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205 Garfield Ave.
P.O. Box 128
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Satellite Office:
1708 River Road NW - Office
East Grand Forks, MN 56721
Phone: 218-773-2371
Fax: 218-773-9331

Dear Applicant,

Please find enclosed your homeowners' Application for the **Community Revitalization Down Payment Program**. Please fill out the following forms and attach the following items:

1. A copy of your income tax return. (If you are self-employed send in two years of your most recent income taxes.)
2. A copy of 3 of your most recent check stubs for all incomes of household members 18 years of age and older.
3. Your pre-qualification letter from your bank or mortgage lender.
4. A non-refundable application fee in the amount of \$100.00 is due at the time of application.
5. Complete the "Automatic Payment Signature Agreement."

If you have not attended a Home Stretch class, below is a list of agencies that have information on the class:

Village Family Service Center – Grand Forks, ND at 800-450-4019
Northwest Community Action, Inc. – Badger, MN 218-528-3258

Or check online at the following sites:

http://www.homebuyerfunds.com/online_homebuyer_education.htm
<http://www.frameworkscdc.org/Homebuyer.html>
<http://hec.ncf-wep.org/hec.cfm>

We need a copy of your Home Stretch class certificate before funds can be released at the time of closing. **You do not need the certificate in order to apply.**

If you have any questions, please call me at (218) 637-2435 ext. 126. Fax number: 218-637-2433.

Sincerely,

Barbara Johnson
NW MN Multi-County HRA
Community Development Coordinator

Community Revitalization Fund Program (Down Payment Assistance Program)

Home Owner Application

To the applicant: The information on this form will be used to determine your eligibility for down payment assistance. Please fill out all information correctly.

A. Household Information

Applicant Name: _____

Last

First

M.I.

Applicant Address: _____

What county is the property you intend to purchase located in? _____

Phone: _____ Cell: _____ Work: _____

Social Security: _____ Birth Date: _____ Age: _____

Years of Education Completed: _____ Race: white Email Address: _____

Co-Applicant Name: _____

Last

First

M.I.

Phone: _____ Cell: _____ Work: _____

Social Security: _____ Birth Date: _____ Age: _____

Years of Education Completed: _____ Race: _____ Email Address: _____

Marital Status (check one): _____ Married _____ Single _____ Divorced _____ Separated
 _____ Widowed

Household Occupant Information (Please provide the following information for each member of the household **NOT** previously listed under Section A).

First Name	Last Name	Birth Date	Years of Education	Race *see below

*Race (i.e. Caucasian, Black, American Indian/Alaskan Native, Hispanic, Asian/Pacific Islander, Other)

Note: The information concerning marital status and minority group categories is required for statistical purposes only so the agency may determine the degree its programs are utilized by minorities.

B. Income Information

“Income” means any amount received from the following sources by any resident age 18 or over living in the household. Please check any that apply.

Yes	No	Form of Assistance
		Public Assistance including: MFIP, SSI, GA, Child Support and Unemployment Comp.
		Salaries, including commissions, bonuses, overtime pay and tips
		Estate or trust income
		Rental income
		Gains from the sale of property or securities
		Pensions and annuities, including PERA, Social Security, Railroad Retirement, 401K disbursements, etc.
		Business profit (for self-employed individuals, including farmers)
		Interest and dividends
		Contract for deed payments received

My employer is: _____

Co-Applicant’s employer is: _____

Including yourself, list all residents of your household, age 18 and over and their income for the past twelve (12) months.

Name of resident	Annual income of resident	Source of income (attach copies)
Total household income:		

Please read each of these statements:

- I am authorizing the photographing of my property
- I, hereby, certify that I have received the publication “Protect Your Family from Lead in Your Home”, and that I have read and understand the information.
- I, hereby certify that I have received information on the Fair Housing Civil Rights Act of 1966 and that I have read this material and understand it.

I, the undersigned, certify subject to penalty under law that the above information is true and correct to the best of my knowledge and belief.

Applicant(s) Signature

Date of Application

Co-Applicant(s) Signature

Date of Application



Community Revitalization Fund Program

Program Questionnaire

Which lender of bank do you anticipate working with? _____

Have you completed a homebuyer education course? _____ yes _____ no

Where will your residence be located? Within the City limits of: _____

Rural Area-County of _____

Amount of land to be purchased with home (if known) _____

What is the property address that you are interested in purchasing? _____

Which of the following do you anticipate doing?

_____ Buying an existing home

_____ Buying an existing, never been lived in before, home

_____ Building a new home

How many bedrooms are there? _____

How did you hear about the program? _____

What type of construction will your new house be made of?

_____ Stick built _____ Concrete _____ Panel Construction _____ Manufactured

_____ Other (please list) _____

My new home will be:

_____ Town home/condo _____ Duplex _____ Single family _____ Other

Without this program in place: _____ I would buy a home _____ I would **not** buy a home

I authorize Northwest Minnesota Multi-County HRA to release the information from this application to my lender and members of the Fund Advisory Committee. I certify that the information in this application is complete and accurate.

Signature: _____ Date: _____

Signature: _____ Date: _____

The \$100 application fee should be made payable to Northwest Minnesota Multi-County HRA.

Please remit:

Northwest Minnesota Multi-County HRA

Attn.: Barbara Johnson

PO Box 128

Mentor, Minnesota 56736

**Community Revitalization Fund Program
Privacy Act Release Form**

I hereby consent to permit the release of information contained in my grant/loan application file to Northwest Minnesota Multi-County HRA for the purpose of determining my eligibility to participate in the Affordable Housing Program.

I understand that this information will be released only to Northwest Minnesota Multi-County HRA, and members of the loan review committee. Any use, other than that specified above, or any subsequent release of this information, is expressly forbidden under the Minnesota Data Privacy Act, unless my written consent is obtained.

I have been informed of my right to refuse to release the information. I understand that I may revoke this consent upon written notice to Northwest Minnesota Multi-County HRA.

Signature: _____ Date: _____

Signature: _____ Date: _____