



Small Cities Development Program Application *Owner-Occupied Housing Improvement Program*

Checklist

Owner-Occupied Application

Supplemental Packet which includes:

Important Privacy Notice

Release of Information

Photo Release

Lien verification

Taxpayer Release of Information Consent

Non-Discrimination Notice

Section 3 Contractors

Conflict of Interest Screening Form

Renovate Right & Lead Based Paint Statement

Permission for Risk Assessment (before 1978)

Fair Housing Certification

Walk Away Policy

What to Expect from the Program

Documents Supplied by Applicant:

Recorded Warranty Deed (NOT the abstract- obtain from county Recorder).

If contract for Deed or Life Estate, please contact our office for additional forms

Property Liability insurance - Declarations Page

(Lists owners' name & address, policy number & policy period)

Most Recent Real Estate Tax Statement

Verification of all income as applicable (see application for list)

Most current 2 years Federal Income Taxes (1040 Forms)

****IF a home is built prior to 1978 a LEAD ASSESSMENT INSPECTION is REQUIRED. If home has lead paint issues, (health and safety), these issues MUST be corrected with the SCDP funds that are allocated to your rehab/repair project!**

Please provide all of the above required documents (copies) along with your application or you may be denied eligibility for insufficient information. This grant is processed on a first-come, first-served basis. Your application will be completed as we receive all required documents, you are deemed eligible, we have open slots, and there are remaining funds.

Income documentation is required for anyone living in the home, over the age of 18, receiving any form of income.

Please return the completed application and all documents to:

Drop off: Ortonville City Hall
315 Madison Avenue
Ortonville, MN 56278

Mail or Drop off: UMVRDC
323 W. Schlieman Ave,
Appleton, MN 56208

Email: bernice@umvrdc.org



SMALL CITIES DEVELOPMENT PROGRAM

OWNER - OCCUPIED APPLICATION

APPLICANT: Full Name (Last, First, M.I.)		CO-APPLICANT: Full Name (Last, First, M.I.)		
Social Security Number	Birth Date (mm/dd/yy)	Social Security Number	Birth Date (mm/dd/yy)	
Marital Status: ___ Married ___ Separated ___ Not Married (Single, Divorced, Widow)		Marital Status: ___ Married ___ Separated ___ Not Married (Single, Divorced, Widow)		
Street address	City	State/Zip	County	How Long (years)
Mailing Address (if different):				
Email Address				
Primary Phone Number:	Type (cell, home)	Secondary Phone Number:	Type (cell, home)	
Preferred contact method (cell, phone, text, email)			Best contact time: AM / PM	

Household Information:

Number in household _____ Number over 18 employed _____
 Number of children under 18 _____ Number over 18 full-time student _____
 Single female head of household _____

Household Members (Last Name, First Name)	Birth Date (mm/dd/yy)	Disabled (Y/N)	Race ¹	Ethnicity Hispanic	Income (Y/N)	Income Source
Applicant		Y / N		Y / N	Y / N	
Co-Applicant		Y / N		Y / N	Y / N	
		Y / N		Y / N	Y / N	
		Y / N		Y / N	Y / N	
		Y / N		Y / N	Y / N	
		Y / N		Y / N	Y / N	

¹Race: **W** = White **A** = Asian **B** = Black/African American **N** = Native Hawaiian/Pacific Islander **AI** = American Indian/Alaskan Native
M = Multi Race **O** = Other

The race/ethnicity information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the Small Cities Development Program, the Federal law prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual on the basis of visual observation or surname. ***This information is requested solely for the purpose of determining compliance with Federal Civil Rights Law. Your response will not affect consideration of your application.***

