

# **Application Instructions for City Accessibility 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:** You may have to attach copies of your most current federal tax return and a month of paystubs if an owner match is needed.

Please submit all required information that pertains to your household's source of income.

- <u>For Salary or Regular Wages:</u> 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.
- <u>Interest or Dividends:</u> From the most two recent calendar years, copies of 1099 Forms or Federal Tax Form 1040.
- <u>Seasonal Employment:</u> 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
- <u>Self Employment: Sole Proprietorship or Farm Operation:</u> 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.
- <u>Self Employment: Partnership:</u> 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.
- <u>Self Employment: S-Corporation:</u> 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.
- <u>Rental Income</u>: 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.
- <u>Child Support or Alimony:</u> 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.
- <u>Contract for Deed Income:</u> A copy of the contract of deed and evidence that the income is received such as cancelled checks or bank deposits.
- <u>Social Security:</u> Copies of a current check or a current bank deposit or the award letter received at the start of each calendar year.
- <u>Education Grants/Scholarships</u>: Copies of Grant Award Letters for grants or scholarships paid directly to the Applicant not to include Education Loans.

- <u>For Checking & Savings Accounts:</u> 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. Authorization to Disclose Health Information (enclosed): Sign and Date
- **8.** Accessibility Evaluation Form (enclosed): Signed and Dated
- 9. Copy of Your Current Mortgage Statement
- 10. Copy of Your Current Home Insurance Policy
- 11. Photo Release Form (enclosed): Sign and Date
- 12. Fair Housing Certification (enclosed): Read pamphlet, Sign and Date form
- 13. Lead Based Paint Statement (enclosed): Read pamphlet, Sign and Date form
- 14. Homeowner Certification (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.

The Accessibility Deferred Grant Program will only be for the following improvements: widening interior doors for wheelchairs; retrofitting existing bathrooms with a raised toilet, grab bars, adjustable shower heads and/or a handicapped accessible shower; and exterior ramps and/or railings.\*

#### Rehab Process: \*\*

- 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.
- \*\* The HRA reserves the right to require a lead based paint assessment if the home was built before 1978.

#### 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 COMPETED.

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 a 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:** 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 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 Male ☐ White Yes No Female Black or African American ☐ Asian American Indian/Alaskan Native Native Hawaijan/Other Pacific Islander American Indian/Alaskan Native & White Asian & White Black/African American & White American Indian/Alaskan Native & Black/African American Other Multi-Racial Does any member of the household have disabilities? $\square$ Yes $\square$ 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

Please check all sources of a	•	•		_			
Social Security or SSI Pension/Annuities/PERA					Self Employe	ed*	
AFDC		Welfare Assist	Welfare Assistance		Farm Income	2	
Child Support		Rental Income	;		Worker's Co	omp	
Contract-for-Deed Paymen	ts 🗌	VA Educ. Gra	nt		Salaries, incl bonuses, tips	_	ne,
Estate or Trust Income		Interest and D	ividends		Unemployme		
*Please submit copies of your co	omplete las	t 2 years Federal i	income tax 1	eturns if s	self employed.		
Security, Wages, Pensions, employment, Farm income, income, use the appropriate	and Rent	al income: (Fo	r self-emp	oloyed po	ersons, farm a	and rental p	
Name		Birth Date	Monthly	Gross 1	Income S	Source of I	<u>ncome</u>
					<del></del> -		
					<del></del> -		
Have you made all of your retimely manner? \( \subseteq \text{Yes} \subseteq \)		•				eredit cards)	in a
From your last property tax  • What is the Estimate  • What are your yearly  • Are your property ta	ed Market y property	t Value of your y taxes?					
Is your home modular or ma	nufactur	ed?  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 M	innesota	Housing Finan	ice Agenc	y Loan o	or Grant?	Yes No	
Has your home ever been w	eatherize	d with Departn	nent of En	ergy fur	nds?  Yes [	☐ No	
The kinds of improvements	I think aı	re needed to my	y home are	e:			

# **Part III: Bank Accounts**

Please list the name, phone Bank:		-	nk, savings a Phone #:			
Checking Account and/o	or Savings	Account	Address:			
Bank:			Phone #:			
Checking Account and/o	or Savings	Account	Address:			
Check here if you have	no bank accou	nts of any	kind.			
Part IV: Assets  Please list the name, phone retirement funds, stocks, be proceeds from inheritance,	onds, equity in	property of	ther than you	ir home, cas	h value of in	surance,
Name:	Phone #:	Addre	ess:		Value:	
					\$	
Name:	Phone #:	Addre	ess:		<u>Value:</u>	
Name:	Phone #:	Addre			Value:	
Part V: Credit History Please answer all questions	y		hem is "yes."		ch a written	explanation.
Are there any outstanding f		-	-	_	Yes No	_
Have you declared Bankrup					Yes No	
Have you lost any property anyone to avoid foreclosure	through forec			leed to	Yes No	
Are you a co-signer on any	note or loan?				Yes No	•
Part VI: Debts						
Please list all current finance					ent accounts	s, charge
accounts, debts to banks, fin  Creditor:  City and S  Location o		Year Loan Account Opened:	vernment age Maximum Amount Owed:	Present Balance:	Monthly Payments:	Is Debt Business Related?
Mortgage company:			\$	\$	\$	
			\$	\$	\$	
			+		1.	+
			\$	\$	\$	
			\$ \$	\$	\$	

