



HOME Homeowner Entry Loan Program (HOME HELP) Application for Funding

The following is an application for funding under MHFA's HOME Homeowner Entry Loan Program (HOME HELP). **Minnesota Housing lenders with approved CASA initiatives may apply to use HOME HELP for multiple CASA initiatives with one application form.** Any questions regarding HOME HELP, or the completion of this application, can be directed to the Homes Division at (651) 296-8215 if calling the Twin Cities metropolitan area or (800) 710-8871 if calling from greater Minnesota. Send completed for Attn: Tonya Taylor

Program Requirements:

Please note that the HOME HELP program has more restrictive program requirements than either CASA or HAF in some cases. To ensure compliance with these restrictions, please review the HOME HELP guidance materials.

APPLICATION

Name of Lender Partner(s):

| | | |
|----------------|---------|-------|
| Lender Partner | Address | |
| City | Contact | Phone |

| NAME OF CASA INITIATIVE(S) APPLYING FOR HOME HELP | | | |
|---|---|--|---|
| CASA Initiative | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No EM Target | <input type="checkbox"/> Yes <input type="checkbox"/> No Foreclosure Target |
| CASA Initiative | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No EM Target | <input type="checkbox"/> Yes <input type="checkbox"/> No Foreclosure Target |
| CASA Initiative | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No EM Target | <input type="checkbox"/> Yes <input type="checkbox"/> No Foreclosure Target |
| CASA Initiative | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No EM Target | <input type="checkbox"/> Yes <input type="checkbox"/> No Foreclosure Target |

(Attach a separate sheet to include more Initiatives)

GREATER MINNESOTA¹ APPLICANTS ONLY

List the contact name and address for the local Public Housing Authority for each CASA initiative.

| | | |
|------------------------|--------------------------|--------------|
| CASA Initiative | Public Housing Authority | |
| Address | City | Contact Name |

| | | |
|------------------------|--------------------------|--------------|
| CASA Initiative | Public Housing Authority | |
| Address | City | Contact Name |

| | | |
|------------------------|--------------------------|--------------|
| CASA Initiative | Public Housing Authority | |
| Address | City | Contact Name |

List the contact name and address for any local mobile home/manufactured housing developments in the local area of each CASA initiative.

| | | |
|------------------------|---|--------------|
| CASA Initiative | Mobile Home/Manufactured Housing Developments | |
| Address | City | Contact Name |

| | | |
|------------------------|---|--------------|
| CASA Initiative | Mobile Home/Manufactured Housing Developments | |
| Address | City | Contact Name |

| | | |
|------------------------|---|--------------|
| CASA Initiative | Mobile Home/Manufactured Housing Developments | |
| Address | City | Contact Name |

¹ Greater Minnesota applicants are defined as doing business outside of the 11 county Twin Cities metro area.

CERTIFICATION AND SIGNATURE

Please type the following certification on the application or sign below: "The undersigned hereby certifies that the information contained herein is true and correct." Provide authorized signatures from applicants and participating lenders.

Lender Signature (s):

| | | |
|-------------------------|--------------------------------------|---------------|
| _____ Lender Partner | _____ Authorized Lender Signature | _____ Date |
| _____ Lender Partner | _____ Authorized Lender Signature | _____ Date |
| _____ Lender Partner | _____ Authorized Lender Signature | _____ Date |
| _____ Lender Partner | _____ Authorized Lender Signature | _____ Date |
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| _____ Lender Partner | _____ Authorized Lender Signature | _____ Date |
| _____ Lender Partner | _____ Authorized Lender Signature | _____ Date |
| _____ Lender Partner | _____ Authorized Lender Signature | _____ Date |

Acceptance of this application by MHFA will be acknowledged by issuance of an HOME HELP Acceptance Agreement to the above signed CASA applicant. The applicant will subsequently have access to HOME HELP funds as a financing supplement to CASA first mortgage transactions for the term of the underlying CASA initiative.