Pine City has been awarded grant funds for homeowners interested in improving their homes from the Minnesota Department of Employment and Economic Development’s (DEED’s) Small Cities Development Program (SCDP) which is funded by the United States Department of Housing & Urban Development (HUD).

- This assistance to homeowners is in the form of a 0% interest, 10-year loan. Homeowners will be asked to match 10% of the total cost of improvements, but this is dependent on income level. Homeowners unable to match the grant funds will not be turned away.
- The maximum grant available is $25,000 per property.
- The loan is repaid to the City if the property is sold; title is transferred, or conveyed within 10 years of the loan closing. The obligation to repay is reduced by one-tenth of the original loan amount after each of the years. If after 10 years the property is still owned by the borrower, the loan is forgiven and considered a grant.

To qualify:

- Home must be in the Target Area and be homesteaded (must be the applicant’s primary residence).
- Applicant must own the house; either free of debt, through a mortgage or recorded Contract for Deed. Taxes must be current and proof of homeowner’s insurance is required in order to be approved. *If you are buying the property on a Contract for Deed, the holder of the contract must sign off on the loan, so you should contact the holder prior to your application.*
- Your household gross (before taxes) annual income (including Social Security, wages and all regular sources) must be within the following limits:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1 person</th>
<th>2 persons</th>
<th>3 persons</th>
<th>4 persons</th>
<th>5 persons</th>
<th>6 persons</th>
<th>7 persons</th>
<th>8 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>$40,550</td>
<td>$46,350</td>
<td>$52,150</td>
<td>$57,900</td>
<td>$62,550</td>
<td>$67,200</td>
<td>$71,800</td>
<td>$76,450</td>
</tr>
</tbody>
</table>

Repairs that make the property more livable, energy efficient, safe and accessible for handicapped occupants, qualify under this program. These may include replacing or repairing:
- Defective plumbing, heating or electrical systems.
- Roofing, windows, doors, and wall repairs
- Ramps and bathroom accessibility conversions.

After an application has been submitted by a property owner and is approved by Lakes & Pines, the home will have an inspection conducted to determine what repairs are needed and qualify under this program. **Remodeling is not allowed.** If the home was built prior to 1978, a lead risk assessment will be conducted and any lead based paint hazards will be addressed through this program. Once the scope of work is determined, the owner will seek bids from contractors of their choice. **Work that is started or completed without approval from Lakes & Pines will not be paid for with program funds.**

If you are interested in applying or have questions, call or write:

**Lakes & Pines Community Action Council, Inc.**  
1700 Maple Ave E, Mora, MN 55051  
320-679-1800 or 1-800-832-6082  
www.lakesandpines.org
Pine City SCDP Target Area A
THIS INFORMATION IS IMPORTANT, PLEASE READ IT CAREFULLY.

Small Cities Development Program
Housing Rehabilitation
Application Instructions

Step 1: Complete and sign the following enclosed forms:
- Housing Rehabilitation Application
- Privacy Notice form
- Borrower's Certification for Release of Information form*

Step 2: Find the type of income you and your household members have or receive, and fill out the top 1/2 of the corresponding form(s):

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Form to complete or submit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment (wages or salary)</td>
<td>Verification of Employment (enclosed)</td>
</tr>
<tr>
<td>Assistance (public assistance, MFIP, AFDC, TANF, GA/Work Readiness, MSA)</td>
<td>Verification of Assistance (enclosed)</td>
</tr>
<tr>
<td>Self Employment</td>
<td>Send copies of the past three (3) years of IRS Federal Tax forms, including all required schedules. Send a net worth statement (enclosed) for your business, signed by a third party.</td>
</tr>
<tr>
<td>Social Security</td>
<td>Copy of current year’s award letter. If you do not have a copy go to: <a href="http://www.socialsecurity.gov/myaccount">www.socialsecurity.gov/myaccount</a>. Make an account and reprint the award letter. Or call 1-800-772-1213 for a mailed copy.</td>
</tr>
<tr>
<td>Rental Property Income</td>
<td>Copy of IRS Federal Tax Schedule E, OR Written statement from tenant.</td>
</tr>
</tbody>
</table>

*All persons in the household over the age of 18 must report income and sign the Borrower’s Certification for Release of Information form.

