



United Community Action Partnership, Inc.
1400 S. Saratoga St.
Marshall, MN 56258
Phone: 507-537-1416
Fax: 507-537-1849
www.unitedcapmn.org

Minnesota Housing Finance Agency Rehabilitation Loan Program

The Rehabilitation Loan Program assists low income homeowners in financing basic home improvements that directly affect the safety, habitability, energy efficiency or accessibility of their homes.

Eligibility Requirements for a Rehabilitation Loan Program Loan

- owner occupies the property to be rehabilitated
- owner does not have assets that exceed \$25,000
- owner must be current with property taxes
- owner must be current with mortgage payments
- owner must have owned & resided in the property for at least 6 months
- Trusts are NOT eligible
- owner's income falls under the current program year income guidelines – check the guidelines on the website program information

(Note: If household has zero income, borrower is ineligible for financing)

Loan Features

- Maximum loan amount is \$37,500
- Maximum loan term is 15 years for properties taxed as real property and 10 years for mobile/manufactured homes taxed as personal property located in a mobile home park.
- Can be used for rehabilitation of your primary home residence.
- All loans are forgiven if the borrower does not sell, transfer title, or ceases to occupy the property during the loan term.

Eligible Home Improvements

Basic improvements to the livability, accessibility, energy efficiency and addressing lead paint hazards are eligible. Electrical wiring, furnace replacement, plumbing and septic repairs are just some of the possible repairs.



MHFA Required Documentation Checklist

Documents supplied by United Community Action Partnership:

- MHFA Rehabilitation Loan Program Borrower Application
- MHFA Loan Program Homeowner Agreement
- UCAP Intake Form
- Home Rehabilitation Loan Programs Acknowledgement Form
(Lead Renovate Right, Fair Housing, & Home Rehabilitation Program brochures included)
- Combined Tennessen Warning and Privacy Act Notice
- IRS Form 4506-T – to Request Transcript or Tax Return
- Asset Verification Form
- Verification of Employment Form - *Fill Out If Applicable*

Documents supplied by applicant:

- Recorded** Warranty Deed. (**NOT** the abstract. Obtain from County Recorder)
- Most recent Monthly Mortgage Statement, showing current amount owed
- Copy of valid MN Driver's License, MN State issued ID card, or US Passport of borrower(s)
- Bank account statements for past three consecutive months
- Most current **2 years** Federal Income Taxes (1040 Forms, W2's, 1099's and/or Self-employment schedule)
- Current Year** Social Security Benefit Letter - *If Applicable*
(check stubs and bank statements will NOT work)
- Letter/Statement from agency where pension is received, which indicates the amount of your yearly Distribution - *If Applicable*
(check stubs and bank statements will NOT work)
- Statement from county for any Child Support, MFIP, GA, etc. being received for the previous 12 months - *If Applicable*

Please provide all of the above required documents 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 all forms to:
United Community Action Partnership, Inc.
1400 S. Saratoga St.
Marshall, MN 56258
PH: 507-537-1416

INSTRUCTIONS: Complete all information on this application. Please print. Use ink.

Borrower Information

Last Name	First Name	MI		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security or Individual Taxpayer Identification Number	Date of Birth	Dependents under 18	Other Dependents	Disabled Household
Household Size	Move in Date	Years Employed		
()	()	()		
Business Phone	Extension	Home Phone		
Mailing Address	Mailing Address 2			
City	State	Zip Code		

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Separated	Race (select 1 or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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 I do not wish to furnish this information


Co-Borrower Information (Repeat for all Co-Borrowers)

Last Name

First Name

MI

Social Security

Date of Birth

Sex

- Male
 Female

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

Marital Status

- Married
 Not Married
 Separated

Race
(select 1 or more)

- White
 Asian
 Black or African American
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

Relationship to Borrower

- Co-Head of Household
 Dependent
 Other Adult
 Spouse

Household Information

Income

List all household members, their ages, and their estimated income (even if it is zero). Income listed should include all income which can be reasonably expected to be received during the next 12 months.

