

INSTRUCTIONS

Please complete this application and related forms. Submit with all requested documentation listed in the "Household Income Information" section. Include information for all members of the household who reside in the home for at least nine months of the year and/or who are claimed as a dependent for income tax purposes.

The City of Plymouth is required to verify all sources of income and to verify your ownership interest in the property. In some instances we may have to contact you for additional information before a determination of eligibility can be made. Some information may need to be updated prior to final approval.

HOUSEHOLD INFORMATION

Applicant:

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Primary Phone # _____ Email _____

Co-Applicant:

(if any)

Last Name _____ First Name _____ MI _____
 Social Security Number _____ Phone _____ Email _____

☐ Yes ☐ No

☐ Yes ☐ No

Household Size _____ # Dependents under 18 _____ # Other Dependents _____ Disabled Household _____ Female-Headed Household _____

Additional funding may be available for repairs or modifications necessary to accommodate a disability. If any household members have a disability, please describe below (additional documentation may be required):

Where did you hear about this program? (Plymouth News, Website, Social Media)

PROPERTY INFORMATION

Home Address _____ Move-in Date (mm/yyyy) _____
 Plymouth _____ Minnesota _____
 City _____ State _____ Zip Code _____
 Building Type: ☐ Single Family ☐ Duplex ☐ Townhouse ☐ Condominium ☐ Other: _____

Year Built (yyyy) _____ Purchase Price _____ Purchase Date (mm/yyyy) _____ Number of Bedrooms _____

DEMOGRAPHIC INFORMATION

The following information is requested solely for the purpose of determining compliance with federal civil rights law. 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.

Applicant:	Race (select all that apply)	<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	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
			Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes: Single, Divorced, Widowed)
Co-Applicant: (if any)	Race (select all that apply)	<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	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
			Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes: Single, Divorced, Widowed)
Relationship to Applicant	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head of Household <input type="checkbox"/> Other Adult <input type="checkbox"/> Dependent			

HOUSEHOLD INCOME INFORMATION

Income

List all household members, their ages, and their estimated **gross income (even if it is zero)**. Income listed should include all income which you are expecting to receive during the next 12 months. Income includes, but is not limited to:

- Full and/or part-time employment (including overtime, commissions, bonuses and tips)
- Unemployment
- Public assistance
- Pensions and annuities
- Self-employment
- Worker's compensation benefits
- Childcare earnings
- Social Security/SSI
- Alimony/spousal maintenance
- Interest dividends or gains
- Investment income
- All other income

Name of Household Member	Age	Source(s) of Income	Gross Monthly Income

Total Monthly Household Income

Note: Household Size listed on p. 1 and the number of members listed above should match. If additional space are needed, please list on a separate sheet.

FINANCIAL INFORMATION

Prior Government Assistance

Have you or any member of your household ever received a Housing Rehabilitation Loan or First Time Homebuyer loan through the City of Plymouth, Hennepin County, or the State of Minnesota? Please provide date of the loan and what the loan covered (repairs, down payment assistance, etc.)

☐ Yes ☐ No

Asset Accounts

Provide information for all asset accounts. Provide name of institution, account number(s) and a copy of your 2 most recent statement(s):

Checking: _____

Savings: _____

Other: _____

Other: _____

Credit History

These questions apply to all applicants. If you answer "yes", provide a separate written explanation.

Are there any outstanding judgments or liens against you? ☐ Yes ☐ No

Have you declared bankruptcy within the past 36 months? ☐ Yes ☐ No

Have you had a property foreclosed upon or given title or deed in lieu thereof? ☐ Yes ☐ No

Are there any federal tax liens on the property being improved? ☐ Yes ☐ No

Do you have any past due obligations owed to or insured by any agency of the Federal Government? ☐ Yes ☐ No

Are there any outstanding Contracts for Deed on the property being improved? ☐ Yes ☐ No

Other Real Estate Property

Do you or anyone in your household own **other** real estate property? ☐ Yes (please list below) ☐ No

Address: _____

City: _____ State: _____ Zip Code: _____

Date Purchased: _____ Value: _____ Balance on Mortgage(s): _____

Monthly Payment: _____ Rent Received: _____

Debts

List all current fixed obligations, installments accounts, revolving charge accounts, loans, and debts to banks, finance companies, and government agencies (if more space is needed, list additional debts on attached sheets).

To Whom Indebted (Name)	Date Incurred	Original Amount	Present Balance	Monthly Payments	Check if Business-Related
Mortgage:					<input type="checkbox"/>
2nd Mortgage:					<input type="checkbox"/>
IF TAXES AND INSURANCE ARE NOT INCLUDED IN YOUR PAYMENT, INDICATE AVERAGE MONTHLY AMOUNT: \$					
Car Loan:					<input type="checkbox"/>
Other:					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Documentation

Please provide the following required materials for **all residents of your home, including anyone renting a room.**

- ☐ **Check Stubs:** Copies of two months of the most recent check stubs from your employer(s).
- ☐ **Tax Returns:** Please submit a complete copy of your federal income tax return for the last three years. If you are self-employed, also submit a profit and loss statement covering the current year.
- ☐ **Bank Statements:** A complete copy of your two most recent monthly bank statement(s) for all accounts and including all pages of the statement. Please note, a printout of account activity is not accepted.
- ☐ **Asset Statements:** A copy of the most recent statement of all asset account(s) showing balances or cash value.
- ☐ **Social Security/Other Income:** Social security annual benefit letter, pension statement, AFDC and/or GA statement for the current year. Please note, copies of statements for prior years are not acceptable.
- ☐ **Mortgage Statement(s):** Most recent statement showing current balance and payment status (include statements for any other liens, equity lines, etc. on the property as well).
- ☐ **Homeowners policy:** Current declarations page for homeowners insurance.

