

Complete this **Owner-Occupied Rehabilitation Program Activity Section** and the **Owner-Occupied Rehabilitation Workbook** if proposing an owner-occupied rehabilitation program. The request might include writing down the Community Fix Up Loan interest rate through a [Community Fix Up Initiative](#), a home improvement program offered through Minnesota Housing. Attach all required documents as listed in the *Required Documents* section of the Single Family RFP Application Instructions.

If the Applicant is only requesting Impact Fund dollars to discount the interest rate on Community Fix Up Loans, the Applicant does not need to complete an Owner-Occupied Rehabilitation Workbook.

A. Project Information

Project Overview

1. Organization Name: _____
2. Project/Program Name: _____
3. Briefly describe the proposed project. If it is part of a broader project or initiative, include the name of that project or initiative in this description. Include anything unique or noteworthy about the project, for example, workforce training, repairs for seniors, etc. (2,000 character max)
4. What criteria will the Applicant use to select homeowners and units for the rehabilitation program? (2,000 character max)
5. Describe the typical and eligible improvements anticipated under the program (e.g., accessibility, lead hazard reduction, etc.). (2,000 character max)

Target Area

1. What Target Area(s) will the Applicant serve? List each neighborhood, city, or county to be served.

Income Limit

1. What is the [Impact Fund area median income \(AMI\)](#) to be served (up to 115% AMI)? _____% AMI
2. Minnesota Housing will prioritize projects serving lower-income households and reserves the right to reduce the AMI for projects selected for funding. If the project is not feasible with a lower AMI than proposed (e.g., leverage funding contingent on mixed-income development with higher income targeting), please explain. (2,000 character max)

Note: If requesting owner-occupied rehabilitation funds, priority will be given to projects serving households at or below 80% AMI. See **Section E. Owner-Occupied Rehabilitation Funding** for more information.

B. Minnesota Housing Strategic Objectives

Minnesota Housing's [strategic objectives](#) fall into five focus areas and guide Minnesota Housing's work to ensure that affordable housing is available in communities most impacted by housing insecurity and homelessness. Review the strategic priorities in detail before answering the questions below.

Which Minnesota Housing [strategic objectives](#) does the proposed project help to advance? Read the sub-bullets and only check objectives that the proposed project will advance.

- Improve the Housing System
 - Focus on the people and places most impacted by housing instability (i.e., being cost-burdened, living in overcrowded or substandard housing, not having access to homeownership, etc.)
 - Create a more inclusive, equitable, and just housing system
 - Make housing programs more accessible and easier to use
- Preserve and Create Housing Opportunities
 - Preserve and improve the condition and affordability of existing housing
 - Increase the development of new housing that is affordable
 - Develop green, energy-efficient, climate-resilient, sustainable housing
 - Increase access to rental assistance
 - Support and preserve manufactured homes and communities
- Make Homeownership More Accessible
 - Address homeownership barriers and reduce disparities
- Support People Needing Services
 - Prevent and end homelessness
 - Support people with disabilities to live full, independent and integrated lives in the community
 - Support older adults and create age-friendly communities
- Strengthen Communities
 - Pursue equitable community development and investment
 - Support Tribal Nations and Indigenous communities

Pick the top two objectives checked above and describe how the proposed project meets the strategic objectives. The response must address the items as described in Minnesota Housing's [strategic plan](#). (2,000 character max)

C. Community Need

1. Describe the need for owner-occupied rehabilitation in the Target Area(s) and how the proposal best fills any gap in available resources. (2,000 character max)

2. How does the proposal respond to the unique needs of diverse populations in the proposed Target Area (e.g. racial and ethnic communities, LGBTQI communities, (dis)ability status, Veterans, family size, etc.)? (2,000 character max)

3. A Cooperatively Developed Plan (CDP) is a community supported plan developed by a local unit of government or community group that encompasses multiple affordable housing and related service initiatives in a geographically defined area.
 - a. Is the proposed project a part of a CDP? Yes No

 - b. If yes, include the specific CDP name and its geographically defined area(s).

D. Project Feasibility

Leverage and Cost Containment

1. Do leverage sources and requested Impact Fund Dollars cover all funding gaps?

2. If not, please explain the plan for addressing funding gaps.

3. What types of in-kind contributions (e.g., donated materials, volunteer labor, etc.) has the Applicant secured and what are the sources of the in-kind contributions?

4. What types of regulatory incentives (e.g., fee waivers, expedited approvals and permitting, etc.) has the Applicant secured and what are the sources of the regulatory incentives?

5. What other cost containment measures will the Applicant take to reduce the total development cost (e.g., rigorous competitive bidding, use of own labor crews, below-market interim financing, etc.)?