Income includes, but is not limited to, the following sources.

Base Pay	Educational Grants
Self-Employment	Transfer Payment Income (Unemployment Compensation, Public Assistance, Worker's Compensation, Disability, VA, Pensions, Social Security Benefits)
Variable Income (Bonus, Overtime, Shift Pay, Commissions, Tips, Seasonal)	Interest/Dividend
Flexible Benefit Cash	Investment Property, etc. (Rental Income, Contract for Deed Payment Income)
Housing Car/Allowance	Roommate Rent
Child/Spousal Support	Income from retirement, 401(k) and Keogh accounts
Other	



Loan History

I/We currently have a Minnesota Homes Rehabilitation Loan

Borrower Name	Date of Loan
_____	_____
_____	_____

List the outstanding balance of all loans/Mortgages/Contract for Deed on the property, including any deferred loans:

Bank Name	Outstanding Balance	Current
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Combined Balances: \$ _____

Property Information

Address		Address 2	
_____	_____	_____	_____
_____	_____	MN	_____
City	County	State	Zip Code

Building Type Single Family Manufactured Home Real Property Townhome
 Duplex Manufactured Home Personal Property Twin home
 Condominium with common areas Condominium without common areas

Is this a Manufactured Home Replacement? Yes No

Manufactured Home Park Yes No

New Existing

Year Built _____ Number of Units _____ Category _____ Number of Bedrooms _____



Other Funding Sources

Please list any other Funding Sources and amounts that will be used to complete this project:
(Other Loans, Grants, Local Government Incentives, etc.)

	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
Total Other Funding Source Amount	\$	_____

Manufactured Home Replacement Information

Current Manufactured Home Year _____

Current Manufactured Home Make _____

Current Manufactured Home Model _____

Current Manufactured Home VIN# _____

Outcome of Current Manufactured Home (Demolition, Resale, Other-please specify) _____

Manufactured Home Park Name _____

Who was the Replacement Manufactured Home purchased from? (Manufacturer, Dealer, Private owner, Park owner, Other-please specify) _____

Is the Replacement Manufactured Home New or Pre-owned? _____

Manufactured Home Replacement Costs

Please include all the costs related to the manufactured home replacement. Check the box for the cost(s) for which the RLP loan funds will be used.

<input type="checkbox"/> Replacement Manufactured Home Price	\$
<input type="checkbox"/> Demolition Costs	\$
<input type="checkbox"/> Removal Costs	\$
<input type="checkbox"/> Installation Costs	\$
<input type="checkbox"/> Transportation Costs	\$
<input type="checkbox"/> Utility Connection Costs	\$
<input type="checkbox"/> Other Costs (please specify: _____)	\$

Total Manufactured Home Replacement Costs \$ _____



Manufactured Home Replacement Financing Information

Type of Financing (Mortgage, Chattel Loan, Personal Loan, None)	
Finance Company Name (If applicable)	
Term of Loan	
Loan Amount	\$
Interest Rate	%
Monthly Payment	\$

Disclosures:

- Minnesota Housing Finance Agency, United States Department of Housing and Urban Development or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Rehabilitation Loan, upon giving due notice to the occupants.
- The information requested in this application is legally required to determine if you qualify for participation in this Minnesota Housing program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statute 462A.065. Use of data obtained is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, and other governmental agencies when authorized by state statute or federal law.
- The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes). Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of obligations.
- Under the Minnesota Criminal Code, a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- 15 year Mortgage (taxed as real property): If the property ceases to be your principal residence or is sold, title is transferred or conveyed, then the full amount of the loan will be due and payable.
- 10 year Manufactured Home Note and Security Agreement (taxed as personal property): If, prior to the maturity of the Note, the home ceases to be your principal residence, or is sold, title is transferred or conveyed, the full amount of the loan will be due and payable.
- Your ability to use any potential equity in the property will be severely restricted. Subordinations are granted only under strictly limited circumstances.