## **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

# BORROWER CONSENT TO THE USE OF TAX RETURN INFORMATION

Lender: City of Hutchinson/HRA of Hutchinson, MN

I un Lender and Other Loan Participant information for purposes of (i) pro managing, monitoring, servicing, s marketing; or (iv) as otherwise per federal privacy and data security la	ts can obtain, use viding an offer; selling, insuring, mitted by applic	(ii) originating, maintaining, and securitizing a loan; (iii)
The Lender includes the Lender's aforementioned parties' successors includes any actual or potential ow application, or acquirers of any bermortgage insurer, guarantor, any so any of aforementioned parties' successors	s and assigns. The vners of a loan re neficial or other ervicers or servi	ne Other Loan Participants esulting from your loan interest in the loan, any ce providers for these parties and
Acknowledgement		
By signing below, you hereby ackinformation disclosed above, and rindicated below.	•	<u> </u>
Homeowner Signature	Date	
Homeowner Signature	Date	

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Signature of Applicant

City Center, 111 Hassan Street SE Hutchinson, MN 55350

Website Site: <u>www.hutchinsonhra.com</u> (320) 234-4251 (320) 234-4240 Fax

Release of Info	ormation			
This is your authorization to release information regaccounts, and outstanding debts including mortgage obtain other information about me/us that is necessary improvement loan from the <u>City of Hutchinson/HI</u>	es, to order a consumer credit report and to ary to support my application for a housing			
You may make copies of this letter to distribute to a and that party may treat that copy as an original.	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			

Date





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## **VERIFICATION OF EMPLOYMENT**

Part I: To be completed by the Applica	nt
Name of Employer:	
Address:	Phone #:
Employee:	Fax #:
Their signature on the attached form provides y	she is now employed, or has been employed by your firm. you with permission to release the requested information.
	d earnings is required to establish eligibility for participation te information you provide will be private and only used in
1. Gross earnings during the past 12 months: \$	YTD \$
2. Is this person currently an employee?	□No
3. If not, is this a temporary situation? Yes	□No
4. If employment is seasonal or sporadic, please gi	ve lay-off periods:
5. Original or re-hire date: T	ermination date:
6. Average number of hours per work week: Straig	ght time <u>Hrs/Week</u> Overtime <u>Hrs/Week</u>
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 of	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
	1 tiephone 1 tumoer

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: <u>www.hutchinsonhra.com</u> (320) 234-4251 (320) 234-4240 Fax

### VERIFICATION OF ASSISTANCE

To: McLeod County Social Service	es
Part I: To be completed by the App	plicant
I,	, living at
First Name	, living at Last Name
	Hutchinson, MN 55350
Street Address	
	unty Social Services staff to furnish the Small Cities tion regarding the monthly payment made to me for AFDC, ayments.
<u> •</u>	me verification for the Housing Rehabilitation Program. private and only used in establishing eligibility for this
Signature	Date
Part II: To be completed by the So	ocial Services Agency
Type of Assistance Provided:	Monthly Amount: \$
If the above recipient receives a Chil	ld Support Bonus Payment, please give the monthly amount:
Is this payment?  Regular or  S	
If it is sporadic, what was the total	al amount received for the past 12 months? \$
Is the same amount likely to be recei	ved 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





City Center, 111 Hassan Street SE Hutchinson, MN 55350

Website Site: <u>www.hutchinsonhra.com</u> (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:	Accour	nt #'s:
required to establish my program eligibil return it to:  Judy Flemming, H	information will be treated ity and I would appreciate futchinson HRA, 111 Hass 55350 Telephone: 320-23	d as private data. This verification request is your prompt completion of the form. Please an St SE, 4-4251
Part II: To be completed by the Bank		
Current Checking Account Balance: \$		Interest Rate Paid:
Average Checking Account Balance for t	the last 6 months: \$	
Current Savings Account Balance: \$	Interest	t Rate Paid:
Saving Certificates: \$	Interest Rate Paid:	
Saving Certificates: \$	Interest Rate Paid:	
Total interest earned during the last 12 m	onths from all above: \$	
To the best of your knowledge, will there	be a change in earnings d	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



