



You have selected the application for Garrison Township's Small Cities Development Program for owner-occupied housing rehabilitation. Following this cover letter you will find: "What to Expect and What Not to Expect..." handout, an application (4 pages), a Privacy Notice form, a Borrower's Certification and Authorization form* and income verification forms*.

Please read the following when determining how to show proof of your household's income:

- ✓ Employed: fill out the TOP half of the "Verification of Employment" form
- ✓ Receiving Assistance: (public assistance, MFIP, AFDC, TANF, GA/Work Readiness) fill out the TOP half of the "Verification of Assistance" form
- ✓ Self-employed: submit copies of your IRS tax forms from the past 3 years
- ✓ Social security income or benefits: submit your current award letter or fill out the TOP half of the "Verification of Social Security Income" form
- ✓ Child Support or Alimony income: submit a court award notice or fill out the TOP half of the "Verification of Assistance" form
- ✓ Pension, annuity or retirement income: Submit the name, address and phone number of the company that sends the income to you. Or submit a copy of a statement that you receive from the company regarding your benefits.
- ✓ Rental income: submit a copy of your last year's Federal tax Schedule E or proof of payment from tenants.

* Please note, all persons in the household that are over 18 years of age, must report income and sign the Borrower's Certification and Authorization form, so the income can be verified.

Submit your completed & signed application, signed privacy notice, signed borrower's authorization & release form and income verification forms with the following:

- Copy of your Warranty Deed (can obtain a copy the from County Recorder)
- Copy of your most recent property tax statement
- Copy of your current homeowner's insurance "Declarations" page
- Copies of your last 3 months of bank statements, ALL accounts
- Copies of any reported assets in Part III of the application

If you have any questions or need assistance, please call 800-832-6082.

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<p style="text-align: center;">WHAT TO EXPECT AND WHAT NOT TO EXPECT FROM THE REHABILITATION PROGRAM</p>

The rehabilitation program staff will help applicants during the rehabilitation process, but applicants are responsible for making the choices and doing the following items:

- **Applicants must provide the program staff with necessary information promptly.**
- **Applicants -not the program staff, choose contractors to submit bids.**
- **Applicants -not the program staff, select the contractor to do the work.**
- **Applicants sign Warranty Contracts with the selected contractor.**
- **Applicants work with the contractors to settle disagreements during the job.**
- **Applicants AND the program staff must be satisfied with the work performed by the contractor.**
- **Applicants must contact contractors to ask them to correct problems covered by the Warranty Contract after work has been completed.**

Items to think about before participating in the rehabilitation program:

- **Not all the work that owner's want done can always be done.**
- **Repairs will correct health & safety problems, but they will not solve all problems.**
- **Do not expect the property to be completely new after work is done.**
- **Do not expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level and square when work is done.**
- **It can be stressful living in a home while a contractor is performing repairs.**
- **Very few times in life is anyone completely satisfied with things they buy or have repaired, having a property repaired is no different.**
- **Buildings and homes always need improvements. It would be a good idea to save \$25 a month to help cover the cost of future repairs and maintenance.**
- **The program staff is NOT the contractor and CAN NOT guarantee that the applicant will be satisfied with the work done by the contractor.**

Part II: HOUSING INFORMATION (SELECT ALL THAT APPLY)

HOUSING: Single Family Hm. _____ Mobile Home _____ Year Hm. Built or Manufactured _____
Own Free & Clear _____ Buying Mortgage _____ Buying Contract For Deed _____ Life Estate _____
No. Of Bedrooms _____ No. Of Bathrooms _____

WELL: None _____ Year Installed _____ Contaminated _____ HH Municipal Connection needed? _____
Sandpoint _____ Pit _____ Drilled _____ Other _____

SEPTIC: None _____ Year Installed _____ Illegal _____ HH Municipal Connection needed? _____
Cesspool _____ Holding Tank _____ Septic w/drainfield _____ Other _____

OTHER: Homeowner's Insurance Yes No Recorded Deed Yes No Property Taxes Current Yes No

DIRECTIONS TO HOME:

Time at this address: _____ Years _____ Months Known Liens against the home: _____

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? _____

Is your home insured? Yes No

If so, with which insurance company _____

Part III: ASSET VERIFICATION

Business assets of self-employed individuals must be verified by attaching a net worth statement signed and prepared by an impartial third party.

