

**NEIGHBORHOOD STABILIZATION PROGRAM/ GREATER MN HOUSING FUND –
FEDERAL HOME LOAN BANK APPLICATION**

PART I: APPLICANT INFORMATION

Name of Applicant _____	Age of Applicant: _____	Marital Status: (CHECK ONE) <input type="checkbox"/> Married <input type="checkbox"/> Separated or, <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)
Social Security Number _____	Age of Co-Applicant: _____	
Name of Co-Applicant _____		
Social Security Number _____		
Address (Street, City, State, Zip Code): County: Your Work Phone #: _____ Your Home Phone #: _____ E-mail address: _____	Address of property you are interested in purchasing: _____ Do you have a purchase agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If so projected closing date _____ Will this be your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a first time home buyer (or have not owned a home in the last 3 years) <input type="checkbox"/> Yes <input type="checkbox"/> No	
This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.		
Gender of Applicant: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race: (please check one) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	National Origin: (please check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Which Funding are you requesting: <input type="checkbox"/> Down Payment Assistance <input type="checkbox"/> Repair Rehabilitation <input type="checkbox"/> Needs Based Assistance (if applicable) <input type="checkbox"/> Greater MN Hsng Fund/FHLB	Does any member of the household have disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe the nature of disabilities:	

PART II: HOUSEHOLD INFORMATION

Please answer all following questions, if you need additional space add another sheet(s).

1. How many people live permanently in your household? _____

2. NAME	AGE	ARE THEY EMPLOYED	OR	FULL TIME STUDENT
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. List all household members who receive and income, their monthly gross income and **employer/income source name and address**. Make sure to include: Social Security, Wages, Pensions, AFDC, Child Support or Alimony, SSI, General Assistance, Self-employment, Farm income, and Rental income: (For self-employed persons, farm and rental property income, use the appropriate line for “adjusted gross income” from the 1040 IRA Income Tax Return.)

NAME	SOURCES & ADDRESS OF EMPLOYER/INCOME SOURCE (This info is REQUIRED)	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Income information will be verified to make sure you are income qualified for NSP, therefore the attached MINNESOTA GOVERNMENT DATA PRACTICES ACT DISCLOSURE STATEMENT AND AUTHORIZATION TO OBTAIN / RELEASE INFORMATION **must be signed** as part of the complete application.

5. Have you taken an 8 hour HUD approved training? _____ If so where and when did you take the course? _____ Provide a copy of the certification with the application or after course completion.

PART III: BANK ACCOUNTS

Please list the name and address of your bank, savings and loan, or credit union **(addresses REQUIRED)**:

Bank: _____ Address: _____
 Checking Account and or Savings Account Account
Balance: _____

Bank: _____ Address: _____
 Checking Account and or Savings Account Account Balance: _____

Check here if you have no bank account of any kind.

PART IV: CHECK COMMUNITY INTERESTED IN:

- 1. Buffalo Yes No
- 2. Isanti Yes No
- 3. Monticello/Otsego (circle one) Yes No
- 4. Zimmerman Yes No
- 5. Other Community (FHLB only) – list _____

PARK V: REALTOR & BANK CONTACTS you are working with:

NAME	PHONE	ADDRESS
_____	_____	_____
_____	_____	_____

PART VI: CERTIFICATION

I certify that by signing this that the information stated above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from assistance in the Housing Rehabilitation Program.

Signature of Applicant

Date

Signature of Co-applicant

Date

**MINNESOTA GOVERNMENT DATA PRACTICES ACT, TENNESSEN WARNING,
DISCLOSURE STATEMENT AND
AUTHORIZATION TO OBTAIN / RELEASE INFORMATION**

PURPOSE. This is to advise you that the Department of Housing and Urban Development (HUD), Central Minnesota Housing Partnership (CMHP), and the city will be collecting information regarding your program eligibility. CMHP will be requesting information from you or the other entities that include but are not limited to: social security number, employment, income, and bank statements. The groups or individuals that may be asked to release this information include, but are not limited to: past and present employers, and banks and other financial institutions. The portion of the data requested which constitutes financial information, including, but not limited to credit reports, financial statements, and net worth calculation are classified as "private data on individuals" under Minnesota Stat.462A.065, federal subsidies, you may be asked to supply your Social Security Number. This instrument also serves as your consent to obtain the information from you and the other entities mentioned herein to establish and verify your entitlement to the benefits of the applicable HUD program.

USE AND DISCLOSURE. Use of data obtained which is defined in Minnesota law as private is limited to that necessary for the 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; auditors who perform required audits of this program; authorized personnel from the city, HUD (or those under contract with HUD), 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; those persons who you authorize to see it; law enforcement personnel in the case of suspected fraud or other enforcement authorities as required; and in instances where access to private data is authorized by state statute or federal law, it may be made available to other government entities, such as the Internal Revenue Code of 1986, as amended (the federal "Low Income Housing Credit Law). In the absence of a law specifically authorizing the release of private data concerning you to third parties, dissemination of such information requires your specific informed consent, in writing. 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.

PENALTY. You must provide all of the information requested, including, if applicable, your Social Security Number. Failure to provide the requested information may result in denial of eligibility, eviction, or the withdrawal of housing assistance, where applicable.

AUTHORITY. The Minnesota Government Data Practices Act governing the collection, storage, and dissemination of data in Chapter 13 of Minnesota Statutes. If your housing is subject to federal subsidies, HUD is authorized to collect information, except your Social Security Number, by the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et. seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 Stat. 348, 408. HUD is additionally authorized, for certain federally subsidized housing to collect your Social Security Number by Section 165(a) of the Housing and Community Development Act of 1987, P.L. 100-242, 100-625. In addition to the above, the above referenced Low-Income Housing Credit Law and regulation pertaining thereto, contain reporting requirements to the Internal Revenue Service to assure the owner's compliance with such law and regulations.

SIGNATURE. I (we) have read and signed the Minnesota Government Data Practices Act Disclosure Statement and authorization may be supplied to third parties for the purpose of obtaining the information identified above. **A copy of this authorization may be accepted as an original.**

Applicant/Resident Signature

Applicant/Resident Signature

Date

Date