PROPERTY INFORMATION			
Home Structure: _____Single Family _____Duplex _____Multi-Family _____Mobile Home <i>Note: Only Single Family homes are eligible</i>			
Year Property Built (please provide best estimate):	How old is the home?	Number of bedrooms:	
Current Estimated Market Value: \$	Date of Purchase: (approx.)		
Real Estate Taxes are current? Y/N	Is the property located within a Floodplain or Floodway? Y/N or Unknown		
Current Homeowner Insurance carrier:			Expiration Date:
PROPOSED IMPROVEMENTS/ACCESSIBILITY ISSUES/NEEDED REPAIRS:			
OWNERSHIP INFORMATION			
Do you have an outstanding mortgage on the property? Y/N If yes, fill out below			
	Name of Mortgage Company	Approx Outstanding Balance	Mortgage Status (current/ delinquent)
First Mortgage			
Second Mortgage			
Other Debts secured by home			
Is property being purchased on a Contract for Deed? Y/N If yes, is there a balloon payment? Y/N When? _____ Amount _____ If yes, names and addresses of contract for deed seller:		Is the property listed in a Life Estate? Y/N If yes, names and addresses of remaindermen listed:	
CREDIT INFORMATION			
Are there any outstanding judgments or liens against the property or you?		Yes or No	
Have any applicants been declared or are declaring bankruptcy in the last 36 months		Yes or No	
Have any applicants had any property foreclosed upon or given title or deed in lieu therefore?		Yes or No	
OTHER ELIGIBILITY			
Has the home previously received funds from a Small Cities Development Program?		Yes or No If yes, when?	
Has the home previously received funds from weatherization or any other public program?		Yes or No	
If yes, what improvements were done and are there any limitation from past programs?			

INCOME INFORMATION		
Check all that apply for household:	Source of Income:	Type of Verification needed*
	Wages	Third Party Verification of Employment (2 pay stubs)
	Social Security Benefits/SSI/SSDI	Benefit Award Letter
	Military Pay/VA Benefits	Benefit Award letter or Verification of Employment
	Retirement/Pension/ Annuities	Benefit Letter or Tax Returns
	MFIP (Cash Assistance)	County Verification-Must be signed
	Child Support or Alimony	County Verification-Must be signed or Divorce Decree
	Unemployment	Benefit Award Letter
	Tips	Third Party Verification of Employment or Tax Returns
	Self-Employment or Rental Income or Interest	Tax Returns with schedules (2 years)
	Other: (Please list)	
<i>Income for children (under the age of 18) is not counted. Income for full time students over 18 is capped at \$480.</i>		
* ALL applicants will need to provide the following:		
1. Last two years of income tax statements (1040 of Federal Tax Return only)		
2. Third Party verification on all public assistance benefits and employment as listed above.		

I/we certify that the information provided in this application and all information provided to UMVRDC is true and correct to the best of my knowledge and understand that intentional misrepresentation of the information will result in disqualification of housing rehabilitation assistance or civil liability.

I/we authorize the Housing Rehabilitation staff to enter my home to identify rehabilitation necessary work items, to take photographs, and to inspect work in progress while construction is occurring.

Furthermore, I/we authorize UMVRDC to share the information collected in this application with either housing professionals, funders, potential lenders and other reputable organizations related to the project.

Applicant Signature	Date	Co-Applicant Signature	Date
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FOR ADMINISTRATIVE USE ONLY	
I hereby certify that the above applicant has met the income, equity and ownership requirements for the Small Cities Development Program:	
_____	_____
Certifying Coordinator Signature	Date



EQUAL HOUSING OPPORTUNITY
We Do Business in Accordance With the Federal Fair Housing Law
 (The Fair Housing Amendments Act of 1988)



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Important Privacy Notice

**** Read Before Completing the Application Form ****

We are asking that you provide the information on the application form to determine if you are eligible to participate in the 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 Dept. of Employment and Economic Development, the U.S. Dept of Housing and Urban 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 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 may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

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, and
- Challenge the accuracy and completeness of the data.

Applicant Signature

Date

Co-Applicant Signature

Date



Release of Information

This is your authorization to release information, as applicable, regarding my income, employment, bank accounts, and outstanding debts including mortgages, to order a consumer credit report and to obtain other information as necessary to support my application for an owner-occupied housing improvement loan from the Upper Minnesota Valley Regional Development Commission (UMVRDC).

