

**CITY OF CLOQUET SMALL CITIES DEVELOPMENT PROGRAM
RESIDENTIAL RENTAL UNIT REHABILITATION APPLICATION**



PART I: APPLICANT INFORMATION

APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF APPLICATION
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CO-APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL
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PROPERTY ADDRESS	CITY	STATE	ZIP
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
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() PHONE NUMBER	() DAYTIME PHONE NUMBER	COUNTY	TOWNSHIP
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PART II: PROPERTY INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

ESTIMATED AGE OF BUILDING: _____	ESTIMATED MARKET VALUE: _____
NUMBER OF STORIES: _____	NUMBER OF UNITS: _____
RESIDENTIAL SQUARE FOOTAGE: _____	NON-RESIDENTIAL SQ. FOOTAGE: _____
CURRENT USE OF BUILDING: _____	
PROPOSED USE OF BUILDING: _____	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. IS THE BUILDING WITHIN THE CORRECT ZONING CLASSIFICATION? _____
2. IS THE BUILDING IN A HISTORICAL DISTRICT? _____
3. IS THE BUILDING ON THE NATIONAL/STATE HISTORICAL REGISTER? _____
4. DO YOU WANT YOUR BUILDING ON THE HISTORIC REGISTER? _____
5. IS THE BUILDING IN A REGULATORY FLOOD PLAIN? _____

PART III. OWNERSHIP INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNERSHIP OF PROPERTY IS:
 BUYING MORTGAGE FREE & CLEAR OTHER CONTRACT FOR DEED

NAME AND ADDRESS OF MORTGAGE/LIEN HOLDER(S): _____

LIST NAME/ADDRESS/PHONE # OF OWNERS ON TITLE/DEED:	OWNERSHIP INTEREST (%):
_____	_____
_____	_____
_____	_____

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PART III. OWNERSHIP INFORMATION (CONTINUED)

OUTSTANDING PRINCIPLE OWED ON BUILDING: \$ _____

LENDING INSTITUTION/MORTGAGE COMPANY (LIST NAME ADDRESS & PHONE):

PART IV. ESTIMATED REHABILITATION COSTS & REQUIRED LOAN INFORMATION

PLEASE SELECT THE IMPROVEMENTS YOU WOULD LIKE TO HAVE DONE:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> EXTERIOR IMPROVEMENTS | <input type="checkbox"/> AWNINGS | <input type="checkbox"/> HEATING/COOLING SYTEM UPDATES |
| <input type="checkbox"/> WINDOW REPLACEMENT | <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> ELECTRICAL UPDATES |
| <input type="checkbox"/> FIX CODE VIOLATIONS | <input type="checkbox"/> INSULATION | <input type="checkbox"/> PLUMBING UPDATES |
| <input type="checkbox"/> DOOR REPLACEMENT | <input type="checkbox"/> ROOFING | <input type="checkbox"/> ASBESTOS/LEAD REMOVAL |
| <input type="checkbox"/> ENERGY IMPROVEMENTS | <input type="checkbox"/> FIRE ESCAPE | <input type="checkbox"/> ACCESSIBILITY IMPROVEMENTS |

PLEASE LIST ANY OTHER IMPROVEMENTS YOU WOULD LIKE TO DO:

PLEASE PROVIDE THE FOLLOWING INFORMATION:

ESTIMATED COST OF PROJECT: _____

ESTIMATED AMOUNT OF SCDP FUNDS NEEDED: _____

ESTIMATED AMOUNT OF OWNER FUNDS NEEDED: _____

SOURCE OF OWNER FUNDS: SAVINGS BANK LOAN OTHER: _____

IMPACT OF PROJECT ON JOBS: # EXISTING: _____ # CREATED: _____

PART V. TENANT INFORMATION

PLEASE PROVIDE COMPLETE INFORMATION REGARDING YOUR TENANTS. YOUR APPLICATION APPROVAL DEPENDS ON THE INCOME OF YOUR TENANTS. (REFER TO THE FACT SHEET). OUR STAFF WILL HAVE TO CONTACT THEM. USE ADDITIONAL SHEETS IF NECESSARY.

UNIT #	NAME(S)	MAILING ADDRESS	PHONE NUMBER
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I (we) the undersigned, certify subject to penalty under law, that by signing this application, the information above is true and correct to best of my (our) knowledge. I (we) realize that giving false information will result in disqualifying from the program, and/or I (we) may be subject to a fine or imprisonment, or both, under provisions of the Minnesota Criminal Code, and/or I (we) may be required to return all or part of the rehabilitation funds to the entity in which they were borrowed from. I (we) hereby authorize Lakes & Pines Community Action Council, Inc. staff to enter my (our) property to identify work items necessary for the rehabilitation of my (our) building, to take photographs and to inspect work in progress while construction is occurring, during regular business hours. NOTE: The information requested in this application is legally required to determine if you qualify for participation in this rehabilitation program. A portion of the data 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 amount of assistance you receive is 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.01-270A.12 of MN 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 entity lending the funds to us, resulting from this or other Small Cities Development Programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of state obligations.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

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

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

I/WE CERTIFY THAT I/WE HAVE RECEIVED THE PUBLICATION "RENOVATE RIGHT: IMPORTANT LEAD HAZARD INFORMATION FOR FAMILIES, CHILD CARE PROVIDERS AND SCHOOLS" AND THAT I/WE HAVE READ AND UNDERSTAND THE POTENTIAL RISK OF LEAD HAZARD EXPOSURE FROM RENOVATION ACTIVITIES PERFORMED IN MY/OUR DWELLING AS PART OF THIS PROGRAM. I/WE RECEIVED THIS BEFORE WORK BEGAN.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ 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 PROPERTY CONDITIONS BEFORE REHABILITATION AND AFTER REHABILITATION. THE PHOTOGRAPHS MAY ALSO BWE USED IN PRESENTATIONS OR IN OTHER MANNER FOR DEMONSTRATING VARIOUS STYLES AND SERVICES.

APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

TIL AND NMLSR ID
Lakes & Pines Community Action Council, Inc.

Loan Originator Company Name

Loan Originator Individual Name
(as name appears on NMLSR)

1161367
Loan Originator Company NMLSR ID

Loan Originator Individual NMLSR ID (if applicable)