Step 3: Gather the following documents:
- Copy of the recorded Warranty Deed or Certificate of Title from the County Recorder
- Copy of your current property tax statement
- Copy of your current property insurance declarations page(s)
- Copy of most recent bank statement for all accounts & other assets
- Copy of most recent mortgage statement

Step 4: Send all the paperwork from Steps 1-3 to Lakes & Pines Community Action Council, Inc. at the address below. Due to the large amount of interest in this program, you will have 45 days to send your application and supporting paperwork to us. Please contact us at 800-832-6082 if you have any questions or need assistance.
WHAT TO EXPECT AND WHAT **NOT** TO EXPECT FROM THE REHABILITATION PROGRAM

**Step by step process:**

*Applicant: Submits application & required information to program staff for processing.*

Program staff: Verifies income, assets and ownership information and will send an approval/denial letter to the applicant.

Program staff: Contacts the approved applicant to conduct an initial evaluation of the property.

Program staff: Discusses with the owner what items can be funded through the program and what items cannot.

Program staff: Prepares the scope of work & sends the scope of work to the State Historical Preservation Office and the applicant for review and acceptance.

*Applicant: Solicits bids from at least 2 licensed and insured contractors.*

Contractor: Sends bids directly to the program staff for review.

Program staff: Contacts the applicant to discuss the bids and to select a contractor & sends the contractor the contracts and bid award notice.

*Applicant: Meets with program staff to sign loan paperwork.*

Program staff: Gives permission to the contractor to begin work.

Contractor: Sets up a pre-construction meeting with program staff and applicant & bills program staff for work completed as outlined in the scope of work.

Program staff: Inspects work completed and issues contractor payments.

The rehabilitation program staff will help applicants during the rehabilitation process, but applicants are responsible for making certain 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(s) to complete the work, not program staff.
- 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 an applicant wants to be done can always be done because of program constraints and requirements.
- Repairs will be made to help correct health & safety problems, but they will not solve all problems.
- Do not expect the property to be completely "new" after work is done.
- When working with older structures and pre-existing conditions, it can be impossible to 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/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 that the owner selects to perform the work. However, the program staff expect the work to be completed in a professional and workman-like manner.
PINE CITY SMALL CITIES DEVELOPMENT PROGRAM  
HOUSING REHABILITATION APPLICATION

FOR OFFICE USE ONLY:

<table>
<thead>
<tr>
<th>HOUSEHOLD #:</th>
<th>COUNTY:</th>
<th>STATUS:</th>
</tr>
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<tbody>
<tr>
<td>PROGRAM #:</td>
<td>AREA:</td>
<td>DATE:</td>
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</table>

PART I: APPLICANT INFORMATION

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<thead>
<tr>
<th>APPLICANT LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
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<tr>
<td></td>
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<td>DATE OF APPLICATION</td>
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<table>
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<tr>
<th>CO-APPLICANT LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
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PROPERTY ADDRESS

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

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<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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PHONE NUMBER

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<tr>
<th>DAYTIME PHONE NUMBER</th>
<th>COUNTY</th>
<th>TOWNSHIP</th>
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PART II: INCOME INFORMATION

PLEASE CHECK ALL THAT APPLY:

- [ ] SALARY/WAGES
- [ ] ALIMONY/CHILD SUPPORT
- [ ] SOCIAL SECURITY
- [ ] SELF EMPLOYMENT
- [ ] FOOD STAMPS
- [ ] GA/WORK READINESS
- [ ] UNEMPLOYMENT COMPENSATION
- [ ] AFDC/TANF/MFIP
- [ ] VETERANS BENEFITS
- [ ] RETIREMENT/PENSION
- [ ] MSA
- [ ] INTEREST/OTHER
- [ ] NO INCOME
- [ ] MEDICAL AID

