# CITY OF MORA SMALL CITIES DEVELOPMENT PROGRAM

HOUSING REHABILITATION APPLICATION

PART I: APPLICANT INFORMATION			Noro Noro				
APPLICANT LAST NAME FIRST NA	ME MIDDL	E INITIAL	ATE OF APPLICATION				
CO-APPLICANT LAST NAME FIRST NA	ME MIDDL	E INITIAL					
PROPERTY ADDRESS	CITY	STATE	ZIP				
MAILING ADDRESS (IF DIFFERENET FROM AE		STATE					
	PHONE NUMBER	COUNTY TO	DWNSHIP				
PART II: INCOME INFORMATION   PLEASE CHECK ALL THAT APPLY:   SALARY/WAGES GA/WORK READINESS   ALIMONY/CHILD SUPPORT UNEMPLOYMENT COMPENSATION   SOCIAL SECURITY AFDC/TANF/MFIP   SELF EMPLOYMENT SSI   FOOD STAMPS VETERANS BENEFITS   PLEASE ANSWER THE FOLLOWING QUESTIONS: MEDICAL AID   1. HOW MANY PEOPLE ARE CURRENLTY LIVING IN YOUR HOUSEHOLD? MEDICAL AID   2. HOW MANY ARE ADULTS (18+YRS) HOW MANY ARE CHILDREN (UNDER 18)   4. HOW MANY PEOPLE IN THE HOME ARE CURRENLTY EMPLOYED? SETIMATE YOUR HOUSEHOLD GROSS ANNUAL INCOME:   6. DO YOU ANTICIPATE ANY CHANGES IN YOUR INCOME NEXT YEAR? MEDICAL OPPORTUNITY REPORTING							
WITH FEDERAL LAWS. YOUR RESPONSE V PLEASE CHECK <u>ALL</u> THAT APPLY. WHITE BLACK/AFRICAN AMERICAN ASIAN AMERICAN INDIAN/ALASKAN NATIVE NATIVE HAWAIIAN/OTHER PACIFIC ISI OTHER:(SPECIFY) HISPANIC ETHNICITY	ANDER V	SENIOR CITIZEN MARRIED SINGLE DIVORCED WIDOWED DISABLED, PLEASE DESCRIBE:					

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PART IV. HOUSEHOLD INFORMATION								
CHECK ONE:								
	SINGLE PARENT (MALE)	ADULTS WITH KIDS						
	SINGLE PARENT (FEMALE)ADULTS NO KIDSOTHER:(LIST)							
<u>PLE</u>	PLEASE LIST EACH MEMBER OF YOUR HOUSHOLD:							
	NAME	SOCIAL SECURITY #	DATE OF BIRTH	EDUCATION LEVEL	SEX			
1								
2								
3								
4								
5								
6								
7								
8								
PLE	ASE LIST ALL HOUSEHOLD M	IEMBERS THAT HAVE ME	EDICAL COVERAG	E:				
<u>PLE</u>	ASE LIST ALL HOUSEHOLD M	EMBERS THAT HAVE INC	COME AND THE T	YPE OF INCOME THEY	<u>Y HAVE:</u>			
PAF	RT V. HOUSING INFORM	ATION						
PLE	ASE CHECK ALL THAT APPLY	/.						
	SINGLE FAMILY HOME OWN FREE & CLEAR							
	MANUFACTURED HOME BUYING WITH MORTGAGE							
	MULTI-FAMILY HOME (DUPLEX) BUYING CONTRACT FOR DEED							
	SINGLE-WIDE MOBILE HOME LIFE ESTATE							
PLEASE ANSWER THE FOLLOWING QUESTIONS:								
1	YEAR HOME CONSTRUCTED	):	4 NUMBER OF	BEDROOMS:				
2	2 YEAR WELL INSTALLED: 5 NUMBER OF BATHROOMS:							
3	YEAR SEPTIC INSTALLED:		-					
6	ARE YOU CURRENT WITH Y	OUR PROPERTY TAXES?	YES 🗆	NO 🗆				
7	DO YOU HAVE HOMEOWNER	RS INSURANCE?	YES 🗖	NO 🗆				
8	NAME OF INSURANCE COMP	PANY/AGENT:						
9 HOW LONG HAVE YOU OWNED THE PROPERTY?								
10 HOW LONG HAS THE PROPERTY BEEN YOUR RESIDENCE?								
11	IS YOUR PROPERTY LOCAT	ED IN FLOOD PLAIN?	YES 🗖	NO 🗖				
12	DIRECTIONS TO YOUR HOM	E:						

