



**2026 Single Family RFP  
Owner Occupied Rehabilitation  
Activity Application**

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**

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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 type(s) of units does the applicant propose to rehabilitate? Select all that apply.
  - a. Single-family homes taxed as real property
  - b. Manufactured homes taxed as personal property
  
5. Describe the typical improvements anticipated under the program, including exterior, interior, systems, accessibility, lead hazard reduction, and more. (2,000 character max)

6. Will the Applicant provide funds to homeowners in any form other than deferred loans assigned to Minnesota Housing or Community Fix Up loans? Yes  No
- a. If yes, please explain.

### **Target Area**

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1. What Target Area(s) will the Applicant serve? List each neighborhood, city, or county to be served.
  
2. List the counties that the Applicant has predominately served over the past five years.
  
3. What is the total population in the Target Area(s)? (15 character limit)

### **Income Limit**

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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.

## **B. Organizational Capacity**

### **Experience**

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1. Over the past five years, how many owner-occupied rehabilitation units 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 with Minnesota Housing?

5. Will the Applicant be able to complete those open awards without future extension requests?

Note: Ensure that the Open/Closed Award Report has been completed and is included with this application, even if the Applicant does not have prior Impact Fund awards.

Applicants with few or no open owner-occupied rehabilitation awards will be viewed favorably.

6. Describe the related housing experience of key leadership and staff members who will be involved in the management and completion of the proposed project.

**Partnerships**

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1. Will the Applicant partner with other entities to complete the proposed project? Yes  No   
 If no, proceed to Section C. Project Feasibility, if yes, answer the following questions.

a. What is the Applicant’s role in the proposed project?

b. List the names of each partner.

c. Explain the roles and responsibilities of each partner.

2. Identify who will provide the services below and mark whether the entity is an unaffiliated entity. An unaffiliated entity is one that does not have a contractual or legal relationship with the Applicant.

	Name of entity performing services	An unaffiliated entity
Real estate agent/brokerage services		<input type="checkbox"/> Yes <input type="checkbox"/> No
General contractor services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty contractor services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Architectural services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Energy audits/modeling		<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead hazard inspections		<input type="checkbox"/> Yes <input type="checkbox"/> No
Material supply		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other. Describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other. Describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other. Describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Will the Applicant partner with a processing entity to implement the lending portion of the project?  
 Yes  No  Not applicable

- a. If yes, provide the name of the processing entity. Attach additional sheets if necessary.

Organization Name:

Contact Name:

NMLS Number:

- b. If yes, describe the role(s) and lending experience of the Applicant.

- c. If yes, describe the role(s) and lending experience of the processing entity.

### **C. Project Feasibility**

1. How is the Applicant requesting owner-occupied rehabilitation funds? (See the Single Family RFP Eligible Uses section before making a selection.)

- a. Forgivable loans
- b. Grants for homes that will be placed in a Community Land Trust
- c. Community Fix Up Loan interest rate reduction

2. If providing loans, is the applicant proposing any unique loan terms other than having loans assigned to Minnesota Housing? Yes  No  Not applicable

- a. If yes, please explain.

3. What criteria will the Applicant use to select homeowners seeking repair services? (2,000 character max)



## Community Fix Up

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1. Is the Applicant requesting Impact Fund dollars to discount the interest rate on Community Fix Up Loans? Yes  No

If yes, 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.

2. Is the Applicant a Minnesota Housing-approved Community Fix Up lender? Yes  No

a. If no, what entity will originate and close Community Fix Up Loans?

3. 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. If yes, what is the intended discount rate? (If more than one discount rate, explain.)

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

5. Does the Applicant have other leverage sources to discount the interest rate? Yes  No

a. If yes, identify the leverage sources.

b. If yes, 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.**

### **Leverage and Cost Containment**

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1. Do leverage sources and requested Impact Fund Dollars cover all funding gaps?
  - a. If no, please explain the plan for addressing funding gaps.
  
2. 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?
  
  
  
  
  
  
  
  
  
  
3. 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?
  
  
  
  
  
  
  
  
  
  
4. 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.)?

### **Long-Term Affordability**

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1. Will the Applicant impose restrictions (e.g., deed restrictions, resale restrictions, etc.) for three or more years to enhance long term affordability?      Yes     No
  
2. If yes, for how many years will long-term affordability measures be enforced?

3. If yes, describe how the Applicant will enforce long term affordability.

## **D. Project Fees**

### **Administration Fee**

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Minnesota Housing allows an Administration Fee of up to \$1,000/unit to be paid from Impact Fund dollars for loans and grant-to-homeowner administration services. Applicants that will also 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 Owner-Occupied Rehabilitation Workbook.

Note: 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.

## **E. 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. Include housing market and community data (e.g., workforce housing needs, regional income data, ownership disparities, etc.). Cite data sources. (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, (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).

## F. Equity and Innovation

### 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

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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:

	2025	2024	2023	2022	2021
% Indigenous, Black and Households of Color					
% Households with a Person with a Disability					
Total # Households Served					

2. Describe how your organization engages with a diverse range of clients within the target area.

3. Describe your organization’s marketing efforts to diverse communities within the target area.

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

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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

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**Serve Housing Needs Within a Community**

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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

**G. Green Communities Criteria, Sustainable Development, and Lead-Based Paint Safety Requirements**

1. The Applicant acknowledges all Acquisition, Rehabilitation, and Resale units receiving Single Family RFP funds must comply with lead safety requirements in the [Lead-Based Paint Guide](#).  
Yes  No

Note: a “No” answer will render the project ineligible for funding consideration.

Minnesota Housing will not consider waivers to lead safety requirements.

**H. 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.”