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HOW MANY PEOPLE ARE CURRENTLY LIVING IN YOUR HOUSEHOLD?
2. HOW MANY ARE ADULTS (18+YRS)  HOW MANY ARE CHILDREN (UNDER 18) 
4. HOW MANY PEOPLE IN THE HOME ARE CURRENTLY EMPLOYED?
5. ESTIMATE YOUR HOUSEHOLD GROSS ANNUAL INCOME:
6. DO YOU ANTICIPATE ANY CHANGES IN YOUR INCOME NEXT YEAR?

PART III. FAIR HOUSING/EQUAL OPPORTUNITY REPORTING

THE FOLLOWING INFORMATION IS REQUESTED SOLELY FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH FEDERAL LAWS. YOUR RESPONSE WILL NOT AFFECT THE CONSIDERATION OF YOUR APPLICATION. PLEASE CHECK ALL THAT APPLY.

- [ ] WHITE
- [ ] BLACK/AFRICAN AMERICAN
- [ ] ASIAN
- [ ] AMERICAN INDIAN/ALASKAN NATIVE
- [ ] NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
- [ ] HISPANIC ETHNICITY
- [ ] SENIOR CITIZEN
- [ ] MARRIED
- [ ] SINGLE
- [ ] DIVORCED
- [ ] WIDOWED
- [ ] DISABLED, PLEASE DESCRIBE:
## PART IV. HOUSEHOLD INFORMATION

**CHECK ONE:**
- SINGLE PARENT (MALE)  
- ADULTS WITH KIDS  
- SINGLE  
- SINGLE PARENT (FEMALE)  
- ADULTS NO KIDS  
- OTHER: (LIST)

**PLEASE LIST EACH MEMBER OF YOUR HOUSEHOLD:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOCIAL SECURITY #</th>
<th>DATE OF BIRTH</th>
<th>EDUCATION LEVEL</th>
<th>SEX</th>
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**PLEASE LIST ALL HOUSEHOLD MEMBERS THAT HAVE MEDICAL COVERAGE:**


**PLEASE LIST ALL HOUSEHOLD MEMBERS THAT HAVE INCOME AND THE TYPE OF INCOME THEY HAVE:**


## PART V. HOUSING INFORMATION

**PLEASE 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: ____________________  
- NUMBER OF BEDROOMS: ____________________

- 2 YEAR WELL INSTALLED: ____________________  
- NUMBER OF BATHROOMS: ____________________

- 3 YEAR SEPTIC INSTALLED: ____________________

- 6 ARE YOU CURRENT WITH YOUR PROPERTY TAXES?  
- YES ☐ NO ☐

- 7 DO YOU HAVE HOMEOWNERS INSURANCE?  
- YES ☐ NO ☐

- 8 NAME OF INSURANCE COMPANY/AGENT: ____________________

- 9 HOW LONG HAVE YOU OWNED THE PROPERTY? ____________________

- 10 HOW LONG HAS THE PROPERTY BEEN YOUR RESIDENCE? ____________________

- 11 IS YOUR PROPERTY LOCATED IN FLOOD PLAIN?  
- YES ☐ NO ☐

- 12 DIRECTIONS TO YOUR HOME: ____________________

Page 2 of 4
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.

<p>| | | | | |</p>
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<tbody>
<tr>
<td>1</td>
<td>CASH ON HAND, IN CHECKING ACCOUNTS OR SAVINGS ACCOUNTS</td>
<td>$ ____________</td>
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<tr>
<td>2</td>
<td>CASH VALUE OF SAVINGS BONDS, IRAs, 401k, STOCKS, CDs, ETC.</td>
<td>$ ____________</td>
<td></td>
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<tr>
<td>3</td>
<td>REDEMPTION VALUE OF LIFE INSURANCE POLICIES</td>
<td>$ ____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>MARKET VALUE OF OTHER REAL ESTATE: <strong>NOT INCLUDING YOUR HOME</strong></td>
<td>$ ____________</td>
<td></td>
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<tr>
<td>5</td>
<td>PERSONAL PROPERTY (EXCLUDE HOUSEHOLD FURNISHINGS, CLOTHING &amp; ONE VEHICLE)</td>
<td>$ ____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>OTHER (LAND, INHERITANCE, INSURANCE SETTLEMENTS, ETC.)</td>
<td>$ ____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>$ ____________</td>
</tr>
</tbody>
</table>