List the **cash value** of assets held by all residents of your household. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

1. Cash on hand, in checking accounts, or in savings accounts (including those held in trust). \$ _____
 2. Cash value of Securities of U.S. Savings Bonds, IRAs, 401K, stocks, bonds, etc. \$ _____
 3. Redemption value of life insurance policies. \$ _____
 4. Current Market Value of other real estate. **Exclude property to be improved.** Include 100% of the outstanding balance that will be owed to you one year from the date of this application on property sold on Contract for Deed. \$ _____
 5. Personal property (**excluding household furnishings, clothing, and one personal vehicle**) including, but not limited to: farm equipment, farm stock, business machinery, and/or inventory, additional vehicles, etc. \$ _____
 6. Other (i.e. other land, inheritance, insurance settlements etc. specify): _____ \$ _____
- TOTAL ASSETS** \$ _____

Part IV: BANK ACCOUNTS

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

Name: _____ Address: _____

Checking Account: Yes No; Savings Account: Yes No

Name: _____ Address: _____

Checking Account: Yes No; Savings Account: Yes No

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

I (WE) CERTIFY THAT I (WE) HAVE RECEIVED THE PUBLICATION "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME" (EPA 747-K-99-001) AND THAT I (WE) HAVE READ AND UNDERSTAND THE INFORMATION.

SIGNED: _____ DATE: _____
 Borrower
SIGNED: _____ DATE: _____
 Co-Borrower
WITNESS: _____ DATE: _____

I (WE) HEREBY CERTIFY THAT I (WE) HAVE RECEIVED INFORMATION ON THE FAIR HOUSING ACT AND THAT I (WE) HAVE READ AND UNDERSTAND THE INFORMATION.

SIGNED: _____ DATE: _____
 Borrower
SIGNED: _____ DATE: _____
 Co-Borrower
WITNESS: _____ DATE: _____

I (WE) AUTHORIZE THE PHOTOGRAPHING OF MY PROPERTY. I UNDERSTAND THAT THE PHOTOGRAPHS WILL BE USED BY LAKES & PINES CAC, INC. OR ITS REPRESENTATIVE AS DOCUMENTATION OF HOUSING CONDITIONS BEFORE REHABILITATION AND HOUSING CONDITIONS AFTER REHABILITATION. THE PHOTOGRAPHS MAY ALSO BE USED IN SLIDE PRESENTATIONS OR IN OTHER MANNER FOR DEMONSTRATING VARIOUS STYLES OR SERVICES.

SIGNED: _____ DATE: _____
 Borrower
SIGNED: _____ DATE: _____
 Co-Borrower
WITNESS: _____ DATE: _____

Small Cities Development Program Rehabilitation Project

**IMPORTANT
PRIVACY NOTICE
READ THIS BEFORE FILLING OUT THE APPLICATION**

We are asking that you provide the information on the application form to determine if you are eligible to participate in the rehabilitation 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 Department of Employment and Economic 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 must be released if required by 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
- Challenge the accuracy and completeness of the data



Borrower's Certification and Authorization

The undersigned certify the following:

I/We have applied for a mortgage loan funded by the Department of Employment and Economic Development (DEED). In applying for the loan, I/We completed a loan application containing a variety of information on the purpose of the loan, the amount and source of the down payment, employment and income verification, and asset and liability verification.

Authorization to Release Information:

To Whom It May Concern:

1. I/We have applied for mortgage loan from **Garrison Township** through DEED funding. As part of the application process, **Garrison Township** and it's administer of the loan, Lakes & Pines CAC, Inc. may verify information contained in my/our loan application and in other documents required in connection with the loan, before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide **Garrison Township/Lakes & Pines CAC, Inc.** any and all information they request. Such information may include, but is not limited to, employment income, bank money market, and similar account balance and copies of income tax returns.
3. **Garrison Township/Lakes & Pines CAC, Inc.** may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

Borrower's Signature	Date	Social Security Number
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Borrower's Signature	Date	Social Security Number
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* This release will expire 60 days from the date of signature.

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VERIFICATION OF
EMPLOYMENT



Name of Employer: _____

Address: _____

Street

City

State,

Zip Code

Employee Name: _____

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: \$ _____
2. Is this person currently an employee? Yes No
3. If not, is this a temporary situation? Yes No
4. If employee 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: _____
Overtime: _____
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 (*please print*): _____

Signature: _____ Title: _____

Date: _____ Phone: (____) _____

If you have any questions or need assistance with this form please call 800-832-6082, thank you.

Please return this form in the envelope provided to:

Lakes & Pines Community Action Council, Inc.

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VERIFICATION OF ASSISTANCE

Part I: (To be completed by the applicant)

I, _____, living at:
First Name Last Name
Street City State, Zip

do hereby authorize the _____ staff to furnish the Small Cities Development Program with information regarding the monthly payment made to me for assistance or other direct payments.

This information is required for income verification for the 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: \$ _____

Amount of Child Support Bonus payment (if applicable): \$ _____

This payment is: [] Regular [] 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 this source? _____

How much is received? \$ _____

Signature: _____ Date: _____

Printed Name & Title: _____ Phone: () _____

Please return this form in the envelope provided to the address below. If you have any questions, please call (320)679-1800 ext. 123

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