
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.

LIVE & WORK IN HUTCHINSON

Home Improvement Loan Application

Name: _____ **Birth Day** _____ **Social Security #:** _____ **Marital Status:**
 Applicant: _____ Married,
 Co-Applicant: _____ Separated, or
 _____ Unmarried (Incl. widowed, divorced, or single)

Street Address: _____ Phone: _____

Employer Address: _____, Hutchinson, MN 55350

Are you a 1st time Homebuyer Yes No Home Purchase Date: _____
(No ownership interest in a principal residence any time during the last 3 years.) Program application must be made within a year of home purchase but not before 1/1/18.

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	Race/Ethnicity of Applicant (check one)	Hispanic Ethnicity
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Female	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian/Alaskan Native	
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
	<input type="checkbox"/> American Indian/Alaskan Native & White	
	<input type="checkbox"/> Asian & White	
	<input type="checkbox"/> Black/African American & White	
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	
	<input type="checkbox"/> Other Multi-Racial	

Does any member of the household have disabilities? Yes No
 If "Yes," describe the nature of the disabilities: _____

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

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 you are 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: _____



Bank Accounts

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

Bank(s): _____ Address(s): _____

Checking Account and/or Savings Account

Assets

Please list the name, 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.

Name: _____ Address: _____ Value: \$ _____

Name: _____ Address: _____ Value: \$ _____

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

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:	\$	\$	

Is your home modular or manufactured? Yes No What year was your home built? _____

Home Insurance Company name, phone # and address: _____

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

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.

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



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**





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

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**



MORTGAGE VERIFICATION

Part I: To be completed by the Applicant

Name of Mortgage Lender _____ Date of Request: _____

Financial Institution Address: _____ Phone: _____

Applicant: _____ Mtge. #: _____

To the Lender named above, I hereby grant the release of information regarding my mortgage 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.

Signature of Applicant: _____

Part II: To be completed by the Mortgage Company

1. Original Date of Mortgage: _____
2. Original Amount: \$ _____
3. Current Mortgage Balance: \$ _____
4. Monthly Mortgage Payment: \$ _____ Interest Rate Paid: _____
5. Does this Payment Include an Escrow for Taxes? Yes No
6. Is this mortgage current? Yes No
7. How many times has this borrower paid more than 30 days late within the last 12 months? _____

Comments on this loan: _____

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**



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 Hutchinson HRA/City of Hutchinson, at the following location:

_____, Hutchinson, MN.

Signature of Applicant(s)

Date

Date