



# Dawson Housing Repair Program Full Application

Number

Return this application to:

Development Services, Inc.                      507-694-1552 Voice  
ATTN: Jessica Gums                              507-694-1525 Fax  
P.O. Box 48 / 402 North Harold              jessica@dsi-services.com E-Mail  
Ivanhoe MN 56142

Date Received by Development Services, Inc.:

## Section A. Eligibility Limits.

Eligibility for the housing repair program is based on household size and income. The guidelines are set annually by the Federal government. In order to be eligible for housing repairs, your gross household income (before taxes) **must be below these limits in Lac qui Parle County:**

	Annual Income Less Than		Annual Income Less Than
1-person household .....	\$36,600	5-person household .....	\$56,450
2-person household .....	\$41,800	6-person household .....	\$60,650
3-person household .....	\$47,050	7-person household .....	\$64,800
4-person household .....	\$52,250	8+ person household .....	\$69,000

*It may be clear from these guidelines that you will not be eligible for the program.*

***Proceed with this application only if it appears you may be eligible.***

## Section B. Household Information.

Name of Applicant	Social Security Number
Name of Spouse or Partner	Social Security Number
Street Address of House / City / Zip	Mailing Address (if different) / City / Zip
Telephone Number (Day)	Telephone Number (Evening)
E-Mail Address	Cell Phone Number

Household status:     Married     Single     Divorced     Cohabiting partners

This information is requested solely for the purpose of determining compliance with Federal civil rights laws and other regulations. Your response is voluntary and your response will not affect the consideration of your application.

Number of persons in the household who are:     Male     Female

- |   |  |
|---|--|
| <input type="checkbox"/> White                                    | <input type="checkbox"/> American Indian / Alaskan Native and White            |
| <input type="checkbox"/> Asian                                    | <input type="checkbox"/> Asian and White                                       |
| <input type="checkbox"/> Black / African American                 | <input type="checkbox"/> Black / African American and White                    |
| <input type="checkbox"/> American Indian / Alaskan Native         | <input type="checkbox"/> Amer. Indian / Alaskan Native & Black / African Amer. |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial                                    |

## Section C. Property Information.

1.) Is your home a:     Single-family house     Mobile home  
                                   Duplex                                    Manufactured home

2.) Please check the box which best describes the ownership status of your home:

- Rent the property.
- Title holder. Property is owned free and clear.
- Life estate. Held with:                      Name:    Address:
- Mortgage. Payments made to:           Name:    Address:
- Contract for Deed. From:                   Name:    Address:

3.) What year was the house built? (best estimate):

**Section D. Household Size & Income Information.**

“Income” means any amount (before taxes, withholding, or deductions) received by any resident of the household, married or unmarried, age 18 or older, from any source such as the following:

- Salaries, wages, commissions, bonuses, tips, and overtime pay.
- Pensions and annuities, including Social Security, PERA, Railroad Retirement, etc.
- Any public assistance, including welfare assistance, AFDC, SSI, etc.
- Rental income or sale of property on a contract for deed.
- Disability compensation, Worker’s Compensation, Unemployment Compensation being received.
- Alimony and child support payments.
- Business income (for self-employed persons including farmers). The last two years are averaged.
- Interest and/or dividends from investments and savings.

In the event that new information relevant to your application becomes available which would affect your eligibility status, your status may be revised up to the point where loan documents are signed. Thereafter, a determination of eligibility status shall be final.

“Resident” means **any person**, other than a renter, living in the household for at least 9 months of the year.

‘ Total number of residents who are in the household .....

‘ Total number of children who are 6 years old and younger .....

Please list **all residents** of your household by their name and age. Include yourself. Include **all incomes** of all residents age 18 and older. This **must include** all income which your household can expect to receive in the next 12 months. Please give the **complete name and address** of that income source so we are able to contact them to verify the information.

Name	Age	Income of Resident	Source of Income Where income comes from	Address of Source Complete mailing address
_____	_____	\$ _____ per _____	_____	_____
_____	_____	\$ _____ per _____	_____	_____
_____	_____	\$ _____ per _____	_____	_____
_____	_____	\$ _____ per _____	_____	_____
_____	_____	\$ _____ per _____	_____	_____
_____	_____	\$ _____ per _____	_____	_____
_____	_____	\$ _____ per _____	_____	_____

**Section E. Income Tax Filing Status.**

Do you file federal income tax returns?  Yes  No If "no," why? \_\_\_\_\_

If the answer is “yes,” please provide copies of the two most recent years of your federal income tax returns, including all attachments, schedules, and W-2’s.

**Section F. Housing-Related Expenses.**

Please provide information about the following **monthly** housing expenses which you may have. If you do not have one or more of these expenses, enter “0” for the amount.

	Name & Address for the Expenses	Amount per Month
1.) Mortgage Payment .....	_____	\$ _____
2.) Homeowner’s Insurance .....	_____	\$ _____
3.) Real Estate Taxes .....	_____	\$ _____
4.) Water .....	_____	\$ _____
5.) Sewer .....	_____	\$ _____
6.) Garbage .....	_____	\$ _____
7.) Electricity .....	_____	\$ _____
8.) Heat .....	_____	\$ _____
9.) Other (explain) .....	_____	\$ _____

**Section G. Repair Information.**

Briefly describe the repairs which you believe your house needs. (The actual repairs will be determined by an inspection by the Housing Inspector, working together with you.)