You may make copies of this letter to distribute to any party with which I have a relationship and that party may treat that copy as an original.

Applicant

Date

Co-applicant

Date



Photo Release

I give authorization for digital pictures or photos of my home to be taken by the UMVRDC/SWMHP. These may be used in publications or displays. I authorize pictures of my house to be used in the Annual Report.

_____	_____	_____	_____
Applicant	Date	Co-applicant	Date

Lien Verification

I certify that there are no past due assessments, public debts, or tax liens on my property. I also certify that, if applicable, I am current with any mortgage payments and that my property is not the subject of a pending mortgage foreclosure. Finally, I certify that I have homeowners' insurance that would be an adequate amount to provide collateral for this SCDP Rehabilitation Loan program.

_____	_____	_____	_____
Applicant	Date	Co-applicant	Date

Taxpayer Release of Information Consent

I give authorization for my income tax filing information collected by the UMVRDC to be shared with the program funder (DEED) for eligibility review. This includes sharing electronic copies or sending in hard copies.

_____	_____	_____	_____
Applicant	Date	Co-applicant	Date

Non-discrimination Notice

All services, facilities, and benefits of the programs provided by the UMVRDC are for the use of all persons regardless of race, color, sex, religion, disability, or national origin in accordance with Federal law and U.S. Department of Agriculture policy.

To file a complaint of discrimination you may contact the Office of Civil Rights at:

U.S. Department of State Office of Civil Rights (S/OCR)
2201 C Street, NW Washington, DC 20520
Email: socr_direct@state.gov

Tel: (202) 647-9295 or (202) 647-9294
Fax: (202) 647-4969

This institution is an equal opportunity provider and employer.



Section 3 Contractors

Businesses owned by women, minorities, and the low income (below 80% of AMI) are encouraged to apply to be on our list of approved contractors for our Home Rehabilitation Program projects.

Signature of Applicant/Date:



Conflict of Interest Screening Form

The Small Cities Development Program (SCDP) requires verification to see if a conflict of interest exists.

Please answer Questions 1 & 2:

1. Are you or any member of your household (during the last 12 months) an employee, consultant, officer, elected official, or appointed Official of this City, State of Minnesota, or the UMVRDC/SWMHP?

Yes No

If yes, please fill out the following:

	Check as applicable					Name of agency/department	Position
	Employee	Consultant	Officer	Elected official	Appointed official		
City							
State of Minnesota							
Administrating/managing/ consultation agency (UMVRDC or SWMNHP)							

Comments:

2. Do you or have you had immediate family ties or a business relationship with any of the aforementioned list?

Yes No

If yes, describe:

Note: If a conflict exists, it may be possible for the grantee and its agents to request an exception of the conflict from the funding agency.

Applicant Date

Co-applicant Date



Upper Minnesota Valley
**REGIONAL
DEVELOPMENT
COMMISSION**



Upper Minnesota Valley Regional
Development Commission (UMVRDC)
323 W Schlieman Ave. Appleton, MN 56208
Bernice Robinson
320-289-1981 x 103 | bernice@umvrdc.org

SCDP Acknowledgement Forms

Applicant(s): _____

Property Address: _____

Renovate Right and Lead-Based Paint Statement

I (We) hereby certify that I (We) have received the publication “Renovate Right” and that I (we) have read and understood the information.

Initial: _____

Permission for Risk Assessment

I understand that if my home is built prior to 1978, participation in the program will require that a lead-based paint hazard risk assessment will be conducted on my property.

<https://www.epa.gov/sites/default/files/documents/renovaterightbrochure.pdf>

Initial: _____

Fair Housing Certification

I (We) hereby certify that I (we) have received information on the Fair Housing Civil Rights Act of 1968 and that I have read and understood the information.

