



HOME IMPROVEMENT LOAN APPLICATION

The information requested in your Application is required to determine if you qualify for participation in this program. Some of the information requested is classified as “private data on individuals” under Minnesota law. Use of this information is limited to that necessary for the administration and management of this program. Where authorized by state or federal law, this information may be made available to other governmental entities.

The Dakota County Community Development Agency, in compliance with the Equal Credit Opportunity Act, requires disclosure of such items as race, age (of everyone but the applicant and co-applicant), and sources of income such as alimony, child support, or spousal maintenance, under Sections 202.5 (b) (3) and 202.8 of said act. An applicant’s marital status is needed to determine the necessary number of signatures needed to properly secure a mortgage against the property to be improved. Information regarding race is needed to comply with statistical and monitoring requirements imposed by the United States Department of Housing and Urban Development (HUD).

A. HOUSEHOLD INFORMATION

Name of Applicant		Name of Co-Applicant	
Social Security Number		Social Security Number	
Address			
City, State, Zip			
Applicant’s Phone Number		Co-Applicant’s Phone Number	Other Phone Number (Phone belongs to?)
Email Address		Is the Applicant or Co-Applicant a Veteran of the U.S. Military? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	
Marital Status <input type="checkbox"/> - Married <input type="checkbox"/> - Separated <input type="checkbox"/> - Unmarried (The category ‘Unmarried’ includes single, divorced, and widowed persons)			
Race **Information collected on Race is for statistical and monitoring purposes only. It is not used for determination of eligibility. <input type="checkbox"/> - White <input type="checkbox"/> - Black/African American <input type="checkbox"/> - Black/African American & White <input type="checkbox"/> - Asian <input type="checkbox"/> - Asian & White <input type="checkbox"/> - Amer. Ind / Alaska Native <input type="checkbox"/> - Amer. Ind./Alaska Native/White <input type="checkbox"/> - Native Hawaiian / Pacific Islander <input type="checkbox"/> - Amer. Ind/Alaska Native & Black/African American <input type="checkbox"/> - Other = _____			
Ethnicity <input type="checkbox"/> - Non Hispanic <input type="checkbox"/> - Hispanic		U.S. Citizen and/or Lawfully Within the U.S.? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	

HOUSEHOLD COMPOSITION ****LIST EVERYONE LIVING IN YOUR HOUSE****

Family / Household Member Name	Relationship	Age*	Sex*	Occupation
	Applicant			
	Co-Applicant			

* For persons other than Applicant or Co-Applicant

1228 Town Centre Drive * Eagan, MN 55123
 phone 651-675-4469 fax 651-287-8025 mhanson@dakotacda.state.mn.us MN Relay: 1-800-627-3529 or 711

(Over)

B. INCOME

List **ALL** income sources from **ALL** persons residing in your house. Some examples are: Employment, Welfare, Social Security, S.S.I., Pension, Disability, Armed Forces Reserves, Unemployment Compensation, Babysitting, Alimony or Child Support, Educational Grants, Rental Income, Payments from properties being sold on Contract for Deed, etc..

Employment:

Family/Household Member	Business Name	Position	# of Years Employed	Yearly Rate of Pay

Other Income:

Family/Household Member	Source	Amount	How Often? (i.e. weekly, monthly, etc.)

C. ASSETS

<u>Checking Account</u> Bank:	<u>Savings Account</u> Bank:	<u>Other Account</u> Bank:	<u>Other Account</u> Bank:
Balance:	Balance:	Balance:	Balance:
Tax Assessed Value of Any Additional Real Estate (not including the property in which you live):			
Cash Value / Equity of Life Insurance Policy (not upon death):		Other Financial Assets:	

D. PROPERTY INFORMATION

Type of Property (Check One)			
<input type="checkbox"/> - Single Family	<input type="checkbox"/> - Duplex	<input type="checkbox"/> - Twin / Quad	<input type="checkbox"/> - Townhouse
		Monthly Association Dues =\$	<input type="checkbox"/> - Mobile Home Monthly Lot Rent =\$
Name of ALL Person(s) listed on your title as owners of the property:			
The property is :			
<input type="checkbox"/> - Completely Paid Off <input type="checkbox"/> - Subject to Mortgage <input type="checkbox"/> - Purchasing on a Contract for Deed			
Name of your Mortgage Company	Date Received	Current Balance	Payments Current?
Do you have a Second Mortgage or Home Equity Line of Credit on your Property?		Current Balance	Payments Current?
How long have you lived here?	What is the current value of the property?	City or Township you are located in?	

E. IMPROVEMENTS - Briefly describe the proposed improvements.

F. SIGNATURES (Please add digital signature or print and sign)

- We certify that the statements contained in this application are true, accurate and complete to the best of our knowledge and belief.
- We hereby authorize the release of any information necessary for the lending institution to process this application.

Applicant

Date

Co-Applicant

Date