



You have selected the application for Kathio Township's Small Cities Development Program for owner-occupied housing rehabilitation. Following this cover letter you will find: "What to Expect and What Not to Expect..." handout, an application (4 pages), a Privacy Notice form, a Borrower's Certification and Authorization form* and income verification forms*.

Please read the following when determining how to show proof of your household's income:

- ✓ Employed: fill out the TOP half of the "Verification of Employment" form
- ✓ Receiving Assistance: (public assistance, MFIP, AFDC, TANF, GA/Work Readiness) fill out the TOP half of the "Verification of Assistance" form
- ✓ Self-employed: submit copies of your IRS tax forms from the past 3 years
- ✓ Social security income or benefits: submit your current award letter or fill out the TOP half of the "Verification of Social Security Income" form
- ✓ Child Support or Alimony income: submit a court award notice or fill out the TOP half of the "Verification of Assistance" form
- ✓ Pension, annuity or retirement income: Submit the name, address and phone number of the company that sends the income to you. Or submit a copy of a statement that you receive from the company regarding your benefits.
- ✓ Rental income: submit a copy of your last year's Federal tax Schedule E or proof of payment from tenants.

* Please note, all persons in the household that are over 18 years of age, must report income and sign the Borrower's Certification and Authorization form, so the income can be verified.

Submit your completed & signed application, signed privacy notice, signed borrower's authorization & release form and income verification forms with the following:

- Copy of your Warranty Deed (can obtain a copy the from County Recorder)
- Copy of your most recent property tax statement
- Copy of your current homeowner's insurance "Declarations" page
- Copies of your last 3 months of bank statements, ALL accounts
- Copies of any reported assets in Part III of the application

If you have any questions or need assistance, please call 800-832-6082.

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<p style="text-align: center;">WHAT TO EXPECT AND WHAT NOT TO EXPECT FROM THE REHABILITATION PROGRAM</p>

The rehabilitation program staff will help applicants during the rehabilitation process, but applicants are responsible for making the choices and doing the following items:

- **Applicants must provide the program staff with necessary information promptly.**
- **Applicants -not the program staff, choose contractors to submit bids.**
- **Applicants -not the program staff, select the contractor to do the work.**
- **Applicants sign Warranty Contracts with the selected contractor.**
- **Applicants work with the contractors to settle disagreements during the job.**
- **Applicants AND the program staff must be satisfied with the work performed by the contractor.**
- **Applicants must contact contractors to ask them to correct problems covered by the Warranty Contract after work has been completed.**

Items to think about before participating in the rehabilitation program:

- **Not all the work that owner's want done can always be done.**
- **Repairs will correct health & safety problems, but they will not solve all problems.**
- **Do not expect the property to be completely new after work is done.**
- **Do not expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level and square when work is done.**
- **It can be stressful living in a home while a contractor is performing repairs.**
- **Very few times in life is anyone completely satisfied with things they buy or have repaired, having a property repaired is no different.**
- **Buildings and homes always need improvements. It would be a good idea to save \$25 a month to help cover the cost of future repairs and maintenance.**
- **The program staff is NOT the contractor and CAN NOT guarantee that the applicant will be satisfied with the work done by the contractor.**

Part II: HOUSING INFORMATION

HOUSING: Single Family Hm. _____ Mobile Home _____ Year Hm. Built or Manufactured _____
Own Free & Clear _____ Buying Mortgage _____ Buying Contract For Deed _____ Life Estate _____
No. Of Bedrooms _____ No. Of Bathrooms _____

WELL: None _____ Year Installed _____ Contaminated _____ HH Municipal Connection needed? _____
Sandpoint _____ Pit _____ Drilled _____ Other _____

SEPTIC: None _____ Year Installed _____ Illegal _____ HH Municipal Connection needed? _____
Cesspool _____ Holding Tank _____ Septic w/drainfield _____ Other _____

OTHER: Homeowner's Insurance Yes No Recorded Deed Yes No Property Taxes Current Yes No

DIRECTIONS TO HOME:

Time at this address: _____ Years _____ Months Known Liens against the home: _____

From your last property tax statement:
▪ What is the Estimated Market Value of your home? _____
▪ What are your yearly property taxes? _____
▪ Are your property taxes Current? _____

Is your home insured? Yes No

If so, with which insurance company _____

Part III: ASSET VERIFICATION

Business assets of self-employed individuals must be verified by attaching a net worth statement signed and prepared by an impartial third party.