Partnerships

1. Will the Applicant partner with other entities to complete the proposed project? Yes No
- a. What is the Applicant's role in the proposed project?
- b. List the names of each partner. Explain the partner's role with the proposed project and their experience completing similar projects.
2. Will the Applicant partner with a processing entity to implement the owner-occupied rehabilitation lending portion of the project? Yes No
- a. Provide the name of the Processing Entity. Attach additional sheets if necessary.
- Organization Name: _____
- Contact Name: _____
- NMLS Number: _____
- b. Describe the role(s) and lending experience of the Applicant and/or Processing Entity.

Funds awarded under separate Impact Fund Awards—including to the Applicant, an Implementation Partner, or Processing Entity—cannot be layered in one unit.

E. Owner-Occupied Rehabilitation Funding

1. Applicant's Nationwide Mortgage Licensing System and Registry (NMLS) information. All Applicants that will originate and close loans must have an NMLS number or a Certificate of Exemption.
- a. NMLS Number: _____
- b. Certificate of Exemption: _____
2. If the Applicant does not have an NMLS number or a Certificate of Exemption, will the Applicant obtain an NMLS number or Certificate of Exemption before originating and closing loans?
 Yes No

3. Requests will be evaluated based on the extent to which they address a gap not met by existing programs. Owner-occupied rehabilitation is currently available from [Minnesota Housing](#) and through other sources such as the U.S. Department of Agriculture Rural Development (USDA RD) and local units of government, including those funded through the Minnesota Department of Employment and Economic Development's [Small Cities Development Program](#), and the Minnesota Homeownership Center's [Home Rehab and Repair Matrix](#).
- a. What unique issues prevent target households from accessing existing owner-occupied rehabilitation resources, and why is there a need for additional financing?
 - b. Describe how the Applicant will coordinate with and use other existing owner-occupied rehabilitation programs.
 - c. Why is the proposed project not able to access Minnesota Housing's Fix Up and Community Fix Up Loan Programs, Rehabilitation Loan/Emergency and Accessibility Loan Programs (RLP/ELP)?
4. Is the Applicant requesting owner-occupied rehabilitation funding for, or related to, a Special Purpose Credit Program under [12 C.F.R. § 1002.8 \(Reg. B\)](#)? Yes No
- a. If yes, how will the Special Purpose Credit Program be used? Provide all relevant program information.
 - b. If yes, describe how proposed Special Purpose Credit Program loan terms differ from Impact Fund program requirements. (2,000 character max)
 - c. If yes, describe how the proposed Special Purpose Credit Program specifically advances Minnesota Housing's strategic priorities. (2,000 character max)

Note: Consideration will be given to requests to change income limits (not to exceed 115% AMI), loan terms (e.g. forgiveness timeframe), and the assignment of loans to Minnesota Housing. Except as noted specifically in the grant contract, should the application be selected to receive funding, the Applicant must comply with all other policies and procedures as defined in the Procedural Manual.

The Applicant must also include Special Purpose Credit Program documentation with the Activity Application.

- If the Applicant is a nonprofit entity, include a copy of the Applicant entity's Special Purpose Credit Program policy.
- If the Applicant is a for-profit entity, include a copy of the written plan.
- If the Applicant is a government agency, include documentation of express authorization allowing for the program.

NOTE: Minnesota Housing uses this information to determine if the Special Purpose Credit Program aligns with our strategic objectives. Minnesota Housing does not make a determination about whether the Special Purpose Credit Program meets federal requirements.

5. How is the Applicant requesting owner-occupied rehabilitation funds? (Carefully read the Single Family RFP Eligible Uses section before making a selection.)
- a. Grants for homes that will be placed in a Community Land Trust
 - b. Forgivable loans

Community Fix Up

If the Applicant is applying for Impact Fund dollars to discount the interest rate on Community Fix Up Loans, please answer the following questions. If not, see [Minnesota Housing's website](#) for information on becoming a Minnesota Housing lender and proposing a Community Fix Up Initiative.

1. Is the Applicant a Minnesota Housing-approved Community Fix Up lender? If not, state the name of the entity that will originate and close Community Fix Up Loans.
Yes No If no, list the name of partner entity: _____
2. If neither the Applicant nor a partner is an approved Community Fix Up lender, has the Applicant or another entity submitted a proposal for a Community Fix Up Initiative to Minnesota Housing?
Yes No
 - a. If yes, provide the name of the partner if applicable and the date the Applicant or its partner submitted the proposal.
 - b. What is the intended discount rate? (If more than one discount rate, explain.)

