

# Application

## Minnesota Housing Rental Rehabilitation Loan Program

### I. LENDER INFORMATION

Name of Lender Center for Energy and Environment	Date of Application
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**Amount of MHFA Rental Rehabilitation Loan \$ \_\_\_\_\_ for \_\_\_\_\_ Months**  
*Maximum Loan Amount is \$25,000 for a 1 and 2-unit property or \$10,000 per unit for a 3 or more unit property, up to \$100,000.*

### II. APPLICANT(S) INFORMATION

*The information requested in this credit application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (MHFA) program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statutes 462A.065. Use of the data is limited to that necessary for the administration and management of this program by MHFA personnel, those under contract with MHFA, and other governmental agencies when authorized by state statute or federal law.*

*The disclosure of your Social Security Number or Minnesota Tax Identification Number is mandatory for participation in this MHFA program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes), Section 270.66 of said Statutes, and Section 6050H of the Internal Revenue Code of 1986. Supplying these numbers could result in the application of tax refunds to the payment of any delinquent indebtedness to MHFA resulting from this or other MHFA programs. These numbers may be made available to state or federal tax authorities, and state personnel involved in the collection of state obligations.*

Full Name of Applicant:	Age:	Applicant Social Security No.:
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Full Name of Co-Applicant:	Age:	Co-Applicant Social Security No.:
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Applicant Address (Street, City, State, Zip):	County:
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Home Phone: ( ) -	Work Phone: ( ) -
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Partnership/Corporation Name:	MN Tax ID No.:
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Address (Street, City, State, Zip):	County:
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Applicant/Organization Type: <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify):	<i>If you checked "Partnership" or "Corporation", you may be required to personally act as a Guarantor of the loan. Please provide the following information:</i>
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<i>If You Checked "Individual" above, please Indicate your Marital Status Below.</i>	Full Name of Guarantor:
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<table border="0"> <tr> <td><u>Applicant</u></td> <td><u>Co-Applicant</u></td> </tr> <tr> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> Married</td> </tr> <tr> <td><input type="checkbox"/> Unmarried</td> <td><input type="checkbox"/> Unmarried</td> </tr> <tr> <td><input type="checkbox"/> Separated</td> <td><input type="checkbox"/> Separated</td> </tr> </table>	<u>Applicant</u>	<u>Co-Applicant</u>	<input type="checkbox"/> Married	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated	Guarantor Address (Street, City, State, Zip):
<u>Applicant</u>	<u>Co-Applicant</u>								
<input type="checkbox"/> Married	<input type="checkbox"/> Married								
<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried								
<input type="checkbox"/> Separated	<input type="checkbox"/> Separated								

Applicant Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Guarantor Social Security No.:
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### III. INCOME AND ASSETS

*If you checked "Individual" or are a Guarantor listed above, please complete this section. Note the following:*

- The only income standard you must meet is to demonstrate that you have sufficient income to repay the loan.*
- Those owners who have income necessary to repay the loan must sign the loan documents.*
- If the loan is secured by a mortgage, all entities having an ownership interest in the property must sign the mortgage.*

Applicant's Employer (Name, Address):	Phone No.: ( ) -	Position:	Yrs.:	Income Earned: \$
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Co-Applicant/Guarantor 's Employer (Name, Address):	Phone No.: ( ) -	Position:	Yrs.:	Income Earned: \$
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Other Sources of Income ( <i>income from alimony, child support, or separate maintenance income need not be shown unless you will rely upon it as a basis for undertaking or repaying this loan.</i> )	Income Earned: \$
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Total <b>Annual</b> Income from sources indicated above:	\$
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**Note: You must provide a copy of your personal financial statements. If you do not have them prepared, ask your lender for a blank copy to complete.**

**IV. CREDIT INFORMATION**

Are there any outstanding judgments or liens against you?  No  Yes  
 Have you declared bankruptcy within the last 36 months?  No  Yes  
 Have you had any property foreclosed upon or given title or deed in lieu thereof?  No  Yes  
 Are you a co-maker or endorser on a note?  No  Yes

**Note: If you answer "yes" to any of the questions above, you must provide a separate written explanation.**

List all current fixed obligations, installment accounts, charge accounts, loans, and debt to banks, finance companies and Government agencies.

