

SWMHP REGIONAL REHAB POOL  
APPLICATION OWNER –OCCUPIED

Full Name of Applicant (Last, First, M.I.)			Full Name of Co-Applicant (Last, First, M.I.)								
Social Security Number		DOB (mm/dd/yy)		Social Security Number of Co-Applicant		DOB (mm/dd/yy)					
Marital Status: __Married __Separated __Not Married (S, D, W)				Marital Status: __Married __Separated __Not Married (S, D, W)							
Street Address		PO Box		City		Zip		County		How Long ____ (years)	
Home Phone Number				AM		Alternate Phone Number				AM	
Email address:				PM		Best contact method and time:				PM	
						Phone or Email				Time _____	

Education – Level: <input type="checkbox"/> 8 <sup>th</sup> Grade or Less <input type="checkbox"/> High School/GED <input type="checkbox"/> Some college/trade school <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other_____						
Household Information:						
Number in Household_____		Number of Children under 18 _____		Number over 18 employed_____		
Adults with Children_____		Single Female Head of Household_____		Single Male Head of Household _____		
Have you previously received funds from a Small Cities Development Program? _____						
Household Members (Last, First, M)		Social Security Number		DOB	Disabled	Race

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the Rural Development, the Federal law prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are begin 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	

Property Information	
__Single Family __Duplex __Multi- Family __Mobile Home	
Property Year Built _____	
Number of Bedrooms:_____	
Purchase price of Property: \$_____	
Date of Purchase: _____	
Estimated Market Value: \$_____	
The Real Estate Taxes are current? Yes or No	
Current Homeowner Insurance carrier:_____	
Annual Premium:_____	
Expiration Date:_____	
Is the Property within 300 feet of a railroad? Yes or No	
Is the property within 100 feet of a major U.S. Highway? Yes or No	
Is the property located within a Floodway, river or stream? Yes or No	
If yes, Flood Insurance Carrier:_____	

Ownership Information

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

If yes, what is the outstanding balance? \$\_\_\_\_\_

Is property being purchased on a Contract for Deed?                      Yes or No

If yes, is there a balloon payment?                      Yes or No                      When? \_\_\_\_\_

The amount of the balloon payment \_\_\_\_\_

Is your property held in a trust?                      Yes or No

If purchasing on Contract for Deed, Name and address of seller: \_\_\_\_\_

\_\_\_\_\_

Is the property listed in a Life Estate?                      Yes or No

If yes, names and addresses of Remaindermen listed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mortgage Information (All debts secured by home)							
To whom Indebted to:	Name of Mortgage Company	Date Incurred	Original Amount	Present Balance	Monthly Payment	Status of Mortgage (Current or delinquent) Y/N	Terms of Financing (% , term fixed or adjustable)
First Mortgage							
Second Mortgage							
Contract for Deed							
Other Debts secured by home							

Other Credit Information: (Credit Cards, Other Loans, etc)

To Whom Indebted to	Date Incurred	Original Amount	Present Balance	Monthly Amount	Current or Delinquent

FOR OFFICE USE ONLY

Total Monthly Debt:                      \$\_\_\_\_\_

Total Housing Debt: \$ \_\_\_\_\_

Debt / Income ratio:                      \_\_\_\_\_%

Front End:\_\_\_\_\_                      Back End:\_\_\_\_\_

L/V:                      \_\_\_\_\_%

Other Programs:

Weatherization: Property weatherized before? Yes or No If yes, when? \_\_\_\_\_  
Has the household applied for Energy Assistance Program (EAP)? Yes or No  
Are you interested in an EAP Application Yes or No  
If no, have you sent them an EAP Application? Yes or No When? \_\_\_\_\_  
  
Lead Hazard Information Brochure was given to the client: Yes or No

Credit Information:

Are there any outstanding judgments or liens against any of you? \_\_\_\_Yes \_\_\_\_No  
Have any of you been declared or are declaring bankruptcy in the last 36 months? \_\_\_\_Yes \_\_\_\_No  
Have any of you had any property foreclosed upon or given title or deed in lieu therefore? \_\_\_\_Yes \_\_\_\_No  
Are you a Co-signer or co-endorser on a note? \_\_\_\_Yes \_\_\_\_No

Income Information (Circle all Sources of Income):

Wages MFIP Social Security SSI Self Employment Annuities Pension  
Retirement VA Benefits Child Support Alimony Unemployment SSDI Armed Forces  
Tips Rental Income Interest Other \_\_\_\_\_

- Provide the following as proof of income:
- 1. Third Party Verification on all Employment sources (forms enclosed)
  - 2. Last two years of income tax statements required on all applications – Federal Tax Return
  - 3. Third Party verification on all public assistance benefits, SS, SSI etc (unearned income)

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 #1 Date Applicant #2 Date

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

\_\_\_\_\_  
Date  
Certifying Coordinator Signature

Expiration Date of Income Verification: (90 days from date of return verifications)  
\_\_\_\_\_



*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 compliance 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)