

Rehabilitation Loan Program Borrower Application

INSTRUCTIONS: Complete all information on this application. Please print. Use ink.

Borrower Information						
Last Name			First Name			
					☐ Yes ☐ No	
Social Security or Individual Taxpay Identification Nur		h Depende 18	nts under	Other Dependents	Disabled Household	
Household Size Move		e in Date		Years Employed		
()			()		
Business Phone		Extension	Но	ome Phone		
Mailing Address 2 Mailing Address 2						
City		State		Zip Code		
The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.						
Sex	☐ Male ☐ Female	Ethnicity	Hispanic or Latino Not Hispanic or Latino			
Marital Status	☐ Married ☐ Not Married ☐ Separated	Race (select 1 or more)	America	African American n Indian or Alaskan N awaiian or Other Pac		
I do not wish	to furnish this informatio	on				

Co-Borrower Information (Repeat for all Co-Borrowers)				
Last Name Social Security		First Name Date of Birth		MI
	1ale Ethni emale	city	Hispanic or Latino Not Hispanic or Latino	
Status N	flarried Race (select more)		White Asian Black or African American American Indian or Alaskan Nati Native Hawaiian or Other Pacific	
I do not wish to fur	nish this information			
Relationship to Borrower		o-Head of Ho ependent	ousehold Other Adult Spouse	:
Household Informa	tion			

Income

Base Pay

Other

List all household members, their ages, and their estimated income (even if it is zero). Income listed should include all income which can be reasonably expected to be received during the next 12 months.

Income includes, but is not limited to, the following sources.

Self-Employment

Transfer Payment Income (Unemployment Compensation, Public Assistance, Worker's Compensation, Disability, VA, Pensions, Social Security Benefits)

Variable Income (Bonus, Overtime, Shift Pay, Commissions, Tips, Seasonal)

Flexible Benefit Cash

Investment Property, etc. (Rental Income, Contract for Deed Payment Income)

Housing Car/Allowance

Roommate Rent

Educational Grants



Income from retirement, 401(k) and Keogh accounts

Child/Spousal Support

Name of ALL Household Member(s), including minor children	Age	Type of Income	Annual Income
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Note: Household Size listed on page 1 and th	e number	Total Annual Household Income \$ of members listed above should match.	
Assets			
List the cash value of assets held by all ho market value of the item minus the amou		esidents. If money is owed on any item, the va owed.	lue listed should equal the

Total cash on hand, in checking and savings accounts: \$ Checking Bank Name #1 Savings Bank Name #2 Checking Savings Bank Name #3 Checking Savings Bank Name #4 Checking Savings \$ Cash value of life insurance policies. \$ Securities or U.S. Savings Bonds. Market value of all interests in real estate, exclusive of the structure to be improved and a parcel of real property of not more than two contiguous platted lots or 160 continuous acres on which such \$ structure is located. \$ Recreational vehicles such as golf carts, snowmobiles, boats, or motorcycles. All other property, excluding household furnishings, clothing, one automobile, and real estate, equipment, supplies, and inventory used in a business. \$ All land in which any resident of the household holds title and is selling on a contract-for-deed. Value in this case is defined as the outstanding principal balance expected to exist on the contract one year \$ from the date of application. Total cash value of retirement, 401(k), Keogh and pension fund accounts \$ Institution Name #1 Institution Name #2 Institution Name #3 Life estate value on a property other than the subject property. Other (e.g. additional land holdings, etc.)

