

**PRELIMINARY APPLICATION  
SMALL CITIES DEVELOPMENT PROGRAM  
OWNER OCCUPIED HOUSING REHABILITATION  
2016**

1. Name of Applicant: \_\_\_\_\_  
                                     First                      Middle Initial                      Last

2. Name of Co-Applicant: \_\_\_\_\_  
                                     First                      Middle Initial                      Last

3. Home address: \_\_\_\_\_  
                                     Street    City, Zip Code

4. Telephone Number: \_\_\_\_\_  
                                     Home    Work

5. Names of Persons in Household and Ages:

Names	Age	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.</b>	
Gender of Applicant:  <input type="checkbox"/> Female <input type="checkbox"/> Male	Race/Ethnicity of Applicant: 1. <input type="checkbox"/> White not Hispanic    2. <input type="checkbox"/> Black, non-Hispanic 3. <input type="checkbox"/> Hispanic    4. <input type="checkbox"/> American Indian or Alaskan Native 5. <input type="checkbox"/> Asian or Pacific Islander  Does any member of the household have disabilities? Yes/ No If "Yes," describe the nature of the disabilities:

6. The annual gross income from all persons over age 18 in the household is: \$ \_\_\_\_\_

7. Check the box next to all the sources of income of household members:

<input type="checkbox"/> Social Security or SSI	<input type="checkbox"/> Pension	<input type="checkbox"/> Wages
<input type="checkbox"/> AFDC	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> Child Support	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Farm Income
<input type="checkbox"/> Payment from Contract-for-Deed	<input type="checkbox"/> Interest from Savings	<input type="checkbox"/> Other (Explain)

8. I currently  Own my home free and clear  
 Am buying my house from a bank or mortgage company  
\_\_\_\_\_ (name of lender)  
  
 Am buying my house on a Contract-for-Deed (C/D)  
\_\_\_\_\_ (name of person selling on  
C/D)

Describe any other form of ownership such as a Life Estate:  
\_\_\_\_\_

9. My residence is a:  Single family house  
 2 to 4 unit property  
 Mobile home  
 Other: \_\_\_\_\_

10. My/our current housing expense is:

\$\_\_\_\_\_ Mortgage payment including principal and interest)

\$\_\_\_\_\_ Annual property taxes

\$\_\_\_\_\_ Annual homeowner's insurance

\$\_\_\_\_\_ Average monthly utilities (include heat and lights)

11. My total monthly debt for loans, credit cards and other obligations is \$\_\_\_\_\_.

12. I believe I could afford to pay about \$\_\_\_\_\_ a month to repay a home improvement loan.

13. The kinds of improvements I think are needed to my home are:  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever had a home improvement loan from the Minnesota Housing Finance Agency or the Weatherization program? \_\_\_\_\_

If so, please state which program and when the assistance was provided:

**I/we certify that all statements on this pre-application are true and correct to the best of my/our knowledge. I/we understand that any intentional misstatements will be grounds for disqualification.**

Applicant: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

**TENNESSON WARNING: DATA PRIVACY STATEMENT**  
**· TO BE READ BEFORE SIGNING AN APPLICATION FORM ·**

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All information you provide about you and your household is considered private data as defined by the Minnesota Government Data Practices Act.

The information collected from you or from other agencies or individuals (authorized by you) is used to determine your eligibility for the rehabilitation program. As it is stated on the Pre-application, you are not required to provide information regarding your marital status or race. However, this information is vital to determine to what extent our programs are used by minorities or serve certain types of households. All other information on the form - including your Social Security Number - is needed to determine your eligibility for participation in our program or required by the State or Federal agency funding your loan.

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:

1. The local loan committee members who approve all applications.
2. Staff who are involved in program administration.
3. Auditors who perform required audits of our programs.
4. Authorized personnel from the Minnesota Department of Trade and Economic Development and the U.S. Department of Housing and Urban Development or other State and Federal agencies providing funding assistance to your loan.
5. Those persons who you authorize to see it.
6. Law enforcement personnel in the case of suspected fraud.

**Unless otherwise authorized by State statute or Federal law, other government agencies using the private data must also treat it as private. You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. The rights include:**

1. The right to see and obtain copies of the data maintained on you,
2. Be told the contents and meaning of the data, and
3. Challenge the accuracy and completeness of the data.

To exercise these rights, contact: \_\_\_\_\_ at \_\_\_\_\_

# FAIRMONT HOUSING REHABILITATION

