



Enclosed is an application for the **McGregor Area** Small Cities Development Program for a commercial building rehabilitation loan/grant. Enclosed with this letter you will find: a Fact Sheet, *What to Expect from the Rehabilitation Program* information sheet, an application, a Privacy Notice, a Borrower's Certification for Release of Information form, a Lead Based Paint Hazard pamphlet and a Fair Housing pamphlet.

Mail your application and supporting forms to Lakes & Pines at the address below along with the following information:

- A copy of your recorded Warranty Deed or recorded Contract for Deed (can get at your county recorder's office)- this MUST have a legal description on it, or attached to it, and also list all owners of the property;
- A copy of your most recent property tax statement;
- A copy of you declarations page of your property insurance.

We look forward to working with you in the weeks ahead. Please feel free to call us if you have any questions. You can contact me at (320) 679-1800 ext. 123.

Sincerely,

A handwritten signature in black ink, appearing to read "Lezlie Ballis".

Lezlie Ballis
Project Manager

1700 Maple Avenue East • Mora, MN 55051-1227
Office 320/679-1800 or 800-832-6082 • FAX 320/679-4139
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WHAT TO EXPECT, AND WHAT NOT TO EXPECT FROM THE REHABILITATION PROGRAM

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 owners 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.

**SMALL CITIES DEVELOPMENT PROGRAM
COMMERCIAL BUILDING REHABILITATION APPLICATION**

FOR OFFICE USE ONLY:

HOUSEHOLD #:	COUNTY:	STATUS:	REP:
PROGRAM #:	AREA:	DATE:	

PART I: APPLICANT INFORMATION

APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF APPLICATION
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CO-APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL
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PROPERTY ADDRESS	CITY	STATE	ZIP
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
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()	()	COUNTY	TOWNSHIP
PHONE NUMBER	DAYTIME PHONE NUMBER		

PART II: PROPERTY INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

OCCUPANCY OF BUILDING: TENANT OCCUPIED OWNER OCCUPIED

NAME OF BUSINESSES LOCATED IN BUILDING (PLEASE INDICATE IF ANY SPACE/UNITS ARE VACANT):

BUSINESS NAME	NAME OF BUSINESS OWNER	DUNS # (FEDERAL REQUIREMENT)*

*The Federal government asks for DUNS #'s for every business located in a building that receives Federal funds. If a business does not have a DUNS number, please call 1-866-705-5711 and have one assigned to the business.

ESTIMATED AGE OF BUILDING: _____	ESTIMATED MARKET VALUE: _____
NUMBER OF STORIES: _____	NUMBER OF UNITS: _____
RESIDENTIAL SQUARE FOOTAGE: _____	NON-RESIDENTIAL SQ. FOOTAGE: _____
CURRENT USE OF BUILDING: _____	
PROPOSED USE OF BUILDING: _____	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. IS THE BUILDING WITHIN THE CORRECT ZONING CLASSIFICATION? _____
2. IS THE BUILDING IN A HISTORICAL DISTRICT? _____
3. IS THE BUILDING ON THE NATIONAL/STATE HISTORICAL REGISTER? _____
4. DO YOU WANT YOUR BUILDING ON THE HISTORIC REGISTER? _____
5. IS THE BUILDING IN A REGULATORY FLOOD PLAIN? _____



Small Cities Development Program

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

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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 **the City of McGregor** through DEED funding. As part of the application process, **the City of McGregor** 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 **the City of McGregor/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. **The City of McGregor/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 90 days from the date of signature.

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