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PART VI. ASSET VERIFICATION									
PLEASE LIST THE CASH VALUE OF ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS. IF MONEY IS OWED ON ANY ITEM, THE VALUE LISTED SHOULD EQUAL THE MARKET VALUE MINUS THE AMOUNT THAT IS OWED.									
SUBMIT PROOF OF ALL ASSETS LISTED WITH COPIES OF STATEMENTS WITH YOUR APPLICATION.									
1 CASH ON HAND, IN CHECKING ACCCOUNTS OR SAVINGS ACCOUNTS \$ 2 CASH VALUE OF SAVINGS BONDS, IRAs, 401k, STOCKS, CDs, ETC. \$									
3 REDEMPTION VALUE OF LIFE INSURANCE POLICIES \$									
4 MARKET VALUE OF OTHER	REAL ESTATE- <u>NOT</u> INLC	JDING YOUR HOME	\$						
5 PERSONAL PROPERTY (EXCLUDE	HOUSEHOLD FURNISHINGS, CL	OTHING & ONE VEHICLE)	\$						
6 OTHER (LAND, INHERITANCE, INSURANCE SETTLEMENTS, ETC.) \$									
		TOTAL	\$						
<u>PLEASE LIST THE NAME AND ADDRESS OF THE INSTITUTIONS YOU HAVE ASSETS WITH:</u> For example, list the bank you have your checking or savings account with, and/or the institution you have a 401k, stocks, CDs with.									
NAME OF INSTITUTION	ADDRESS	CITY	STATE	ZIP					
NAME OF INSTITUTION	ADDRESS	CITY	STATE	ZIP					
NAME OF INSTITUTION	ADDRESS	CITY	STATE	ZIP					
NAME OF INSTITUTION	ADDRESS	CITY	STATE	ZIP					
**You may also include copies of statements you receive from the institutions.									

I (we) the undersigned, certify subject to penalty under law, that by signing this application, the information above is true and correct to best of my (our) knowledge. I (we) realize that giving false information will result in disqualifying from the program, and/or I (we) may be subject to a fine or imprisonment, or both, under provisions of the Minnesota Criminal Code, and/or I (we) may be required to return all or part of the rehabilitation funds to the entity in which they were borrowed from. I (we) hereby authorize Lakes & Pines Community Action Council, Inc. staff to enter my (our) home to identify work items necessary for the rehabilitation of my (our) home, to take photographs and to inspect work in progress while construction is occuring, during regular business hours. NOTE: The information requested in this application is legally required to determine if you qualify for participation in this rehabilitation program. A portion of the data is classified as "private data on individuals" under Minnesota Statutes 462.065. Use of data obtained is limited to the United States Department of Housing and Urban Development.

Your name, address and amount of assistance you receive is considered public data under the Minnesota Data Practices Act. The disclosure of your Social Security Number or Minnesota Tax Idenfication Number is mandatory for participation in this program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01-270A.12 of MN Statutes), as well as Section 270.66 of said Statutes. Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtness to the entity lending the funds to us, resulting from this or other Small Cities Development Programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of state obligations.

APPLICANT'S SIGNATURE

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DATE

CO-APPLICANT'S SIGNATURE

DATE

PLEASE CONTINUE TO THE NEXT PAGE FOR IMPORTANT INFORMATION

#### CITY OF MORA SMALL CITIES DEVELOPMENT PROGRAM HOUSING REHABILITATION APPLICATION

### I/WE CERTIFY THAT I/WE HAVE RECEIVED INFORMATION ON THE FAIR HOUSING ACT AND THAT I/WE HAVE READ AND UNDERSTAND THE INFORMATION.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

I/WE CERTIFY THAT I/WE HAVE RECEIVED THE PUBLICATION "RENOVATE RIGHT: IMPORTANT LEAD HAZARD INFORMATION FOR FAMILIES, CHILD CARE PROVIDERS AND SCHOOLS" AND THAT I/WE HAVE READ AND UNDERSTAND THE POTENTIAL RISK OF LEAD HAZARD EXPOSURE FROM RENOVATION ACTIVITIES PERFORMED IN MY/OUR DWELLING AS PART OF THIS PROGRAM. I/WE RECEIVED THIS BEFORE WORK BEGAN.

APPLICANT'S SIGNATURE

DATE

DATE

CO-APPLICANT'S SIGNATURE

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 PROPERTY CONDITIONS BEFORE REHABILITATION AND AFTER REHABILITATION. THE PHOTOGRAPHS MAY ALSO BE USED IN PRESENTATIONS OR IN OTHER MANNER FOR DEMONSTRATING VARIOUS STYLES AND SERVICES.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

TIL AND NMLSR ID

Lakes & Pines Community Action Council Inc. Loan Originator Company Name

1161367

Loan Originator Company NMLSR ID

Loan Originator Individual NMLSR ID (if applicable

Loan Originator Individual Name (as name appears on NMLSR)