



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

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
 Dependent
 Other Adult
 Spouse

Household Information

Income

List all income for household residents age 18 or over. 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 by any resident, 18 or over:

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	Other

Property Information

Address

Address 2

City

County

MN

State

Zip Code

Building Type

Single Family

Manufactured Home Real Property

Townhome

Duplex

Manufactured Home Personal Property

Twinhome

Mobile Home Park

Yes

No

New

Existing

Year Built

Number of Units

Value (from property tax statement)

Category

Number of Bedrooms

Other Funding Sources:

Please list any other Funding Sources and amount used to complete this project:
(Other Loans, Grants, Local Government Incentives)

\$

\$

\$

\$

\$

\$

\$

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 Finance Agency 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 Finance Agency 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.
- 20 year Mortgage: If, prior to the maturity of the Mortgage, 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.
- 15 year Mobile Home Note: 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 before the loan closing.
- I/We understand that all work contained in the Scope of Work or the bid must be completed within 9 Months from the date of the mortgage.
- 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.

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

Borrower Signature

Date of Application

Co-Borrower Signature

Date of Application

Co-Borrower Signature

Date of Application

Lending Partner

\$

Estimated Loan Amount