MEMO

TO: Interested Applicant

FROM: Jackie Meixner, Financial Analyst

SUBJECT: Beltrami County Down Payment Assistance Application

Thank you for your interest in the Beltrami County Down Payment Assistance program! Enclosed is an application for the program. Please complete the application and return it to our office with the following enclosures:

- Pre-approval letter from your primary lender
- Executed purchase agreement, a construction contract, or evidence that substantial progress is being made on your real estate transaction (this may be submitted up to 90 days after you submit your application but must be submitted prior to loan closing)
- A copy of your bank statements for all accounts for the past three months
- Income documentation as stated on page 2 of the application
- Certificate of Completion from the Home Stretch or Framework Program
- \$100 non-refundable application fee payable to the Beltrami County HRA

If you have any questions, please contact me at 218-333-6530 or via email at jmeixner@hrdc.org.

BELTRAMI COUNTY DOWN-PAYMENT ASSISTANCE PROGRAM

HOMEOWNER 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. Please PRINT in ink.

A. HOUSEHOLD INFORMATION

Applicant Name:	Last		Fir	et .	
Phone: Home: ()		Work: ()	
Age:	Social Security #: _	Bi	Birthdate:		
Years of Education	on Completed:			Race	:
Email address:					
Co-Applicant's Na	ame:		Fir	et	
Phone: Home: ()		Work: (
Age:	Social Security #: _		Bi	rthdate:	
Years of Education	on Completed:			Race	
Applicants Addres	Street City, State, Z	IP			
Marital Status (ch	eck one)	Married	Single	Sepa	rated Widowed
	upant Information: eviously listed under		he following i	nformation	for each member of the
First Name	Last Name	Birth Date	Years of Educat		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. Please check yes or no.

YES	NO							
	GA, and Unemployment Comp.							
*Salaries, including commission, bonuses, overtime pay, and tips.								
	*Estate or Trust Income							
*Rental Income								
	*Gains from the	_*Gains from the sale of property or securities						
	*Pensions and A	*Pensions and Annuities, including PERA, Social Security, Railroad Retirement.						
	*Business Profit,	*Business Profit, for self-employed individuals, including farmers.						
	*Interest and Div	idends						
	*Contract for Dee	ed payments received						
My Em	ployer is:							
Co-App	olicant's Employer is:							
Includii (12) ma		dents of your household, age 18 or ov	ver and their income for the past twelve					
NAME OF RESIDENT		INCOME OF RESIDENT (annual)	SOURCES OF INCOME (attach copies)					
		\$						
		\$						
		\$	·					
		\$						
TOTAL	. HOUSEHOLD INCO	ME: \$						
What	is your current hou Rent Own	using situation:						
	If you currently ov	wn your home – are you intendisting home simultaneously with e describe:	the purchase of this home					

Please read and initial by each of these statements:								
Note: I am authorizing the photographing	g 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 uncorrect to the best of my knowledge and belief								
Applicant's Signature	Date of Application							
Co-Applicant's Signature	Date of Application							

BELTRAMI COUNTY DOWN-PAYMENT ASSISTANCE PROGRAM

PROGRAM QUESTIONNAIRE

Which Down Payment Assistance Program are you applying for?				
Beltrami County Repayment Down Payment Program				
Northwestern Beltrami County Down Payment Assistance Program				
Which Lender or Bank do you anticipate working with?				
Have you completed a homebuyer education course (Home Stretch Training)?				
Yes No				
Where will your residence be located:				
City of Bemidji City of Kelliher City of Blackduck City of Funkley Rural Area of Beltrami County, Township: Amount of land to be purchased with home (if known)				
What is the address of property that you are interested in purchasing?				
How did you hear about the program?				
Which of the following do you anticipate doing (circle correct answer) A. Buying an existing single family home B. Buying a new house that has not been lived in (Spec Home) C. Building a new home D. Buying a newly placed modular housing E. Buying manufactured housing on a permanent foundation				
What type of construction will your new house be made of? A. Stick built B. Concrete C. Panel construction D. Manufactured home E. Other (Please list)				
How many bedrooms are there?				
My new home will be: A. Town home/Condo B. Single Family Unit C. Duplex				

Without this program in place:
I would build/buy a new home
I would NOT build/buy a new home.
I hereby authorize Headwaters Regional Development Commission to release the information from
this application to my lender, and/or members of the Beltrami County HRA. I also hereby
authorize Headwaters Regional Development Commission to verify my credit information for
purposes of determining my eligibility for the Down Payment Assistance Program. I hereby certify that the information in this application is complete and accurate.
certify that the information in this application is complete and accurate.
Date:
Applicant's Signature
Date:
Co-Applicant's Signature
*PLEASE RETURN THIS COMPLETED APPLICATION ALONG WITH THE ITEMS LISTED IN THE
COVER LETTER.
A check for \$100 should be made payable to Beltrami County Housing & Redevelopment Authority.
(This is a <u>nonrefundable</u> application fee.)
Mail to:
wan to.
Beltrami County Housing & Redevelopment Authority
Attn: Jackie Meixner P.O. Box 292
Bemidji, MN 56619

BELTRAMI COUNTY DOWN PAYMENT ASSISTANCE PROGRAM

PRIVACY ACT RELEASE FORM

I hereby consent to permit the release of information contained in my Down Payment Assistance File to the Beltrami County HRA for the purpose of determining my eligibility to participate in the Beltrami County Down Payment Assistance Program and to the Headwaters Regional Development Commission, the administering agency for the program.

I understand that this information will be released only to the Headwaters Regional Development Commission and to the Beltrami County HRA. 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 information. I understand that I may revoke this consent upon written notice to the Headwaters Regional Development Commission, the administering agency for the program.

Signature of Applicant	Date	
Signature of Co-Applicant	 Date	