If applicable, copies of:

- ☐ **Homeowners Association:** Statement from the Association indicating dues are current and documents showing what repairs are the responsibility of the Association and what repairs are the homeowner's responsibility.
- ☐ **Contract for Deed**
- ☐ **Divorce Decree**

General Program Requirements and Acknowledgement

General Program Requirements:

- ☐ The property that is on the application must be are owner-occupied are eligible.
- ☐ You must have no current intention to rent, sell, assign, or transfer interest in the property to another.
- ☐ The property must be used as a year-round, permanent residence, and must be a completed structure.

Acknowledgement & Authorization:

- ☐ In submitting this application I/we acknowledge that if my eligibility is established I am aware that housing rehabilitation funds may not be immediately available for my/our use, and I/we further acknowledge that my/our continuing eligibility will depend upon my being able to provide re-verification of eligibility when requested by City of Plymouth.
- ☐ I/We authorize City of Plymouth or its authorized representative to inspect the property to be improved at any time from the date of the Deferred Loan upon being given due notice.
- ☐ I/We understand that if the property ceases to be my/our principal place of residence or if the property is sold, title is transferred or conveyed, then all or a portion of the loan will be due and payable to the Plymouth HRA.
- ☐ I/We understand that any future attempt that I/We make to access equity in my/our home will be limited and/or require repayment of funds loaned under this program.

Acknowledgment of Receipt of Information

Please read the following documents, check the boxes below confirming you have received them.

I/We certify that I/We have received, read, and understand the following:

- ☐ Release of Information & Data Privacy (*Tennessee Warning*) **(PLEASE SIGN AND RETURN BOTH PAGES)**
- ☐ The Homeowner's Responsibilities **(PLEASE SIGN AND RETURN)**
- ☐ The Subordination Guidelines **(PLEASE SIGN AND RETURN)**
- ☐ The Protect Your Family from Lead in Your Home Pamphlet

I/We, the undersigned, certify subject to penalty under law that the statements contained in this application are true, accurate, and complete to the best of my/our knowledge and belief, and that the provisions stated herein are accepted and agreed to.

Print Applicant Name

Applicant Signature

Date

Print Co-Applicant Name

Co-Applicant Signature

Date

**RELEASE OF INFORMATION
FOR PLYMOUTH HOUSING & REDEVELOPMENT AUTHORITY
FIRST TIME HOMEBUYER AND/OR REHAB LOAN PROGRAMS**

I hereby authorize the City of Plymouth and its staff to access financial records held by any financial institution and the Department of Housing and Urban Development (HUD), in connection with any pending participation in Plymouth's First Time Homebuyers and/or Rehab Loan Program. Financial records involving this participation/transaction will be available to the City of Plymouth staff representatives, or other financial institutions and representatives as determined by the purchaser or seller, and the Department of Housing and Urban Development without further notice or authorization, but will not be disclosed or released to another government agency, department, or individual without consent except as required or permitted by law. Failure to release such information will result in disqualification from participation in this program.

Name

Social Security Number

Street Address/Apt. #

City/State/ZIP Code

Signature

Date

Note: For additional information, please contact Kenny Niemeyer, Housing and Economic Development Coordinator with the Plymouth HRA at kniemeyer@plymouthmn.gov or 763-509-5413. Fax number is 763-509-5407. Mailing address is:

*Plymouth HRA
Attn: Kenny Niemeyer
3400 Plymouth Boulevard
Plymouth, MN 55447*

INDIVIDUAL DATA CONFIDENTIALITY

*Home Rehabilitation Loan Program
City of Plymouth, Minnesota*

YOUR RIGHTS AS A SUBJECT OF DATA

In accordance with the Minnesota Government Data Practices Act, the City of Plymouth is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you but not to the public. The personal information we collect about you is private, except for your name and address.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility for a home improvement loan. You are not required to provide information relating to your marital status and race; however, this information is vital to determine to what extent our programs are used by minorities. All other information on the form is needed to determine your eligibility.

If you will not supply the required information, the agency processing your application will not be able to determine your eligibility for the loan.

The dissemination and use of the private data collected is limited to that necessary for the administration and management of home improvement loans. Persons or agencies with whom this information may be shared includes:

1. City of Plymouth personnel administering home improvement loans.
2. Federal, state, county, local and contracted private auditors.
3. Authorized personnel from the U.S. Department of Housing and Urban Development (HUD).
4. Law enforcement personnel in the cases of suspected fraud.
5. Those individuals or agencies to whom you give or express written permission.
6. Secretary of the Treasury: only your name and address, for purposes of avoiding the acceptance of a tax credit for energy improvements made with loan funds.

Unless otherwise authorized by statute or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include the right to:

1. See and obtain copies of the data maintained on you;
2. Be told the contents and meaning of the data, and;
3. Contest the accuracy and completeness of the data.

To exercise these rights, please contact Kenny Niemeyer, Housing and Economic Development Coordinator, at:

3400 Plymouth Boulevard, Plymouth, Minnesota 55447
kniemeyer@plymouthmn.gov
(763) 509-5413

I hereby declare that I have received a copy of the Individual Data Confidentiality form and that I have read it and understand my rights as a subject of data.

Date

Loan recipient