Certifications:

- I/We understand loan funds may not be used to pay existing debt or improvements begun or completed before the date of the loan.
- I/We understand that all work contained in the Scope of Work must be completed within nine months from the date of the loan commitment.
- I/We certify that I/We have not received a Minnesota Housing Rehabilitation Loan within the last five years I/We understand that for the next five years, I/We will be ineligible to receive further financing through this program (with the possible exception for an emergency situation as determined by Minnesota Housing, or the replacement of a manufactured home.) A Borrower who has previously received financing through the Program for only rehabilitation is eligible to receive financing through this Program for Manufactured Home replacement.
- I/We certify that if funds are used for Manufactured Home replacement, the replacement Manufactured Home will comply with all applicable federal, state, county and municipal manufactured home safety and construction codes, regulations, or other public standards including the Minnesota Manufactured Home Building Code.



- I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief. If any of the information included in this Borrower Application changes prior to the loan closing date, I/We agree to notify the lender of these changes within 5 business days of the loan closing date.

Verifications:

I/We certify that I/We have received, read, and understand the booklet "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools." _____ Borrower/Co-Borrower Initials

I/We understand that I/We will be provided with any and all lead-based paint inspections, risk assessments and/or clearance examination results. _____ Borrower/Co-Borrower Initials

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Identification: All Borrowers must provide a valid Minnesota Driver's License, United States Passport, or Minnesota State issued ID card.

Signatures: All residents age 18 or over must sign this application.

Signature Borrower Co-Borrower Other Adult _____ Date of Application

Signature Borrower Co-Borrower Other Adult _____ Date of Application

Signature Borrower Co-Borrower Other Adult _____ Date of Application

Signature Borrower Co-Borrower Other Adult _____ Date of Application

Lender \$ _____
Estimated Loan Amount

TIL and NMLSR ID

Loan Originator Company Name

Loan Originator Individual Name
(as name appears on NMLSR)

Loan Originator Company NMLSR ID

Loan Originator Individual NMLSR ID
(if applicable)



Minnesota Housing does not discriminate on the basis of race, color, creed, national origin, sex, religion, marital status, status with regard to public assistance, disability, familial status, or sexual or affectional orientation in the provision of services.



Borrower Last Name	Borrower First Name	MI
Co-Borrower Last Name	Co-Borrower First Name	MI
Subject Property Address	City, State and Zip Code	

Whereas the above-named Borrower (and Co-Borrower, if applicable) (collectively, “you”) wish to rehabilitate an eligible home with assistance provided by the Minnesota Housing Finance Agency (Minnesota Housing) through the Lender identified below:

Lender

Whereas the above-named Lender (“Lender”) is authorized by Minnesota Housing to provide such assistance to qualified borrowers in the form of a zero percent interest rate, deferred loan with the following term (indicate one):

- 15-year term (subject property taxed as real estate)
- 15-year term (manufactured home taxed as real estate)
- 10-year term (manufactured home taxed as personal property and located in a manufactured home park or with an approved tribal residential lease located on tribal lands)

Now therefore, you and Lender agree to the following:

- The property to be rehabilitated must be your principal residence until the loan term ends or until the loan is repaid, whichever occurs first.
- If you sell the property within the loan term, either voluntarily or involuntarily, such as in a foreclosure, you must immediately repay the balance owing on the loan to Minnesota Housing, but in no case will you be required to repay more than the lesser of the balance owing, or the amount of sales proceeds remaining, if any, after payment of superior liens and any closing costs.
- If the property is not sold but it ceases to be your principal residence during the term of the loan, you must immediately repay to Minnesota Housing the loan balance owing at the time the property ceased to be your principal residence.
- Unless an event occurs that requires you to repay the loan, the loan balance will be reduced to \$0.00 at the end of the loan term.
- The assistance provided by the loan is for rehabilitation, in whole or in part, of the subject property.
- If the subject property is taxed as real property:
 - You must have at least a one-third ownership interest in the subject property.
 - You and the Accommodation Parties, if any, must have, in the aggregate, at least a 100% ownership interest in the subject property.