Type of Debt	Current Balance:	Monthly Payment:
Total Personal Installment Debt	\$	\$
Total Personal Revolving Debt	\$	\$
Real estate debt for property other than improved	\$	\$
Total Business Debt	\$	\$

**V. INFORMATION ON PROPERTY TO BE IMPROVED** *(Applicant must currently own property)*

	Street Address by Building	Number of Units	Number of Stories	Year Built
Building 1				
Building 2				
Building 3				
Building 4				
City	State		Zip Code	County

Purchase Price: \$	Date of Purchase:	Current EMV: \$				
Whom Indebted (Name, Address):	Date Incurred:	Original Amount:	Current Balance:	Monthly Payment:	Maturity Date:	
c-f-d		\$	\$	\$		
Mortgage		\$	\$	\$		
Other		\$	\$	\$		

Is the property being purchased on a contract-for-deed?  No  Yes  
 If yes, is there a "balloon payment"?  No  Yes Date: \_\_\_\_\_  
 Amt.: \$ \_\_\_\_\_

**Note: the term of your MHFA Rental Rehabilitation Loan cannot extend beyond the date of any balloon payment. A copy of your contract-for-deed must be attached to your application.**

**VI. PROJECT DEVELOPMENT BUDGET**

	ESTIMATED ANNUAL INCOME AND MANAGEMENT EXPENSES (AFTER REHAB)	PROPOSED BUDGET
1.	Gross Rental Income (Total Annual Contract Rent)	
2.	Less 5% vacancy and collection loss	( )
3.	Net Rental Income (Line 1 less Line 2)	
4.	Commercial Rent	
5.	Laundry Income	
6.	Parking Income	
7.	Other Income	

8.	<b>TOTAL REVENUE (Lines 3-7)</b>	\$
<b>VI. PROJECT DEVELOPMENT BUDGET (continued)</b>		
9.	Advertising & Marketing	
10.	Management Fee	
11.	Legal	
12.	Auditing	
13.	Telephone	
14.	On-site Management Payroll	
15.	Other Administration (Security, licenses, etc.)	
16.	<b>TOTAL ADMINISTRATION (Lines 9-15)</b>	\$
17.	Elevator Maintenance/Cont.	
18.	Exterminating	
19.	Rubbish Removal	
20.	Other Contract Services	
21.	Janitor Supplies	
22.	Maintenance Supplies	
23.	Grounds Maintenance	
24.	Snow Removal	
25.	Heat & A/C Repair Services	
26.	Paint/Decorating Materials	
27.	General Repair Services	
28.	Maintenance & Janitorial Payroll	
29.	Other Maintenance & Operations	
30.	<b>TOTAL MAINTENANCE (Lines 17-29)</b>	\$
31.	Electricity	
32.	Water and Sewer	
33.	Gas and Oil	
34.	<b>TOTAL UTILITIES (Lines 31-33)</b>	\$
35.	<b>TOTAL OPERATING (Lines 16, 30, 34)</b>	\$
36.	Insurance	
37.	Real Estate Taxes	
38.	Replacement Reserve	
39.	<b>TOTAL DISBURSEMENTS (Lines 35-38)</b>	\$
40.	<b>NET OPERATING INCOME BEFORE DEBT SERVICE (Line 8 - Line 39)</b>	\$
41.	Existing Debt Service on Property	( )
42.	Other Debt	( )
43.	<b>NET ANNUAL OPERATING INCOME AVAILABLE FOR MHFA RENTAL REHABILITATION LOAN DEBT SERVICE (Line 40 less Lines 41- 42)</b>	\$
44.	<b>MONTHLY OPERATING INCOME AVAILABLE FOR MHFA RENTAL REHABILITATION LOAN DEBT SERVICE (Line 43 divided by 12)</b>	\$

