

June 28, 2011

MEMO

TO: Interested Applicant

FROM: Jackie Meixner, Financial Analyst

SUBJECT: Hubbard County Down Payment Assistance Application

Thank you for your interest in the Hubbard 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 most recent bank statement for all accounts
- Certificate of Completion from the Home Stretch Program

If you have any questions, please contact me at 218-333-6530.

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: \$ _____

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: Jackie Meixner
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