

**INSTRUCTIONS:** Complete all information on this application. Please print. Use ink.

### **Borrower Information**

Last Name			First Name	MI	
					Yes No
Social Security or			dents under	Other	Disabled Household
Individual Taxpay Identification Nur		18		Dependents	
Household Size	M	ove in Date		Years Employe	d
( )			(	)	
Business Phone		Extension	Н	ome Phone	
Mailing Address			Mailin	g Address 2	
City		State		Zi	p Code
disclosure laws. lender may not di choose not to fur is required to not	You are not required to iscriminate on the basi nish the information ar	furnish this inform s of this informatio nd you have made t	ation, but are e n, or on whethe his application	encouraged to do so. er you choose to furn in person, under fed	g, and home mortgage The law provides that a ish it. However, if you eral regulations the lender u do not wish to furnish
	[				
Sex	Male Female	Ethnicity		or Latino	
				oanic or Latino	
Marital	Married	Race	White		
Status	Not Married	(select one or	Asian		
	Separated	more)		African American	
				an Indian or Alaskan I	
				lawaiian or Other Pa	
	••• formatch +1= to for				
I do not wish	to furnish this informa	tion			

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12/18/2019

M C L O A N A P P

# **Co-Borrower Information** (Repeat for all Co-Borrowers)

Last Name		First I	Name MI	
Social Security		Date	of Birth	
Sex	Male Female	Ethnicity	<ul> <li>Hispanic or Latino</li> <li>Not Hispanic or Latino</li> </ul>	
Marital Status	<ul> <li>Married</li> <li>Not Married</li> <li>Separated</li> </ul>	Race (select 1 or more)	<ul> <li>White</li> <li>Asian</li> <li>Black or African American</li> <li>American Indian or Alaskan Native</li> <li>Native Hawaiian or Other Pacific Islander</li> </ul>	
I do not wish to furnish this information				
Relationship to Borrower		Co-Head of	f Household Other Adult	

# **Household Information**

#### Income

List all household members, their ages, and their estimated income (even if it is zero). Income listed should include all income which can be reasonably expected to be received during the next 12 months. Income includes, but is not limited to, the following sources.

Base Pay	Educational Grants
Self-Employment	Transfer Payment Income (Unemployment Compensation, Public Assistance, Worker's Compensation, Disability, VA, Pensions, Social Security Benefits)
Variable Income (Bonus, Overtime, Shift Pay, Commissions, Tips, Seasonal)	Interest/Dividend
Flexible Benefit Cash	Investment Property, etc. (Rental Income, Contract for Deed Payment Income)
Housing Car/Allowance	Roommate Rent
Child/Spousal Support	Income from retirement, 401(k) and Keogh accounts
Other	



Name of Household Member	Age	Source	Annual Income
		Total Annual Household Income 🖇	

Note: Household Size listed on page 1 and the number of members listed above should match.

## Assets

List the cash value of assets held by all household residents. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

Total cash on hand, in checking and savings accounts: \$		
Bank Name #1:	Checking	Savings
Bank Name #2:	Checking	Savings
Bank Name #3:	Checking	Savings
Bank Name #4:	Checking	Savings
Cash value of life insurance policies		\$
Securities or U.S. Savings Bonds		\$
Market value of all interests in real estate, exclusive of the structure to be improved and a real property of not more than two contiguous platted lots or 160 continuous acres on wh structure is located	•	\$
Recreational vehicles such as golf carts, snowmobiles, boats, or motorcycles		\$
All other property, excluding household furnishings, clothing, one automobile, and real est equipment, supplies, and inventory used in a business	tate,	\$
All land in which any resident of the household holds title and is selling on a contract-for-c in this case is defined as the outstanding principal balance expected to exist on the contra from the date of application.		\$
Total cash value of retirement, 401(k), Keogh and pension fund accounts \$		
Institution Name #1:		
Institution Name #2:		
Institution Name #3:		
Life estate value on a property other than the subject property		\$
Other (e.g., additional land holdings, etc.)		\$
	Total Assets	\$



## Loan History

I/We currently have a Minnesota Homes R Borrower Name	Rehabilitation Loan		Date of Loan		
List the outstanding balance of all loans/M	lortgages/Contract for Deed on th	ne property			
Bank Name	Outstanding Ba	alance	Current           Yes         No           Yes         No           Yes         No           Yes         No		
Property Information					
Address	Address 2	2			
City	County	MN State	Zip Code		
Building       Single Family       Manufactured Home Real Property       Townhome         Type       Duplex       Manufactured Home Personal Property       Twinhome         Condominium with common areas       Condominium without common areas					
Mobile Home Park Yes	No				
	Value (from current property tax statement)	New Exist	Number of Bedrooms		



### **Other Funding Sources**

Please list any other Funding Sources and amounts that will be used to complete this proje	ect:
(Other Loans, Grants, Local Government Incentives, etc.)	
	\$\$
	\$\$
	\$\$
	\$\$
Total Other Funding Source Amount	ć

#### Total Other Funding Source Amount

#### Disclosures:

- Minnesota Housing Finance Agency, United States Department of Housing and Urban Development or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Rehabilitation Loan, upon giving due notice to the occupants.
- The information requested in this application is legally required to determine if you qualify for participation in this Minnesota Housing program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statute 462A.065. Use of data obtained is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, 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 required for participation in this Minnesota Housing program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes). Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of obligations.
- Under the Minnesota Criminal Code a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- 15 year Mortgage (taxed as real property): If the property ceases to be your principal residence or is sold, title is transferred or conveyed, then the full amount of the loan will be due and payable.
- 10 year Mobile Home Note and Security Agreement (taxed as personal property): If, prior to the maturity of the Note, the home ceases to be your principal residence, or is sold, title is transferred or conveyed, the full amount of the loan will be due and payable.
- Your ability to use any potential equity in the property will be severely restricted. Subordinations are granted only under strictly limited circumstances.

#### **Certifications**:

- I/We understand loan funds may not be used to pay existing debt or improvements begun or completed before the date of the loan.
- I/We understand that all work contained in the Scope of Work must be completed within 120 days from the date of the mortgage.
- I/We understand that for the next five years, I/We will be ineligible to receive further financing through this program (with the possible exception for an emergency situation as determined by Minnesota Housing.)
- I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief. If any information included in this Borrower Application changes prior to the loan closing date, I/We agree to notify the lender of these changes within 5 business days of the loan closing date.



**Identification:** All Borrowers must provide a valid Minnesota Driver's License, United States Passport, or Minnesota State issued ID card.

#### Signatures

All residents age 18 or over must sign this application.

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Signature	Borrower	Co-Borrower	Other Adult	Date of Application
Signature	Borrower	Co-Borrower	Other Adult	Date of Application
Signature	Borrower	Co-Borrower	Other Adult	Date of Application
Signature	Borrower	Co-Borrower	Other Adult	Date of Application
Lender			\$ Estima	ated Loan Amount
TIL and NMLSR ID				
Loan Originator Company Name		Loan Originator Indiv (as name appears on		
Loan Originator Company NMLSR ID			Loan Originator Indiv (if applicable)	vidual NMLSR ID



Minnesota Housing does not discriminate on the basis of race, color, creed, national origin, sex, religion, marital status, status with regard to public assistance, disability, familial status, or sexual or affectional orientation in the provision of services.

EMERG\_Borrower\_Application

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