# **Authorization to Disclose Health Information**

I	, authorize	to release the information identified
below to the Ci	ty of Hutchinson/HRA for p	surpose of determining my eligibility for a housing
rehab program.		
□Your certific	eation of my diagnosis of:	
☐Your certific	eation of my minor child's (	) diagnosis of:
		agnosis of:
□Other. (Be sp		he information to be disclosed and the subject of that
	ion expires on the date you pauthorization whichever occ	provide the requested information or two weeks from curs first.
	zing you to disclose informa apacity and authority as a cu	tion about my minor children, my authorization is stodial parent.
		nation about (Name of Person) is all representative, as documented by the attached
Authorized Si	gnature D	ate
Print Name		
Healt	h Insurance Portability an	d Accountability Act of 1996 Disclosures
	(Name of borrower/household	member) may revoke this authorization by
providing a w		to (Name of person & company/agency
	formation), who is bound to nis authorization has not ye	comply with the request if the information et been provided.
	(Name of person & compa	ny/agency holding medical information) may not withhold
borrower/househol	ment, enrollment, or eligid member) does not sign this	oility for benefits if (Name of authorization. It is possible that the information e redisclosed by the City of Hutchinson/HRA and
_	•	w. However, state law prohibits <u>City of</u>
Hutchinson/H	RA from disclosing this in	formation without further authorization.

# City HILP Accessibility Deferred Grant Program Accessibility Evaluation

**INSTRUCTIONS:** Use to evaluate needs of a Disabled Household Resident.

Bc	orro	wer Last Name	Borrower Fir	est Name	— MI	
Name of Disabled Resident			Relationship to Borrower			
Pro	eser	nt Location if not at Borrowe	r's home (Addre	ess, City and 2	Zip)	
1.	W	hat improvements will allow	disabled persor	n to live at Bo	rrower's home	?
2.		imary Disability:	ical Name:	<u>Date</u>	e of Occurrenc	e: —
<ol> <li>4.</li> </ol>	<u>Ov</u>	verall Health Status:  Poor □Fair □Poor  eight Weight		5. <u>Change in</u> □Stable	□Improving	past 1 to 2 years:  Cts) □Deteriorating
6.		Disability Affects	Describe Exte	nt		
		Hands/arms	Describe Exte	iit .		
		Upper body in general				
		Lower body/mobility (balance or coordination)				
		Only one side (identify)				
		General endurance				
		Hearing, Vision				
		Other				
7.	M	obility Equipment Needed: _			Fre	quency:
8.		nily Assistance Needed: (e.g. de ne making, mobility in/out of home)	ressing, personal hygien	e, <u>Who</u>	o Provides	Frequency
Sig	gnat	ture of Person Completing E	valuation	Date	<b>.</b>	-
Pri	int l	Name of Person Completing	Evaluation	Rela	ntionship to Bo	orrower Date



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# MORTGAGE VERIFICATION

Part I: To be completed by the App	plicant
Name of Mortgage Lender	Date of Request:
Financial Institution Address:	Phone:
Applicant:	Mtge. #:
Hutchinson HRA. I understand that	grant the release of information regarding my mortgage to the this information will be treated as private data. This verification ogram eligibility and I would appreciate your prompt completion of
Signature of Applicant:	
Part II: To be completed by the M	ortgage 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 Es	crow for Taxes? Yes No
6. Is this mortgage current?  Yes	No
7. How many times has this borrow	er 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 Hutch rehab by Rehab Program from the City of I	inson HRA to take photos of the property to be Hutchinson, at the following location:		
	, Hutchinson, MN.		
Signature of Applicant(s)	Date		
Date			



City Center, 111 Hassan Street SE Hutchinson, MN 55350 Website Site: <a href="www.hutchinsonhra.com">www.hutchinsonhra.com</a> (320) 234-4251 (320) 234-4240 Fax

# FAIR HOUSING CERTIFICATION

I hereby certify that I have received infor understood the information.	mation on the Fair Housing Act and that I have read and
Signature of owner	Date
Signature of owner	Date
Witness	 Date



LEAD BASED PAINT STATEMENT				
I hereby certify that I have received the publi				
☐Yes, I'm interested in having a Lea	nd Based Paint Assessment.			
Applicant	Date			
Applicant	Date			
Witness	Date			
	DERSTANDING OF ESSMENT REQUIREMENT			
As part of participating in the Housing Rehal conditions per Federal Regulations apply.	oilitation Loan Program, the following			
If your home was built prior to 1978, a Lead it is required by the funding source. If lead be work to be done is in those areas, your family until a Lead Clearance has been gained.	pased paint is present and the rehabilitation			
Therefore, I understand that if I qualify to red home, I will need to cooperate with and abide Assessment of my home. Failure to do so at home will be cause for discontinuation of my	e to all regulations per a Lead Based Paint any time during the rehabilitation of my			
Applicant	Date			

Date

Applicant



City Center, 111 Hassan Street SE Hutchinson, MN 55350 Website Site: <a href="https://www.hutchinsonhra.com">www.hutchinsonhra.com</a> (320) 234-4251 (320) 234-4240 Fax

## City Accessibility Grant Program Homeowner Certification

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

This Accessibility loan 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	s)warrants there are	no other work items that po	se an ongoing safety
risk or may cause further	r damage to my (our)	home.	
Signature	Date	Signature	Date