- If the subject property is a manufactured home, taxed as personal property and located within a manufactured home park, you must have a 100% ownership interest in the property to qualify for this program.
- Your property will be subject to an inspection using Minnesota Housing’s Rehabilitation Standard to determine the deficiencies in your home.
- You will select the deficiencies to be cured with your loan, but at a minimum, you understand that the following items must be addressed:
 - All lead-based paint hazards;
 - Smoke and carbon monoxide alarms installed to State Building Code;
 - Any outstanding recommendations from the most recent energy audit; and,
 - Any other deficiencies identified in the inspection, which if left undone will pose an ongoing safety risk or cause further damage to your home.
- You will select a contractor licensed by the Minnesota Department of Labor and Industry.
- All rehabilitation must be completed and all funds disbursed by the Lender, in accordance with the Procedural Manual, within 9 months of the date that the Lender closes the loan with Minnesota Housing.

Maximum Loan Amount

The maximum loan amount may not exceed \$37,500.

Lender and Homeowner Responsibilities

1. You must certify that loan funds will be used only for eligible improvements and shall not be applied toward any work begun or completed before the date of the loan.
2. You and your Lender must identify the deficiencies in the subject property and prepare a Scope of Work with detailed specifications based on the following:
 - Minnesota Housing’s Rehabilitation Standard inspection;
 - Lead-based paint inspection/risk assessment (for subject properties constructed prior to 1978);
 - Minnesota Housing Overlay to Green Communities Criteria; and,
 - All applicable state, county and municipal health, housing, building, fire prevention and housing maintenance codes or other public standards.

You understand the rehabilitation undertaken with this assistance will not make your home new. The intent of the assistance is to make your home safer, increase its habitability, and increase its energy efficiency.

3. You must find a Minnesota-state licensed contractor to perform the work required.
 - Ask for recommendations from neighbors who have had work done. Neighborhood groups may have a list of contractors who have done good work in the past.
 - Major utilities are required to provide their customers with a list of contractors who have agreed to follow certain standards for energy improvements. Ask your utility supplier for a copy of the list.
 - Building supply stores, hardware stores, lumberyards and other suppliers may be able to provide names of good contractors.



- Trade associations can usually offer good referrals because their members must maintain good reputations.
 - A local directory or newspaper ads may provide information on contractors to contact as well as information about their specific improvement specialization.
4. You should investigate the contractor before you hire him/her. Here are a few places to consult before you sign a contract:
 - Minnesota Department of Labor and Industry provides an online license lookup tool where a contractor's license status and any enforcement actions against a contractor can be found and verified.
 - Contractor's references (former customers);
 - Better Business Bureau;
 - Your City Hall;
 - Minnesota Attorney General's Office; and,
 - Materials dealers and trade associations.
 5. You must solicit at least 2 written bids from different contractors. Bids should be dated and signed by the contractor. Do not accept verbal bids even for small jobs.
 6. You, and only you, will choose the contractor to perform the work on your home. Select the contractor based on bids and investigational outcomes. The program requires the lowest, reasonable bid to be selected. If you choose not to select the lowest bid, you should provide your Lender with a written justification and should not proceed until written consent is received from your Lender. Approval is at the sole discretion of Lender and Minnesota Housing.

Once you find a contractor and are satisfied that he/she is reputable and licensed to do business in the state of Minnesota, do not sign a contract until your Lender receives a loan commitment from Minnesota Housing and gives you permission to do so.

