

2003 Nokomis East Home Improvement Program APPLICATION FORM

I am applying for a Revolving Deferred Sound Insulation Program loan.

BORROWER(S)

First Name: _____ Last Name: _____ Soc. Sec. #: _____

First Name: _____ Last Name: _____ Soc. Sec. #: _____

Number of Residents: 18 and older _____ under 18 _____ Marital Status _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Work Phone: _____

Which of the following improvements would you like to make to your property? (check all that apply)

EXTERIOR

- Windows & Doors Roof Repair Siding Landscaping
 Cement/Tuckpointing Repair Painting Garage Structural
 Other _____

INTERIOR

- Heating/Cooling System Electrical/Lighting Space Alterations
 Insulation Handicap Access Plumbing
 Other: _____

I have outstanding code violations from the City of Minneapolis Inspections Department? Yes No

PROPERTY INFORMATION

- The property must be located in the Nokomis East Community.
1. The age of the residential property to be improved is _____ years.
 2. The purchase price of the property was: \$_____. The date of purchase was: _____
 3. The current Estimated Market Value of the property from my Property Tax Statement is \$_____

CREDIT INFORMATION

A. Have you or a member of your household ever received a Minnesota Housing Finance Agency Home Improvement Loan or Home Energy Loan? Yes No

Date of the loan: _____ MHFA Loan Number: _____

Original principal amount of the loan: \$_____

Was the loan obtained to improve your current household? Yes No

B. 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 been declared bankrupt within the past 36 months? Yes No

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

Are you a co-maker or endorser on a note? Yes No

C. Bank Accounts: Provide name and address of bank or branch

D. Debts: List all current fixed obligation: home equity loans, student loans, car loans, credit cards (if a balance remains), government agencies. (If more space is needed, attach another sheet.)

To Whom Indebted (Named)	Date Incurred	Original Amount	Present Balance	Monthly Payments	Check If Business-Related
Mortgage:					
Contract-for-Deed:					
IF TAXES AND INSURANCE ARE NOT INCLUDED IN YOUR PAYMENT, INDICATE AVERAGE MONTHLY AMOUNT →				\$	\$
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

E. INCOME AND EMPLOYMENT INFORMATION: Applicants must disclose all sources of income.

1. Self-employed applicants (sole proprietorship business or farms), or those with highly variable incomes:

(If your income is derived from an interest in a Partnership or Subchapter S Corporation, contact Community Revitalization Resources for assistance.)

Type of Business: _____ Date Started (mo/year): _____ / _____

	<u>Year 1</u>	<u>Year 2</u>
Net profit from Schedules C or F	\$ _____	\$ _____
Depreciation from Schedules C or F	\$ _____	\$ _____
Wages paid to spouse	\$ _____	\$ _____
Total	\$ _____	\$ _____
Average of Years 1 & 2	\$ _____	

2. Applicants Receiving Regular Paychecks

Employer Name: _____ Type of work of position: _____
 Business Address: _____ Number of years: _____
 _____ Business Telephone () _____
 Gross Income:..... \$ _____

3. Co-Applicants Receiving Regular Paychecks

Employer Name: _____ Type of work of position: _____
 Business Address: _____ Number of years: _____
 _____ Business Telephone () _____
 Gross Income:..... \$ _____

4. Other Income:

Social Security, AFDC, pension, bonuses, overtime, interest, dividends, unemployment, child support, military reserve, contracts-for-deed, net rental income, alimony, etc. **Specify source:** _____
 Amount X Number of Payments: \$ _____ X _____ =..... \$ _____

5. Total Gross Annual Income (sum of 1, 2, 3, & 4) \$ _____

SIGNATURES

I/we certify that the statements contained in this application are true and complete to the best of my/our knowledge and behalf.

I/we agree to the Conditions Pertaining to Completion of Work.

I/we hereby authorize the release of any information necessary for the lending institution to process this application.

Applicant's signature

Co-Applicant's signature