PLEASE LIST THE NAME AND ADDRESS OF THE INSTITUTIONS YOU HAVE ASSETS WITH:

For example, list the bank you have your checking or savings account with, and/or the institution you have a 401k, stocks, CDs with.

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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</table>

**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. 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 occurring, 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 Identification 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 indebtedness 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 ____________________________ DATE __________

CO-APPLICANT'S SIGNATURE ____________________________ DATE __________

PLEASE CONTINUE TO THE NEXT PAGE FOR IMPORTANT INFORMATION
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 __________

CO-APPLICANT'S SIGNATURE ___________________________ 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 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 NMLS ID ___________________________

Loan Originator Individual Name
(as name appears on NMLSR)

Loan Originator Individual NMLS ID (if applicable)
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 Pine City through DEED funding. As part of the application process, the City of Pine City and its 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 Pine City/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 Pine City/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

Borrower’s Signature                                               Date           Social Security Number

* This release will expire 90 days from the date of signature.
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
Applicant: Just fill out the top portion.

VERIFICATION OF ASSISTANCE

Name of Social Service Agency: ____________________________

Address: ____________________________

Street City State, Zip Code

Applicant Name: ____________________________

The person named above has stated that he or she is now receiving financial assistance from your agency. Their signature on the attached form provides you with permission to release the requested information. This request for verification of assistance is required to establish eligibility for participation in a housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this household. If you have any questions or need assistance with this form please call 800-832-6082.

1. Type of assistance provided: ____________________________

2. Monthly amount: $ __________________

3. Amount of Child Support Bonus payment (if applicable): $ __________________

4. This payment is: □ Regular □ Sporadic

5. If it is sporadic, what was the total amount received for the past 12 months? $ __________

6. Is the same amount likely to be received in the next 12 months? □ Yes □ No

7. 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? $ __________________

Comments: __________________________________________

Name of person completing this form (please print): ____________________________

Signature: ____________________________ Title: ____________________________

Phone: (______) ____________________________ Date: ____________________________

Please return this form in the envelope provided to:

Lakes & Pines Community Action Council, Inc.

1700 Maple Avenue East - Mora, MN 55051-1227

Office & TDD: 320.679.1800 - FAX 320.679.6863

Special accommodations for people with disabilities upon request.

Serving the counties of Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs and Pine
An Equal Opportunity Employer & Contractor
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 a housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this household. If you have any questions or need assistance with this form please call 800-832-6082.

1. Is this person currently an employee? __________ Job position/title: ________________
2. If not, is the situation temporary or permanent? ________________
3. If the employee is seasonal or temporary, please give dates of lay-off periods: ________________
4. Original hire date: ________________ Termination date: ________________
5. Current gross pay rate: $______________ per __________ Effective date of rate: _______
6. Average number of hours per week: Straight time: _______ Overtime: ____________
7. Overtime rate: $______________ per __________
8. Expected change in gross pay rate: $______________ Effective date of rate change: _______
9. Amount of bonus, incentive pay, commissions or tips $______________ per __________
10. Does this person receive vacation with pay? ________________ Sick leave with pay? ________________
11. Amount deducted for health insurance: $__________ per __________ (weekly, monthly, etc.)

Name of person completing this form (please print): ______________________________
Signature: ______________________________ Title: ______________________________
Phone: (_____)_______________________ Date: ______________________________

Please return this form in the envelope provided to:
Lakes & Pines Community Action Council, Inc.

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