3. How much is the Applicant requesting in Impact Fund dollars to discount the interest rate per unit?

4. Does the Applicant have other leverage sources to discount the interest rate? Yes No
- a. If yes, identify the leverage sources and how much per unit will be applied in addition to Impact Funds to discount the interest rate.

Note: Committed financial leverage funds are dedicated specifically to the proposed project to close a funding gap and must be supported by documentation.

If the Applicant is only requesting Impact Fund dollars to discount the interest rate on Community Fix Up Loans, the Applicant does not need to complete an Owner-Occupied Rehabilitation Workbook.

F. Project Fees

Administration Fee

Minnesota Housing allows an Administration Fee to be paid from Impact Fund dollars. Applicants contracting for construction services may request a fee of up to \$1,000/unit. The Fee may not exceed the actual cost of administering owner-occupied rehabilitation funds, which include household education specific to the loan or grant, lender coordination, document preparation, and other uses identified in the [Procedural Manual](#) section 6.07. Applicants that will manage construction may request an administration fee of up to \$2,000/unit. Additional eligible costs include, but are not limited to, construction management and client navigation.

1. Is the Applicant requesting an Administration Fee with the owner-occupied rehabilitation funding?
Yes No

If yes, indicate the Administration Fee in the Activity Workbook.

2. If the Applicant will provide services beyond the costs of administering owner-occupied rehabilitation funds noted above, the Applicant may request an amount greater than \$2,000/unit. Detail the additional services the Applicant will provide and substantiate the request with a demonstration of associated costs. (2,000 character max)

An Administration Fee paid from Impact Fund dollars will be in the form of a grant and cannot be rolled into a loan to the homeowner.

G. Organizational Capacity

Experience

1. Over the past five years, how many owner-occupied rehabilitation projects has the Applicant completed? _____
2. Describe the types of owner-occupied rehabilitation homes the Applicant has completed and how they compare to the proposed project. (2,000 character max)
3. If the Applicant has not completed owner-occupied rehabilitation or similar projects in the past five years, explain how the Applicant has the capacity to complete the proposed project (e.g., training, new staff, partnerships, etc.). (2,000 character max)
4. How many open Owner-Occupied Rehabilitation awards does the Applicant have, and will the Applicant be able to complete those open awards without future extension requests? Applicants with few or no open Owner-Occupied Rehabilitation awards will be viewed favorably.

H. Funding Priorities

Before completing this section, refer to the following information:

- Single Family RFP Application Instructions for funding priority guidance
- Minnesota Housing's **funding priority methodologies** located on the [Impact Fund webpage](#)
- Minnesota Housing's [Community Profiles for Scoring in 2025 Consolidated RFP](#) → Single Family Consolidated RFP Geographic Scoring Map

Equitable Access to Homeownership

1. Provide the number and percentage of households the Applicant has served over the past five years that meet the criteria in the grid below:

	2024	2023	2022	2021	2020
% Indigenous, Black and Households of Color					
% Households with a Person with a Disability					
Total # Households Served					

2. List the counties that the Applicant has predominately served over the past five years.
3. Describe how the proposal will support one or more of the following outcomes: "address housing disparities, build power in communities most impacted by housing challenges and disparities, pilot innovative challenges, and support inclusive communities." (2,000 character max)
4. Describe how the Applicant plans to measure the success of this outcome. (2,000 character max)

Business Entities Owned or Led by People of Color, Indigenous Individuals, and/or Women

1. Is the owner or executive director (or equivalent) of the Applicant entity any of the following?
- a. Black or Person of Color Yes No
 - b. Indigenous Individual and/or Tribal Entity Yes No
 - c. Woman Yes No

Serve Housing Needs Within a Community

1. **Universal Design/Accessibility:** Will the Applicant complete at least one unit that meets the [Universal Design Standards](#) for new construction or [Type A Accessible unit standards](#)?
Yes No
2. **Large Family Housing:** Will the Applicant complete at least one unit with 4+ bedrooms and/or a unit with an accessory dwelling unit? Yes No

3. **Senior Housing:** Are there any features of the project designed specifically to enable seniors (those aged 62 years or over) to age in place? Yes No

Long-Term Affordability

1. Will the Applicant provide funds to homeowners in any form other than Community Fix Up loans or Deferred Loans assigned to Minnesota Housing? Yes No
2. Describe how will the Applicant enforce long term affordability.

I. Required Documents

Applicants must submit the required documents identified in the Single Family RFP Application Instructions. If Applicants are unable to provide a required document, include a description as to why.

Label documents with this file name format: "Organization_Activity Type_Document Name. For example, organization "ABC Community Development" should save this document as "ABCCD_OOR_Activity_Application."