

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.org 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
		<input type="checkbox"/> - Mobile Home	
Monthly Association Dues =\$		Monthly Lot Rent =\$	
Name of <u>ALL</u> 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

THERE ARE LAWS TO PROTECT YOUR RIGHTS TO **INFORMATION AND PRIVACY**

PLEASE READ, SIGN, AND RETURN WITH APPLICATION.

Under the Minnesota Data Government Practices Act (M.S. 13.01 through 13.88) you have the right to know:

What is the purpose and intended use of the information the CDA collects?

Within the context of the CDA's Home Improvement Programs, the information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used and disseminated for the administration and management of legally authorized programs. The information we collect about you is classified under Minnesota law as: (1) Public - anyone can see the information; (2) Private - only you and those authorized by law or by you can see the information; or (3) Confidential - you cannot see the information although those persons authorized by law can. The Private classification applies to most of the information we collect about you.

The purposes and uses of this information are for one or more of the following reasons:

1. To help us determine whether you are eligible to participate in the CDA's home improvement programs for which you have applied.
2. To enable us to determine your ability repay the home improvement loan.
3. To enable the CDA to comply with legal requirements governing its and other agencies' legislative mandates.

Your rights when supplying information (M.S. 13.04)

The information you are asked to provide to the CDA is information necessary for our determination of your eligibility for home improvement programs. Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act, M.S. 462.11, et seq. While you have the right to refuse to supply the information we request, the CDA may not be able to provide you with the home improvement assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the CDA's Responsible Authority.

Who has access to the private information we collect about you?

Depending upon the home improvement program and as authorized by state, local or federal law, the information we maintain may be shared with:

1. U.S. Department of Housing and Urban Development.
2. CDA employees and contractors serving you or your dwelling unit.
3. U.S. Census Bureau.
4. Federal, state or local auditors.
5. Researchers who are granted access to the data for the purpose of preparing summary data.
6. Other local, state and federal agencies as may be required by law.
7. Your city/township and its various departments (those needing access to information).

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In compliance with the Gramm-Leech-Bliley Act (15 USC, Subchapter I, Sec. 6801-6810), information will not be provided to anyone not mentioned above.

If any criminal or civil investigation is begun regarding you or your family's receipt of benefits from this Agency or any other social service agency, information may also be shared with county, state, local or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

Unless otherwise authorized by statute of federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with whom we share private information must likewise treat that information as private.

When you are no longer being served by the CDA, we will keep your file only until state and federal retention requirements are met.

Who has access to the confidential information we collect about you?

Information collected as part of the CDA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the CDA and our attorney. Only the CDA and our attorney and those persons authorized by local, state and federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

What information do you have access to?

You or your authorized representative or guardian may request to be shown information about yourself that is maintained by the CDA and that is classified as private. There is no cost for this service, but there may be a copy charge for copies which you would like to make.

According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six months thereafter, unless a dispute of legal action concerning your privacy rights is pending or additional data about you has been collected.

How can you contest the accuracy or completeness of information in your file?

Write to us describing the nature of your disagreement. Send this information to:

Responsible Authority
Dakota County CDA
1228 Town Centre Drive
Eagan, MN 55123

We will act on your letter within thirty (30) days in accordance with the Minnesota Government Data Practices Act. If you have any other questions about your privacy rights, please contact CDA's Responsible Authority.

This is to acknowledge I have been given the above information.

_____ Signature

_____ Date