

SMALL CITIES DEVELOPMENT PROGRAM APPLICATION OWNER –OCCUPIED

Full Name of Applicant		Full Name of Co-Applicant			
Social Security Number	Date of Birth	Social Security Number	Date of Birth		
___ Married ___ Separated ___ Not Married (Single, Divorced, Widow)		___ Married ___ Separated ___ Not Married (Single, Divorced, Widow)			
Street Address	PO Box	City	Zip	County	How Long
Phone Number	Alternate Phone Number		Email address		

Education – Level: 8th Grade or Less High School/GED Some college/trade school Vocational College
 Graduate degree Other _____

Household Members	DOB	Disabled (Yes or No)	Race
Applicant			
Co-Applicant			

Property Information:

___ Single Family ___ Duplex ___ Multi- Family ___ Mobile Home Purchase price of Property: \$ _____

Date of Purchase: _____ Property Year Built _____ Number of Bedrooms: _____

The Real Estate Taxes are current? ___ Yes ___ No Is the property located within a Flood Zone? ___ Yes ___ No
If yes, Flood Insurance Carrier: _____

Ownership Information:

Do you have an outstanding mortgage on the property? ___ Yes ___ No

Name of Mortgage Company: _____ Date of mortgage: _____

Are you current: ___ Yes ___ No Payment Amount: \$ _____

Is property being purchased on a Contract for Deed? ___ Yes ___ No If Yes, Stop your property is not eligible

Is your property held in a trust? ___ Yes ___ No If Yes, Stop your property is not eligible

Is the property listed in a Life Estate? ___ Yes ___ No If Yes, Stop your property is not eligible

Have you previously received funds from a Small Cities Development Program ___ Yes ___ No

Credit Information:

Have any persons in the household filed for bankruptcy protection in the last 36 months? ___ Yes ___ No

Are any persons in the household in the process of filing bankruptcy? ___ Yes ___ No

Have any persons in the household had any property foreclosed upon or given title or deed in lieu thereof? ___ Yes ___ No

Check all that apply for household:	Source of Income:	Type of Verification needed:
	Wages	Verification of Employment
	Social Security Benefits	Benefit Award Letter
	Military Pay/Benefits	Benefit Award letter or Verification of Employment
	Retirement/Pension/ Annuities	Benefit Letter or Tax Returns
	MFIP (Cash Assistance)	County Verification-Must be signed
	Child Support or Alimony	County Verification-Must be signed or Divorce Decree
	Unemployment	Benefit Award Letter
	Tips	Verification of Employment or Tax Returns
	Self-Employment or Rental Income or Interest	Tax Returns
	Other: (Please list)	

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the Housing and Urban Development, the Federal law prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual on the basis of visual observation or surname.

The following information is requested solely for the purpose of determining compliance with Federal Civil Rights Law. Your response will not affect consideration of your application.

Applicant

I do not wish to furnish this information

Ethnicity: (Select One)

Hispanic or Latino

Not Hispanic or Latino

Race: (Select one or more)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Co-Applicant

I do not wish to furnish this information

Ethnicity: (Select One)

Hispanic or Latino

Not Hispanic or Latino

Race: (Select one or more)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

I/we certify that the information provided in this application and all information provided to the Southwest Minnesota Housing Partnership is true and correct as of the date set forth opposite of my/our signature(s) on this application and understand that intentional misrepresentation of the information may result in disqualification of rehabilitation assistance or civil liability. I/we authorize the Southwest Minnesota Housing Partnership to share the information collected in this application and in any appointments with either housing professionals, funders, potential lenders and other reputable organizations related to the project.

Applicant

Date

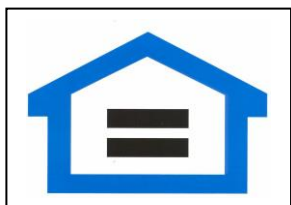
Co-Applicant

Date

I hereby certify that the above applicant has met the income and ownership requirements for the SCDP Loan Program:

Certifying Coordinator Signature

Date



In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410 or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay).

**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law (The Fair Housing Amendments Act of 1988)**