List the cash value of assets held by all residents of your household. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

- 1. Cash on hand, in checking accounts, or in savings accounts (including those held in trust). \$ _____
- 2. Cash value of Securities of U.S. Savings Bonds, IRAs, 401K, stocks, bonds, etc. \$ _____
- 3. Redemption value of life insurance policies. \$ _____
- 4. Current Market Value of other real estate. Exclude property to be improved. Include 100% of the outstanding balance that will be owed to you one year from the date of this application on property sold on Contract for Deed. \$ _____
- 5. Personal property (**excluding** household furnishings, clothing, and one personal vehicle) including, but not limited to: farm equipment, farm stock, business machinery, and/or inventory, additional vehicles, etc. \$ _____
- 6. Other (i.e. other land, inheritance, insurance settlements etc. specify): _____ \$ _____

TOTAL ASSETS \$ _____

Part IV: BANK ACCOUNTS

Please list the name and address of your bank, savings and loan, or credit union:

Name: _____ Address: _____

Checking Account: Yes No; Savings Account: Yes No

Name: _____ Address: _____

Checking Account: Yes No; Savings Account: Yes No

Check here if you have no bank accounts of any kind. _____

Part V: INCOME VERIFICATION [TO BE COMPLETED BY LAKES AND PINES]:

Name of Resident	Document Viewed (Third Party)	Date of Document Viewed	Income	Income Period (Weekly, Monthly Etc)

_____ Administering Entity Signature of Income Verification

_____ Date

Kathio Township 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 Kathio Township 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 Kathio Township.

NOTE: The information requested in your Homeowner Application is legally required to determine if you qualify for participation in this Kathio Township 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 Kathio Township resulting from this or other Kathio Township 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

_____ Certifier's Signature

_____ Date

*Note regarding Asset Verification: Grantees may or may not impose an asset limitation, however, verification of assets is required since income earned off assets must be counted.

If assets are greater than \$5,000 use the greater of:

- Actual income from assets or
- Total assets times passbook rate as determined annually by HUD

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

WITNESS: _____ DATE: _____

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: _____
 Co-Borrower

WITNESS: _____ DATE: _____

I (WE) AUTHORIZE THE PHOTOGRAPHING OF MY PROPERTY. I UNDERSTAND THAT THE PHOTOGRAPHS WILL BE USED BY LAKES & PINES CAC INC. 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

WITNESS: _____ DATE: _____

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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VERIFICATION OF
EMPLOYMENT



Name of Employer: _____
Address: _____
 Street City State, Zip Code
Employee Name: _____

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information.

This request for verification of employment and earnings is required to establish eligibility for participation in our housing improvement loan program. The information you provide will be private and only used in establishing eligibility for this family.

1. Gross earnings during the past 12 months: \$ _____
2. Is this person currently an employee? Yes No
3. If not, is this a temporary situation? Yes No
4. If employee is seasonal or sporadic, please give lay-off periods:

5. Original or re-hire date: _____ Termination date: _____
6. Average number of hours per work week: Straight time: _____
Overtime: _____
7. Current Gross pay rate: \$ _____ Per _____ Effective date of rate: _____
8. Overtime is paid at the rate of: \$ _____ Per _____
9. Expected change in pay rate: \$ _____ Date: _____
10. Amount of bonus, incentive pay, commission or tips: \$ _____ Per _____
11. Does this person receive vacation with pay? Yes No Sick Leave with pay? Yes No
12. Amount deducted for health insurance: \$ _____ Per _____ (weekly, monthly, etc.)
13. Employee's position or job title: _____

Person completing this form (*please print*): _____
Signature: _____ Title: _____
Date: _____ Phone: (____) _____

If you have any questions or need assistance with this form please call 800-832-6082, thank you.

Please return this form in the envelope provided to:

Lakes & Pines Community Action Council, Inc.

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VERIFICATION OF ASSISTANCE



Part I: (To be completed by the applicant)

I, _____, living at:

Street City State, Zip

do hereby authorize the _____ staff to furnish the Small Cities Development Program with information regarding the monthly payment made to me for assistance or other direct payments.

This information is required for income verification for the Rehabilitation Program. The information you provide will be private and only used in establishing eligibility for this family.

Signature Date

Part II: To be completed by the Social Services Agency

Type of assistance provided: _____

Monthly amount: \$ _____

Amount of Child Support Bonus payment (if applicable): \$ _____

This payment is: Regular Sporadic

If it is sporadic, what was the total amount received for the past 12 months? \$ _____

Is the same amount likely to be received in the next 12 months? Yes No

Does the recipient receive any other income to the best of your knowledge? Yes No

If yes what is this source? _____

How much is received? \$ _____

Signature: _____ Date: _____

Printed Name & Title: _____ Phone: (____) _____

Please return this form in the envelope provided to the address below. If you have any questions, please call (320)679-1800 ext. 123

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