

SMALL CITIES DEVELOPMENT PROGRAM OWNER –OCCUPIED/SWMHP REHAB POOL APPLICATION

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|--|-----------------------|--|----------------------------|
| 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: 8th Grade or Less High School/GED Some college/trade school Vocational College Graduate degree
 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 |
|------------------------------------|------------------------|-----|----------|------|
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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 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.

| | |
|---|--|
| <p>Applicant</p> <p>I do not wish to furnish this information</p> <p>Ethnicity: (Select One) __Hispanic or Latino __Not Hispanic or Latino</p> <p>Race: (Select one or more) __American Indian or Alaska Native __Asian __Black or African American __Native Hawaiian or Other Pacific Islander __White</p> | <p>Co-Applicant</p> <p>I do not wish to furnish this information</p> <p>Ethnicity: (Select One) __Hispanic or Latino __Not Hispanic or Latino</p> <p>Race: (Select one or more) __American Indian or Alaska Native __Asian __Black or African American __Native Hawaiian or Other Pacific Islander __White</p> |
|---|--|

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 |
|---------------------|---------------|-----------------|-----------------|----------------|-----------------------|
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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)

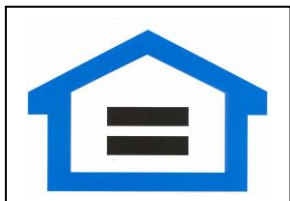
I/we certify that the information provided in this application and all information provided to the Southwest Minnesota Housing Partnership is true and correct as of the date set forth opposite of my/our signature(s) on this application and understand that intentional misrepresentation of the information 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:

 Certifying Coordinator Signature Date _____

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)