



MEMO

TO: Interested Applicant

FROM: Levi Haar, Lending and Accounting Specialist

SUBJECT: Hubbard County HRA Down Payment Assistance Application

Thank you for your interest in the Hubbard County HRA Down Payment Assistance program! Enclosed is an application for the program.

Please submit the following items for *pre-qualification*:

- Completed Application
- Income Documentation as stated on page 2 of the application
- A copy of your bank statements for all accounts for the past three months

*Pre-qualifications* are valid for 120 days.

Please submit the following items for a *complete application* and *pre-approval*:

- Executed purchase agreement
- Loan Estimate from your primary lender (first mortgage lender)

You will receive an initial Loan Estimate within three business days of submitting your complete application. There will be a signature line on the Loan Estimate for you to indicate your Intent to Proceed with the loan program. There will be a \$100 application fee due at the time that you return your Intent to Proceed. Once a Loan Estimate has been issued, staff will be unable to conduct any further file analysis until the Intent to Proceed and application fee have been received.

Prior to loan closing you will also be required to submit a Certificate of Completion from the Home Stretch Program.

If you have any questions, please contact me at 218-333-6530 or via email at [lhaar@hrdc.org](mailto:lhaar@hrdc.org).



**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

\_\_\_ \_\_\_ \*Any Public Assistance, including but not AFDC, SSI, GA, and Unemployment Comp.

\_\_\_ \_\_\_ \*Salaries, including commission, 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.

\_\_\_ \_\_\_ \*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 or over and their income for the past twelve (12) months.

NAME OF RESIDENT	INCOME OF RESIDENT (annual)	SOURCES OF INCOME (attach copies)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**TOTAL HOUSEHOLD INCOME: \$** \_\_\_\_\_

What is your current housing situation:

\_\_\_\_\_ Rent

\_\_\_\_\_ Own

If you currently own your home – are you intending to:

\_\_\_ Sell your existing home simultaneously with the purchase of this home

\_\_\_ Other: Please describe: \_\_\_\_\_

\_\_\_\_\_

**Please read and initial by each of these statements:**

\_\_\_\_ **Note:** 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**

**HUBBARD COUNTY DOWN-PAYMENT ASSISTANCE PROGRAM**

**PROGRAM QUESTIONNAIRE**

Which Lender or Bank do you anticipate working with? \_\_\_\_\_

Have you completed a homebuyer education course (Home Stretch Training)?

Yes \_\_\_\_ No \_\_\_\_

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
- D. Other

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 Hubbard 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.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant's Signature

**\*PLEASE RETURN THIS COMPLETED APPLICATION ALONG WITH THE ITEMS LISTED IN THE COVER LETTER.**

*Mail to:*

*Hubbard County Housing & Redevelopment Authority  
c/o HRDC  
Attn: Levi Haar  
P.O. Box 906  
Bemidji, MN 56619-0906*

**HUBBARD 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 Hubbard County HRA for the purpose of determining my eligibility to participate in the Hubbard 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 Hubbard 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