

Longfellow Community Council Home Improvement Program

APPLICATION FORM

I am applying for a Major Remodeling low-interest Loan.

BORROWER(S)

First Name: _____ Last Name: _____ Soc. Sec. #: _____

First Name: _____ Last Name: _____ Soc. Sec. #: _____

Number of Residents: 18 and older _____ under 18 _____ Marital Status _____

Your Home Address: _____

Address to be Improved: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Work Phone: _____

Which of the following improvements would you like to make to your property? (check all that apply)

EXTERIOR

- | | | | |
|---|--------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Windows & Doors | <input type="checkbox"/> Roof Repair | <input type="checkbox"/> Siding | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Cement/Tuckpointing Repair | <input type="checkbox"/> Painting | <input type="checkbox"/> Garage | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Other _____ | | | |

INTERIOR

- | | | |
|---|--|--|
| <input type="checkbox"/> Heating/Cooling System | <input type="checkbox"/> Electrical/Lighting | <input type="checkbox"/> Space Alterations |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Handicap Access | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Other: _____ | | |

I have outstanding code violations from the City of Minneapolis Inspections Department? Yes No

PROPERTY INFORMATION

- The property must be located in the Longfellow, Cooper, Howe or Hiawatha Neighborhoods.
1. The age of the residential property to be improved is _____ years.
 2. The purchase price of the property was: \$_____. The date of purchase was: _____
 3. The current Estimated Market Value of the property from my Property Tax Statement is \$_____

CREDIT INFORMATION

A. Have you or a member of your household ever received a Minnesota Housing Finance Agency Home Improvement Loan or Home Energy Loan? Yes No

Date of the loan: _____ MHFA Loan Number: _____

Original principal amount of the loan: \$_____

Was the loan obtained to improve your current household? Yes No

B. Credit History:

These questions apply to all applicants. If you answer "yes", provide a separate written explanation

- | | | |
|---|------------------------------|-----------------------------|
| Are there any outstanding judgments or liens against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been declared bankrupt within the past 36 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had any property foreclosed upon or given title or deed in lieu thereof? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a co-maker or endorser on a note? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. Bank Accounts: Provide name and address of bank or branch

D. Debts: List all current fixed obligations: home equity loans, student loans, car loans, credit cards (if a balance remains), government agency obligations. (If more space is needed, attach another sheet.)

To Whom Indebted (Named)	Date Incurred	Original Amount	Present Balance	Monthly Payments	Check If Business-Related
Mortgage:					
Contract-for-Deed:					
IF TAXES AND INSURANCE ARE NOT INCLUDED IN YOUR PAYMENT, INDICATE AVERAGE MONTHLY AMOUNT →				\$	\$
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

INCOME AND EMPLOYMENT INFORMATION:

- Applicants must disclose all sources of income.

1. Self-employed applicants (sole proprietorship business or farms), or those with highly variable incomes:

(If your income is derived from an interest in a Partnership or Subchapter S Corporation, contact the Community Revitalization Resources for assistance.)

Type of Business: _____ Date Started (mo/year): _____ / _____

	<u>Year 1</u>	<u>Year 2</u>
Net profit from Schedules C or F	\$ _____	\$ _____
Depreciation from Schedules C or F	\$ _____	\$ _____
Wages paid to spouse	\$ _____	\$ _____
Total	\$ _____	\$ _____
Average of Years 1 & 2	\$ _____	

2. Applicants Receiving Regular Paychecks

Employer Name: _____ Type of work of position: _____
 Business Address: _____ Number of years: _____
 _____ Business Telephone () _____
 Gross Income:..... \$ _____

3. Co-Applicants Receiving Regular Paychecks

Employer Name: _____ Type of work of position: _____
 Business Address: _____ Number of years: _____
 _____ Business Telephone () _____
 Gross Income:..... \$ _____

4. Other Income:

Social Security, AFDC, pension, bonuses, overtime, interest, dividends, unemployment, child support, military reserve, contracts-for-deed, net rental income, alimony, etc. **Specify source:** _____
 Amount X Number of Payments: \$ _____ X _____ =..... \$ _____

5. Total Gross Annual Income (sum of 1, 2, 3, & 4) \$ _____

SIGNATURES

I/we certify that the statements contained in this application are true and complete to the best of my/our knowledge and behalf.

I/we agree to the Conditions Pertaining to Completion of Work.

I/we hereby authorize the release of any information necessary for the lending institution to process this application.

Applicant's signature

Co-Applicant's signature

PLEASE SIGN AND RETURN WITH APPLICATION

DATA PRIVACY ACT

In accordance with Minnesota Government Data Practices Act, Center for Energy and Environment (CEE) is required to inform you of your rights regarding the private data collected from you.

Private data, collected from you or from other organizations authorized by you, is used to determine your eligibility for programs administered by CEE. The use of private data we collect is limited to that necessary for administering programs and providing our services.

You may refuse to provide the requested information. If you do not provide the requested information, you may not be eligible for specific loans, grants or services.

Persons or agencies with whom this information may be shared include:

1. Neighborhood Revitalization Program (NRP).
2. Neighborhood organization (if applying for neighborhood funded program).
3. City (if applying for city funded program).
4. Department of Commerce.
5. Minnesota Housing Finance Agency.
6. Auditors who are required to review programs.
7. Law enforcement officials as authorized or required by law, and
8. Those individuals or agencies to whom you give your written permission.

Unless authorized by state statute federal law, other government agencies using the reported private data must also treat the information as private. You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of data.
3. The right to contest the accuracy and completeness of the data.

I have read and understand the above information regarding my rights as a subject of government data and consent to the release of certain information as described above to the parties listed herein.

Print Name _____ Print Name _____

Date _____ Signature _____ Signature _____

Print Name _____ Print Name _____

Date _____ Signature _____ Signature _____