**VII. IMPROVEMENT INFORMATION**

*Labor costs must be incorporated into the cost of each improvement. A copy of a signed MHFA Contractor Warranty from each contractor listed below must be provided with your application.*

	TYPE OF IMPROVEMENT	COST	MHFA Rental Rehab Loan Financed (X)	NAME OF CONTRACTOR
00	ACCESSIBILITY (specify):	\$		
10	ELECTRICAL	\$		
20	STRUCTURAL ALTERATIONS	\$		
30	EXTERIOR FINISHING	\$		
40	INTERIOR FINISHING	\$		
50	ROOFING	\$		
60	PLUMBING	\$		
70	HEATING	\$		
80	ENERGY CONSERVATION	\$		
90	MISCELLANEOUS	\$		
	<b>TOTAL PROJECT COST:</b>	\$		

**Note: Certain improvements are not eligible. These include: fireplaces, swimming pools, tennis courts, saunas, decks, patios, and other recreational facilities; conversion of seasonal or non-residential structures to residential structures; and construction of additional rental dwelling units**

**VIII. OTHER IMPROVEMENT FUNDS**

*Complete this section when the Rental Rehabilitation Loan funds are being coordinated with other funds:*

<u>SOURCE</u>	<u>AMOUNT</u>
Applicant Contribution (specify source):	\$
Other Funds (specify source):	\$
Other Funds (specify source):	\$
Other Funds (specify source):	\$
Other Funds (specify source):	\$
This MHFA Rental Rehabilitation Loan:	\$
Total Project Cost:	\$

**IX. CONDITIONS PERTAINING TO RECEIVING A RENTAL REHABILITATION LOAN**

1. Loan funds shall be spent for the intended purposes within 9 months from the date of the Note.
2. The MHFA or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Note upon giving due notice to the occupant(s).
3. Improvements shall not begin before loan closing without the prior written consent of the MHFA. MHFA shall only grant said approval in special or unusual circumstances, which pose an immediate threat to the health or safety of the existing residents of the property.
4. Work shall comply with all applicable building or housing code regulations and ordinances and all necessary permits and licenses shall be obtained.
5. The residential portion of the structure must be occupied at the time of loan closing primarily by persons and families of low and moderate income. Persons and families of low and moderate income are those whose gross income (from all sources and before taxes and withholding) is less than 80% of statewide median income as defined by the U.S. Department of Housing and Urban Development. Therefore, persons and families of low and moderate income in at least one of the units in the case of a one-or two-unit building, two of the units in the case of a three-unit building, and at least 75% of the units in the case of buildings containing more than three units, shall occupy the building.

Properties which have been occupied as residential structures in the immediate past that are presently vacant are eligible under the program, but only if the borrower agrees that, when the property becomes occupied, it will be occupied by the required number of low and moderate income households.

Properties presently containing vacant dwelling units and some occupied dwelling units are eligible under the program, provided when the units become occupied after the rehabilitation, the required number of low and moderate-income households will occupy the property.

**X. SIGNATURES**

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

I/We agree to the Conditions Pertaining To Receiving a Rental Rehabilitation Loan (Section IX, above).

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

<i>(Applicant Signature and Title)</i>	<i>(Date)</i>
<i>(Co-Applicant Signature and Title)</i>	<i>(Date)</i>
<i>(Print Name of Entity accepting Application)</i>	
<i>(Print Name)</i>	<i>(Print Title)</i>
<i>(Signature)</i>	<i>(Date)</i>

The Minnesota Housing Finance Agency does not discriminate on the basis of age, race, sex, color, creed, religion, sexual orientation, national origin, disability, familial status or receipt of public assistance in employment or the provision of services.

Equal Opportunity Housing and Equal Opportunity Employment