



You selected the application for the City of Barnum's Small Cities Development Program for commercial building rehabilitation. Following this letter, you will find: "What to Expect from the Rehabilitation Program" information sheet, an application (4 pages), a Privacy Notice form and a Borrower's Certification for Release of Information form.

Your application and supporting forms must be submitted to Lakes & Pines at the address below along with the following information:

- Warranty Deed or Certificate of Title for the property you wish to rehabilitate
- Copy of the most recent Property Tax Statement
- Copy of the current property insurance- "Declarations Page"

Your application will not be processed until all documentation is received at our office. Please remember grant funds will be awarded on a first come first serve basis, upon processing. If you have any questions or need assistance, please call 800-832-6082.

1700 Maple Avenue East • Mora, MN 55051-1227

Office and TDD • 320/679-1800 • FAX 320/679-4139

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FULL APPLICATION FOR REHABILITATION LOAN

Program # _____	Household # _____
Rep # _____	
County # _____	Area # _____

Part I: APPLICATION INFORMATION

Last Name, First Name, Middle Initial: _____ Date: _____

Co-Applicant Last Name, First Name, Middle Initial: _____

Phone #: _____ Primary Language: _____
Home Emergency (day time contact)

Address: _____
Street and Number County/Township
Rural No. and Box No. City or Town, State & Zip Code

Part II: PROPERTY INFORMATION

Address of building to be rehabilitated: _____

Occupancy of building (check one): Tenant Occupied _____ Owner-Occupied _____

Name of Businesses located in the building: (please indicate if any business space is currently vacant)

Business	Name of Business Owner/Leasee
_____	_____
_____	_____
_____	_____

Estimated age of building: _____ Estimated Market Value: _____

Approximate square footage: _____ Number of Stories: _____

Current use of building: _____

Proposed use of building: _____

- Is the building in a Historic District? Yes No
- Is the building on the National Historic Register? Yes No
- Do you want your building on the National Historic Register? Yes No

Part III: OWNERSHIP INFORMATION

Ownership of property is: Mortgage Own free & clear Contract for Deed Other: _____

Name(s) on the Title: (specify ownership interest of each name)

Name, address & phone number of owners:	Ownership Interest:
_____	_____
_____	_____
_____	_____

Outstanding principle amount owed on the building: \$ _____

Lending institution: (include address & phone number) _____

Remember to attach copies of the most recent property tax statement, declarations page of insurance coverage and the warranty deed or title for the property- the application will NOT be processed with out these!

Part IV: ESTIMATED REHABILITATION COSTS & REQUIRED LOAN INFORMATION

What improvements would you like to have done to this building?

- Exterior Improvements Heating/Cooling System Roof Foundation
- Exterior Walls Awnings Electrical Plumbing
- Correct Code Violations Asbestos Improve Energy Efficiency Windows
- Doors Insulation Handicap Accessibility

Please list any other improvements you would like to have done on this building:

Estimated cost of proposed work: _____

Estimated amount of SCDP program funds needed: _____

Estimated amount of owner match funds needed: _____

Source of owner match funds: Savings Bank Loan Other: _____

Impact of project on jobs: # Existing: _____ # Created: _____

Lakes & Pines or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Rehabilitation Loan upon giving notice to the occupants (s).

Any person who makes a false statement or misrepresentation in connection with the application for or use of **City of Barnum** Rehabilitation Loan Funds shall be subject to a fine or imprisonment, or both, under provisions of the Minnesota Criminal Code, and/or may be required to return all or part of the Rehabilitation Loan Funds to the **City of Barnum**.

NOTE: The information requested in your Homeowner Application is legally required to determine if you qualify for participation in this **City of Barnum Comprehensive Rehabilitation** project. A portion of the data requested is classified as "private data on individuals" under Minnesota Statutes 462.065. Use of data obtained is limited to the United States Department of Housing and Urban Development.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act.

"The disclosure of your Social Security Number or Minnesota Tax Identification Number is mandatory for participation in this Program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes), as well as Section 270.66 of said Statutes. Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness to the **City of Barnum** resulting from this or other **City of Barnum Rehabilitation** Programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of state obligations."

I (we) the undersigned, certify subject to penalty under law, that by signing this application, the information above is true and correct to the best of my knowledge. I (we) realize that giving false information will result in disqualifying me (us).

I (we) hereby authorize Lakes and Pines Community Action Council, Inc. Housing Rehabilitation Staff to enter my (our) home to identify work items necessary for the rehabilitation of my (our) home, to take photographs, and to inspect work in progress while construction is occurring during regular business hours.

Borrower's Signature

Date

Co-Borrower's Signature

Date

****Please remember to sign the back page****

I (WE) CERTIFY THAT I (WE) HAVE RECEIVED THE PUBLICATION "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME" (EPA 747-K-99-001) AND THAT I (WE) HAVE READ AND UNDERSTAND THE INFORMATION.

SIGNED: _____ DATE: _____
 Borrower

SIGNED: _____ DATE: _____
 Co-Borrower

I (WE) HEREBY CERTIFY THAT I (WE) HAVE RECEIVED INFORMATION ON THE FAIR HOUSING ACT AND THAT I (WE) HAVE READ AND UNDERSTAND THE INFORMATION.

SIGNED: _____ DATE: _____
 Borrower

SIGNED: _____ DATE: _____

I (WE) AUTHORIZE THE PHOTOGRAPHING OF MY PROPERTY. I UNDERSTAND THAT THE PHOTOGRAPHS WILL BE USED BY LAKES & PINES OR ITS REPRESENTATIVE AS DOCUMENTATION OF HOUSING CONDITIONS BEFORE REHABILITATION AND HOUSING CONDITIONS AFTER REHABILITATION. THE PHOTOGRAPHS MAY ALSO BE USED IN SLIDE PRESENTATIONS OR IN OTHER MANNER FOR DEMONSTRATING VARIOUS STYLES OR SERVICES.

SIGNED: _____ DATE: _____
 Borrower

SIGNED: _____ DATE: _____
 Co-Borrower

Small Cities Development Program Rehabilitation Project

**IMPORTANT
PRIVACY NOTICE
READ THIS BEFORE FILLING OUT THE APPLICATION**



We are asking that you provide the information on the application form to determine if you are eligible to participate in the rehabilitation program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- Staff and other persons involved in program administration
- Local loan committee members who approve applications
- Auditors Who perform required audits of this program
- Authorized personnel from the Minnesota Department of Employment and Economic Development or other local, state and federal agencies providing funding assistance for your loan
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project's policy and procedural manual)
- Those persons who you authorize to see it
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order and in addition, your private data must be released if required by law that authorizes or requires such release of data.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Minnesota Law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you
- Be told the contents and meaning of the data
- Challenge the accuracy and completeness of the data

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