



Rehabilitation Loan Program Borrower Application

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

Borrower Information

Last Name	First Name	MI		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security	Date of Birth	Dependents under 18	Other Dependents	Disabled Household
Household Size	Move in Date		Years Employed	
()			()	
Business Phone	Extension	Home Phone		
Mailing Address		Mailing Address 2		
City	State	Zip Code		

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Separated	Race (select 1 or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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 I do not wish to furnish this information

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

Last Name

First Name

MI

Social Security

Date of Birth

Sex

- Male
 Female

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

Marital Status

- Married
 Not Married
 Separated

Race
(select 1 or more)

- White
 Asian
 Black or African American
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

Relationship to Borrower

- Co-Head of Household
 Other Adult
 Dependent
 Spouse

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	

Loan History

I/We currently have a Minnesota Homes Rehabilitation Loan

Borrower Name	Date of Loan
_____	_____
_____	_____

List the outstanding balance of all loans/Mortgages/Contract for Deed on the property

Bank Name	Outstanding Balance	Current
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Property Information

Address		Address 2	
_____	_____	_____	_____
City	County	MN State	Zip Code

Building Type

<input type="checkbox"/> Single Family	<input type="checkbox"/> Manufactured Home Real Property	<input type="checkbox"/> Townhome
<input type="checkbox"/> Duplex	<input type="checkbox"/> Manufactured Home Personal Property	<input type="checkbox"/> Twinhome
<input type="checkbox"/> Condominium with common areas	<input type="checkbox"/> Condominium without common areas	

Mobile Home Park

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Year Built	Number of Units	Value (from current property tax statement)	<input type="checkbox"/> New <input type="checkbox"/> Existing Category	Number of Bedrooms
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Other Funding Sources

Please list any other Funding Sources and amounts that will be used to complete this project:
(Other Loans, Grants, Local Government Incentives, etc)

	\$	
	\$	
	\$	
	\$	
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 nine months from the date of the loan commitment.
- I/We certify that I/We have not received a Minnesota Housing Rehabilitation Loan within the last five years. 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.

Verifications:

I/We certify that I/We have received, read, and understand the booklet "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools."

_____ Borrower Initials

I/We understand that I/We will be provided with any and all lead-based paint inspections, risk assessments and/or clearance examination results.

Borrower Initials

I/We understand that I/We must apply for the Energy Assistance Program prior to receiving Rehabilitation Loan Program funding. If after application to the Energy Assistance Program it is determined that I/We qualify for a Weatherization loan, I/We will use these funds in conjunction with Rehabilitation Loan Program funds.

Borrower Initials

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or reverify 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.

Signatures: All residents age 18 or over must sign this application.

Signature

Borrower Co-Borrower Other Adult

Date of Application

Lender

\$
Estimated Loan Amount

TIL and NMLSR ID

Loan Originator Company Name

Loan Originator Individual Name
(as name appears on NMLSR)

Loan Originator Company NMLSR ID

Loan Originator Individual NMLSR ID
(if applicable)



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.