Initial: _____

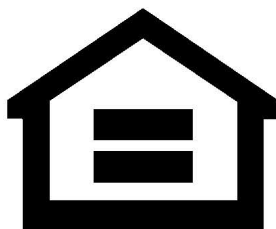
I (we) have read and understood all of the statements initialed above:

Applicant Date

Co-applicant Date



U. S. Department of Housing and Urban Development



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

- In the sale or rental of housing or residential lots
- In the provision of real estate brokerage services
- In advertising the sale or rental of housing
- In the appraisal of housing
- In the financing of housing
- Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)
1-800-927-9275 (TTY)

U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410

Walk-Away Policy

This walk-away policy will be instituted by UMVRDC staff for one or more of the following reasons.

1. When it is determined that the unit is not suitable for rehabilitation.
2. If a property is offered for bid on two separate occasions and no financially acceptable bid is received, or if the housing inspector confirms that the property cannot feasibly be rehabilitated to HQS and lead based paint standards, within the maximum allowable funding level, the UMVRDC may elect to “walk-away” from that property and take no further action regarding its renovation. The property owner will be notified in writing within two weeks of the determination to “walk-away.”
3. If the property to be inspected or rehabilitated is in an “unkempt” state which could present health or safety hazards to UMVRDC Staff, SWMHP Staff or a Rehabilitation Contractor who would be performing the work, the property owner will be notified in writing and given thirty days to bring the property up to an acceptable standard of cleanliness as determined by the inspector. If, within that thirty-day period, the property is not brought up to an acceptable standard, the UMVRDC reserves the right to “walk away” from that property and take no further action regarding its inspection or rehabilitation. The property owner will be notified in writing within two weeks of this decision. “Unkempt” may include, but would not be limited to, unsanitary conditions, the presence of general clutter or undisposed household garbage, either inside or outside of the property to be rehabilitated.
4. If it becomes apparent that the property owner, or tenants in the case of rental rehabilitation, at any phase of the project are not willing to comply or accept standard practices of the rehabilitation program that are outlined in the “Owners Responsibilities and Expectations” and the “What Can a Property Owner Expect” information sheets provided.
5. If the UMVRDC Staff, SWMHP Staff or the Rehabilitation Contractor decides that continued presence on the job site may constitute a liability to their company due to the owner, or tenants, personal behavior or threatening manner.

Applicant Date

Co-applicant Date



What to expect and not to expect from this SCDP Home Improvement Program

Things that Homeowners do in the Home Improvement Program

1. The housing program staff will help homeowners during the home improvement process, but homeowners are responsible for making the choices and doing the work listed below.
2. Homeowners provide the program staff with necessary information promptly.
3. Homeowners, **not the program staff**, choose contractors to put together bids.
4. Homeowners, **not the program staff**, select the contractor to do the work on the house.
5. Homeowners sign home improvement contracts with the selected contractor.
6. Homeowners request and approve payments to their contractors.
7. Homeowners are part of inspecting and approving work performed by their contractors
8. Homeowners work with contractors to settle disagreements during the job.
9. Homeowners contact their contractors to ask them to correct problems covered by contractor warranties during the first year after the job is completed.

Things Owners should think about before Taking out a Home Improvement Loan

1. Not all the work that homeowners want to be done can always be done.
2. Repairs will correct health and safety problems, but they may not solve all problems in your home.
3. Don't expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level, and square when work is done.
4. It can be stressful living in a house while a contractor is performing the work.
5. Very few times in life is anyone completely satisfied with things they buy or have repaired. Buying a house or having a house repaired is no different.
6. Houses always need improvements after a project is done. It would be a good idea to save at least \$50 a month to help cover the cost of future repairs and maintenance.
7. Finally, the **program staff** is not the contractor and cannot guarantee that homeowners will be satisfied with the work done by the contractors.
8. After the loan is finalized, you will not be allowed to take cash out with a loan refinancing or take out a reverse mortgage without penalties.

I've read and understand this:

Applicant

Date

Co-applicant

Date