months? Yes No

Does the recipient receive any other income to the best of your knowledge? Yes No

If Yes, what is the source _____
and how much is received? _____

Social Services

Signature _____ **Date:** _____

Title:

Phone:

Please return this form to: **Hutchinson HRA, 111 Hassan St SE, Hutchinson, MN 55350**
If you have any questions, please call: **Judy Fleming, Hutchinson HRA, 320-234-4251**
Fax: 320-234-4240





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CHECKING/SAVINGS ACCOUNT VERIFICATION

Part I: To be completed by the Applicant

Name of Financial Institution: _____ Date: _____

Financial Institution Address: _____ Phone: _____

Applicant Name: _____ Account #'s: _____

To the Bank named above, I hereby grant the release of information regarding my income and assets to the Hutchinson HRA. I understand that this information will be treated as private data. This verification request is required to establish my program eligibility and I would appreciate your prompt completion of the form. Please return it to:

Judy Flemming, Hutchinson HRA, 111 Hassan St SE,
Hutchinson, MN 55350 Telephone: 320-234-4251

Signature of Applicant: _____

Part II: To be completed by the Bank

Current Checking Account Balance: \$ _____ Interest Rate Paid: _____

Average Checking Account Balance for the last 6 months: \$ _____

Current Savings Account Balance: \$ _____ Interest Rate Paid: _____

Saving Certificates: \$ _____ Interest Rate Paid: _____

Saving Certificates: \$ _____ Interest Rate Paid: _____

Total interest earned during the last 12 months from all above: \$ _____

To the best of your knowledge, will there be a change in earnings during the next 12 months?

Person completing form

Date

Title

Telephone Number

**Return this Form to: Judy Flemming, Hutchinson HRA, 111 Hassan St SE
Hutchinson, MN 55350 • Telephone: 320-234-4251 • FAX 320-234-4240**





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City Grant Program Homeowner Certification

I (We), the homeowner(s) understands and certifies:

This grant program addresses only limited eligible work items requested by the homeowner that are subject to the City of Hutchinson’s building permit. Only a building permit inspection for the specific work item will be performed. The HRA and City of Hutchinson will not perform a full house inspection and is not responsible for any other code issues that may be present.

I (We), the homeowner(s) warrants there are no other work items that pose an ongoing safety risk or may cause further damage to my (our) home.

Signature

Date

Signature

Date



PHOTO RELEASE FORM

I/We hereby give permission for the Hutchinson HRA to take photos of the property to be rehab by Rehab Program from the City of Hutchinson, at the following location:

_____, Hutchinson, MN.

Signature of Applicant(s)

Date

Date



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Hutchinson, MN 55350
Website Site: www.hutchinsonhra.com
(320) 234-4251 • (320) 234-4240 Fax

FAIR HOUSING CERTIFICATION

I hereby certify that I have received information on the Fair Housing Act and that I have read and understood the information.

Signature of owner

Date

Signature of owner

Date

Witness

Date



LEAD BASED PAINT STATEMENT

I hereby certify that I have received the publication entitled *Renovate Right* and that I have read and understood the information.

Yes, I'm interested in having a Lead Based Paint Assessment.

Applicant

Date

Applicant

Date

Witness

Date

**HOMEOWNERS UNDERSTANDING OF
LEAD BASED PAINT ASSESSMENT REQUIREMENT**

As part of participating in the Housing Rehabilitation Loan Program, the following conditions per Federal Regulations apply.

If your home was built prior to 1978, a Lead Based Paint Assessment may be required if it is required by the funding source. If lead based paint is present and the rehabilitation work to be done is in those areas, your family may be required to move out of the house until a Lead Clearance has been gained.

Therefore, I understand that if I qualify to receive a loan for the rehabilitation of my home, I will need to cooperate with and abide to all regulations per a Lead Based Paint Assessment of my home. Failure to do so at any time during the rehabilitation of my home will be cause for discontinuation of my participation in the loan program.

Applicant

Date

Applicant

Date

CITY/HRA Rehab Project
Applicant's Understanding of Owner Match Requirement

You are required an Owner Match of 50% of the total project cost. Rehab loan funds are limited to \$10,000 per rehab project. Any rehab costs that exceed the maximum loan amount, will also be the homeowner's responsibility.

The amount of your owner match will change if there is an increase in the total project cost due to change orders.

The owner match is required at the time of loan closing, so it can be put into an escrow account.

The owner match will be disbursed to contractors for completed work before the City/HRA loan funds will be disbursed.

Escrow Agreement for Owner Match

I/we understand that I/we will be required to have an owner's match available at the time of my/our loan closing, so it can be put into an escrow account.

Name

Date

Name

Date

The Hutchinson HRA has other loan products available for your owner match portion of the rehab project. If you would like to be given more information on the other loan products available through the Hutchinson HRA, check the box below.

Yes, I would like some more information on the other loan products available.