7. Lender commits loan with Minnesota Housing.
8. Loan is closed with Lender.
9. Prior to signing the contract with the contractor:
 - Obtain the Lender's permission to sign the contract;
 - Get clear answers to all your questions before you sign the contract;
 - Items covered in the contract should include, but are not limited to, the following:
 - Complete cost breakdown;
 - Specifications;
 - Start and completion dates;
 - Change order clauses;
 - Schedule of payments;
 - Liability;
 - Contractor responsible for work performed by Subcontractors;
 - Dispute resolution;
 - Permits;
 - Cancellation rights;
 - Protection against liens;
 - Cleanup of site; and,
 - Guarantees and warranties.



10. Complete contract between you and the contractor and hold the pre-construction conference, if necessary, with the Lender and the contractor. **The contractor will be working for you and not for the Lender or Minnesota Housing.**
11. Lender issues Proceed to Work Order.
12. Contractor Payment:
 - The Lender will inspect the work for completion, conformity to specifications and workmanship and will require correction or completion, if necessary;
 - Lien waivers must be obtained from the contractor(s); and,
 - The Lender will prepare and deliver payment to the contractor(s).
13. Change Orders:
 - All rehabilitation work must be completed as outlined in the contract with the contractor.
 - You understand that you may not ask the contractor to deviate from the original Scope of Work agreed to in the contract without executing the required Change Order form with the Lender and Minnesota Housing.
 - Change Orders will only be allowed if unanticipated deficiencies are found during rehabilitation where, if left undone, will cause further damage to your home.
 - Modify Note and Mortgage, if required.
14. All rehabilitation must be completed and funds disbursed by the Lender for the project, in accordance with the Procedural Manual, within 9 months of the date that the Lender closes the loan with Minnesota Housing.
15. The Lender and the Borrower execute the Completion Certificate.

Contractor Warranty

You should refer to Minnesota Statute Chapter 327A. If you have any questions regarding this statute or have any problems with the contractor after completion of the work, consult an attorney, a legal aid society, or your city or county complaint department.

Your Rights as the Homeowner

1. You have the right to be treated respectfully and fairly by the Lender and the contractor.
2. If you don't understand something you have the right to ask questions.
3. You have the right to expect that the rehabilitation work will be completed in accordance with acceptable professional standards.



Borrower Disclosures and Acknowledgements	
The Lender has read or given me a copy of the Combined Tennessee Warning and Privacy Act Notice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The property I intend to rehabilitate was built prior to 1978.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If my property was built prior to 1978 as indicated by a “yes” being checked above: The Lender has provided me with a pamphlet called “Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools” and I understand that:</p> <ol style="list-style-type: none"> I do not have the option of using a lead test kit from a hardware store as suggested on page five of the pamphlet. The other two options listed on that page are available. I do not have the option of having my contractor conduct a “clean-up check” as indicated on page ten of the pamphlet. A clearance test will be required by a licensed professional who was not involved in the lead hazard reduction. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have read and understand all the information contained in this agreement.

_____	_____
Borrower Signature	Date of Signature
_____	_____
Co-Borrower Signature	Date of Signature
_____	_____
Lender Signature	Date of Signature



Initial Update Continuation **UNITED COMMUNITY ACTION PARTNERSHIP, INC. INTAKE FORM**

County: Cottonwood Jackson Kandiyohi Lincoln Lyon McLeod Meeker Redwood Renville _____

Physical Address: _____ City: _____ State: MN Zip Code: _____

Mailing Address is the same as the physical address Mailing Address: _____ City: _____ State: MN Zip Code: _____

E-Mail Address: _____ Primary Phone: _____ Secondary Phone: _____

Housing: Rent Own Homeless Other: _____ Family Type: Single Parent Female Single Parent Male 2 Parent Multi Gen. Single Person 2 Adults No Children Non-Related Adults w/Children Other **Primary Language:** _____

Education: 0 - 0-8th grade 9 - 9-12 grade HSD - High school diploma/GED 12+ - 12 plus some Post-Secondary Education 2 - 2-4 year college grad. T - Tech School Grad.