Total Assets \$

12/18/2019 * M C L O A N A P P L *

Loan History					
I/We currently have a Minnesota Homes Rehabilitation Borrower Name	Loan	Date of Loan			
Borrower Name		Date of Loan			
List the outstanding balance of all loans/Mortgages/Con	ntract for Deed on the property, inclu	ding any deferred loans:			
Bank Name	Outstanding Balance	Current			
	\$	Yes No			
	\$	Yes No			
	\$	Yes No			
	Total Combined Balances: \$_				
Property Information					
Address	Address 2				
	MN	7.0.1			
City County	State	Zip Code			
Building Single Family Manufactured Ho	Dool Dromonty Toyunhouse				
Typo	Type				
Condominium with common areas Condominium without common areas					
Manufactured Home Yes No					
Park					
	☐ New ☐ Existin	ng			
Year Built Number of Units Property Value	Category	Number of Bedrooms			



Other Funding Sources

Please list any other Funding Sources and amounts that will be used to complete this projection (Other Loans, Grants, Local Government Incentives, etc.)	ect:
	\$
	\$
	\$
	\$
	\$
Total Other Funding Source Amount	\$

Disclosures:

- Minnesota Housing Finance Agency, United States Department of Housing and Urban Development or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Rehabilitation Loan, upon giving due notice to the occupants.
- The information requested in this application is legally required to determine if you qualify for participation in this
 Minnesota Housing program. A portion of the data requested is classified as "private data on individuals" under
 Minnesota Statute 462A.065. Use of data obtained is limited to that necessary for the administration and
 management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, and
 other governmental agencies when authorized by state statute or federal law.
- The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes). Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of obligations.
- Under the Minnesota Criminal Code a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- 15 year Mortgage (taxed as real property): If the property ceases to be your principal residence or is sold, title is transferred or conveyed, then the full amount of the loan will be due and payable.
- 10 year Manufactured Home Note and Security Agreement (taxed as personal property): If, prior to the maturity of the Note, the home ceases to be your principal residence, or is sold, title is transferred or conveyed, the full amount of the loan will be due and payable.
- Your ability to use any potential equity in the property will be severely restricted. Subordinations are granted only under strictly limited circumstances.

Certifications:

- I/We understand loan funds may not be used to pay existing debt or improvements begun or completed before the date of the loan.
- I/We understand that all work contained in the Scope of Work must be completed within nine months from the date of the loan commitment.
- I/We certify that I/We have not received a Minnesota Housing Rehabilitation Loan within the last five years. I/We understand that for the next five years, I/We will be ineligible to receive further financing through this program (with the possible exception for an emergency situation as determined by Minnesota Housing.)
- I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief. If any of the information included in this Borrower Application changes prior to the loan closing date, I/We agree to notify the lender of these changes within 5 business days of the loan closing date.

12/18/2019 * M C L O A N A P P L *

Verifications:						
I/We certify that I/We have Important Lead Hazard In	Borrower/Co-Borrower Initials					
I/We understand that I/W	•	-	based paint inspections,	risk		
assessments and/or clearance examination results.					Borrower/Co-Borrower Initials	
I/We understand that I/We must apply for the Energy Assistance Program prior to receiving Rehabilitation Loan Program funding. If after application to the Energy Assistance Program it is determined that I/We qualify for a Weatherization loan, I/We will use these funds in conjunction with Rehabilitation Loan Program funds.						
					Borrower/Co-Borrower Initials	
Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency						
Identification: All Borrowers must provide a valid Minnesota Driver's License, United States Passport, or Minnesota State issued ID card.						
Signatures: All residents age	e 18 or over must sign	this application.				
Signature	Borrower	Co-Borrower	Other Adult	Date	of Application	
Signature	Borrower	Co-Borrower	Other Adult	Date	of Application	
	1					
Signature	Borrower	Co-Borrower	Other Adult	Date	of Application	
Signature	Borrower	Co-Borrower	Other Adult	Date	of Application	
			\$			
Lender				ed Loan	Amount	
TIL and NMLSR ID						
Loan Originator Company Name		Loan Originator Individual Name (as name appears on NMLSR)				
Loan Originator Company NMLSR ID			Loan Originator Individual NMLSR ID (if applicable)			



Minnesota Housing does not discriminate on the basis of race, color, creed, national origin, sex, religion, marital status, status with regard to public assistance, disability, familial status, or sexual or affectional orientation in the provision of services.

REHB11_Borrower_Application