Race: A - Asian B - Black M - Multi-racial/N - Native Hawaiian/Pacific Islander AI - American Indian/Alaskan Native W - White O - Other: _____

Health Insurance Type: MA - Medicaid MC - Medicare MNC - MNCare VA - Military PRI - Private EMP - Employer

Work Status: FT - Full Time PT - Part Time MW - Migrant Worker ST - Unemployed Less than 6 mo. LT - Unemployed More than 6 mo. U - Not in Labor Force R - Retired

First Name:	Last Name:	Relation-ship	Birth Date (MM/DD/YY)	Social Security Number	Gender	Ed Level	Disabled	Race	Ethnicity Hispanic	Health Ins.	Vet	Work Status
		HOH	/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	

Y / N - Youth age 14-24 who are neither working or in school? Name(s): _____

INCOME: Check Box if the Household Income is \$0

First Name:	Income Source:	Income:	Interval:
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

NON CASH BENEFITS:

Child Care Assistance Energy Assistance SNAP WIC Health Care Tax Credit Subsidized Housing Type: _____

Signatures: I hereby certify that the information reported above is, to the best of my knowledge, accurate and true. I have been informed of the appeals procedure and my data privacy rights. OR Verbal information was received and appeals procedures and data privacy rights were reviewed over the phone. Staff initials: _____

Applicant Signature _____ Date _____ United Community Action Partnership, Staff _____ Date _____



Helping People. Changing Lives.

HOME REHABILITATION LOAN PROGRAMS
Acknowledgement Form

Applicant(s): _____

Property Address: _____

Client
Initials

Confirmation of Receipt of Lead Pamphlet & Permission for Risk Assessment

I have received a copy of the publication, Renovate Right, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. 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.

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 Rehabilitation Loan program.

Picture Release

I give authorization for digital pictures or photos of my home to be taken by United Community Action Partnership, Inc. These may be used in publications or displays. I authorize pictures of my house to be used in the Annual Report.

Fair Housing Certification

I have received a copy of the publication Fair Housing Equal Opportunity for All informing me of my fair housing rights.

Taxpayer Release of Information Consent

I give authorization for my income tax filing information collected by United Community Action Partnership, Inc to be shared with the program funder (MHFA/DEED) for eligibility review. This includes sharing electronic copies or sending in hard copies.

I received the UCAP Home Rehabilitation Programs Client Information booklet containing the following information:

- What to Expect from the Home Improvement Program
Walk Away Policy
Privacy Notice
Tennessee Notice
Non-Discrimination Notice

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

Applicant Signature

Date

Co-Applicant Signature

Date

Combined Tennessee Warning and Privacy Act Notice

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (Minnesota Housing) program and to help Minnesota Housing manage the program.

Financial information, such as credit reports, financial statements and net worth calculations, is classified as private data on individuals by Minnesota Statutes 462A.065. You are not required to provide this information, but if you refuse to provide it, we will be unable to determine your eligibility for this program and approve your application. The information will be shared with Minnesota Housing staff, its loan servicers and contractors whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Your Social Security Number (SSN) is classified as private data by Minnesota Statutes 13.355. However, disclosure of your SSN is mandatory, as provided by the following authorities: (1) Title 42 of the United States Code, Section 405(c)(2)(C)(i), which permits the state to require disclosure of your social security number to establish your identity for purposes of administering tax laws of the state; and, (2) Minnesota Statutes, Sections 270A.01 to 270A.12, which established the Revenue Recapture Act, enables the state to collect delinquent debts owed to it by capturing tax refunds and other payments that you may otherwise be entitled. Section 270A.04, subdivisions 3 and 4; require the disclosure of a debtor's social security number for this purpose.

If you disclose your SSN, Minnesota Housing may share it with the Commissioner of the Minnesota Department of Revenue and the Minnesota Attorney General for the purposes of debt collection under the Revenue Recapture Act. If you do not disclose your SSN, you will not be eligible for this assistance.

Disclosure of your SSN for the purposes of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you apply for a loan, your name, address, and amount of assistance you apply for and receive are classified as public data under Minnesota Statutes 13.462 subdivision 2.

Borrower Signature

Date

Borrower Signature

Date

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / / |

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ _____
Signature (see instructions) Date

▶ _____
Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____
Spouse's signature Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Asset Verification Form - MHFA Rehabilitation Loan Program

The total assets of all residents in the household may not exceed \$25,000.00 after deducting any outstanding indebtedness pertaining to the assets. Assets include, but are not limited to, the following:

• Cash on hand or in checking or savings accounts.	
--	--

• Securities or United States Savings Bonds.	
--	--

• Market value of all interests in real estate, exclusive of the structure to be improved and a parcel of real property of not more than two contiguous platted lots or 160 continuous acres on which such structure is located;	
--	--

• Cash value of life insurance policies;	
--	--

• Recreational vehicles such as golf carts, snowmobiles, boats, or motorcycles;	
---	--

• All land in which any resident of the household holds title and is selling on a contract-for-deed. Value in this case is defined as the outstanding principal balance expected to exist on the contract one year from the date of application;	
--	--

• Life estate value on a property other than the subject property; and	
--	--

• All other property, excluding household furnishings, clothing, and one automobile, and real estate, equipment, supplies, and inventory used in a business	
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Note: Dividends produced by the Borrower's assets may be included in the income calculation in Section 2.09 please see the link to the Minnesota Housing Part 5 Income Determination on Minnesota Housing's website.

I/we certify that the information provided on this Asset Verification Form provided to United Community Action Partnership, Inc. is true and correct as of the date set forth opposite of my/our signature(s) on this form and understand that intentional misrepresentation of the information may result in disqualification of rehabilitation assistance or civil liability.

Signature

Date:

Printed Name:

UCAP VERIFICATION OF: Employment

Only use if Applicable- Please complete this form if you are currently employed.

Applicant Section

Name of Applicant: _____

Name of Employer: _____

Street Address: _____

Phone Number: _____

City, State _____ Zip _____

Fax Number (required): _____

Social Security Number: _____

Employer Address: _____

I hereby authorize the release of the requested information.

Signature of Applicant _____

Date: _____

Employer Section

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information.

This request for verification of employment and earnings is required to establish eligibility for participation in our housing programs. The information you provide will be private and only used in establishing eligibility for this household.

- | | |
|---|--------------------|
| 1. Gross earnings during the past 12 months: | 1) \$ _____ |
| 2. Is the applicant currently employed with you? | 2) Yes / No _____ |
| 3. How long has the applicant been employed? Months/Years | 3) _____ |
| 4. Current hourly gross pay rate: | 4) \$ _____ |
| 5. Average number of hours per week: | 5) _____ |
| 6. Eligible for tips? Estimated Amount | 6) Y / N \$ _____ |
| 7. Total annual pay periods: | 7) _____ |
| 8. Seasonal Employment? | 8) Yes / No _____ |
| If Yes, How many months of work during the year | _____ |
| 9. Will applicant be receiving a raise in the next 12 months? | 9) Yes / No _____ |
| If Yes, When and how much? | \$ _____ |
| 10. Will applicant receive any bonus pay in the next 12 months? | 10) Yes / No _____ |
| If Yes, How much? | \$ _____ |
| 11. Overtime rate of pay after 40 hours? | 11) Yes / No _____ |

Signature of Authorized Representative: _____

Print Name _____

Title: _____

Date: _____

Telephone: _____

Please Return To:
United Community Action Partnership, Inc.
1400 South Saratoga Street
Marshall, MN 56258
Phone: 507-537-1416
Fax: 507-537-1849

WARNING: Title 18, Section 1001 of the U.S. Code stated that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government