\_\_\_\_\_

\_\_\_\_\_

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## Section H. Notices to Applicant.

**PRIVATE INFORMATION:** The information requested in this application is private data under the Minnesota Data Practices Act unless otherwise specified below. Under the provisions of this Act, we are hereby notifying you that:

- 1.) This information is being collected in order to determine if you qualify for housing repair assistance under the Small Cities Development Grant Program.
- 2.) You are not legally required to provide the information which is requested in this application and you may refuse to do so. If you do provide the information which is requested, the Program Administrator will be able to determine your eligibility for housing repair assistance. If you do not provide the information, the Program Administrator will not be able to determine your eligibility and you will not receive housing repair assistance.
- 3.) You have the right to see, receive copies of, and challenge the accuracy and completeness of any and all information relating to you which the Program Administrator has on file relating to your application.
- 4.) To determine your eligibility for assistance, or to deliver such assistance, information relating to your application may be made available to the staff of the Program Administrator (Development Services, Inc. of Ivanhoe, MN) and other sources of housing repair assistance which, with your permission, may be involved in financing repairs for your house.
- 5.) As enacted by the Minnesota State Legislature in 2003: The names and addresses of applicants for and recipients of benefits, aid, or assistance through programs administered by any political subdivision, state agency, or statewide system that are intended to assist with the purchase, rehabilitation, or other purposes related to housing or other real property are classified as public data on individuals. If an applicant or recipient is a corporation, the names and addresses of the officers of the corporation are public data on individuals. If an applicant or recipient is a partnership, the names and addresses of the partners are public data on individuals. The amount or value of benefits, aid, or assistance received is public data.

**FALSE STATEMENTS:** Any person who knowingly makes a false statement or misrepresentation in connection with this application shall be subject to a fine or imprisonment under provisions of the Minnesota Criminal Code, under provisions of the United States Criminal Code, and/or may be required to return all or part of the housing repair assistance provided under the terms of the Small Cities Development Program.

**WATCH OUT FOR LEAD PAINT POISONING:** Please read carefully: If your house was constructed before 1978, it may contain substantial amounts of lead-based paint. Lead-based paint is especially harmful to children under seven years of age. If lead-based paint is found in your house, steps may be taken to remove or cover the paint surfaces.

- 1.) Children get lead poisoning when they eat bits of paint that contain lead. If a child eats enough lead paint, his brain will be damaged. He may become mentally retarded or even die. Older houses often have layers of lead paint on the walls, ceilings, and woodwork. When paint chips off or when plaster breaks, there is real danger for babies and young children. Outdoors, lead paints and primers may have been used in many places, such as walls, porches, and fire escapes. If you have seen your child putting pieces of paint or plaster in his mouth, you should take him to a doctor, clinic, or hospital as soon as you can. In the beginning stages of lead poisoning, a child may not seem really sick. Do not wait for signs of poisoning.
- 2.) A blood lead level screening test is advisable and available for children under seven years of age. Be sure to tell the rest of your family and people who babysit for you about the danger of lead.
- 3.) Look at your walls and ceilings and woodwork. Are there places where the paint is peeling? Get a broom or stiff brush and remove loose pieces of paint from walls, woodwork, and ceilings. Sweep up the pieces of paint and plaster. Put them in a paper bag or wrap them in newspaper and put the package in the trash can. Children will pick loose paint off the walls, so be extra careful about keeping the lower parts of the walls free of loose paint. You can cover up at least the lower part of the walls by moving heavy furniture against them. If you want to know how to keep your child safe from lead poisoning, talk to your doctor, public health nurse, or social worker at the clinic or health department.

**FAIR HOUSING:** Every citizen of the United States is entitled to housing of their choice which they can afford. When you are buying or renting a home, a person may not deny you that home because of your race, color, creed, disability, religion, sex, national origin, or because of your marital, familial or public assistance status. It is illegal to: Refuse to sell, rent to, deal with, or negotiate with anyone because of their status; to discriminate in terms or conditions for buying or renting housing; to discriminate by advertising that housing is available only to persons of a certain race, color, religion, sex, or national origin; to deny that housing is available for inspection, sale, or rent when it really is available; to persuade owners to sell or rent housing by telling them that minority groups are moving into the neighborhood; to deny or make different terms or conditions for home loans by lenders, such as banks, savings & loan associations, and insurance companies; and to deny to anyone the use of or participation in any real estate services, such as brokers' organizations, multiple listing services, or other facilities related to the selling or renting of housing.

### **THE REHABILITATION PROGRAM:**

- 1.) I understand that the rehabilitation program is not a remodeling program although required handicap accessibility improvements are permissible. Rehabilitation is not the same as remodeling. Remodeling is for one's convenience or for cosmetic purposes. Rehabilitation deals with: (1.) Health issues and safety issues, (2.) Energy conservation, and (3.) Long-term preservation of houses by the repair of existing defects.
- 2.) I further understand the terms and conditions of assistance for this program, that is, Deferred Loans with a 10-year lien on the property and Repayable Loans at 2.0% interest with a 10-year maximum amortization, under the following income-tied criteria which depends on my income-eligibility; Lowest income bracket 90% of rehab cost through and SCDP Deferred Loan + 10% required from another leveraged source; Mid-range income 70% with an SCDP Deferred Loan + 20% with an SCDP Repayable Loan + 10% other leverage; Upper income, but still beneath HUD low-and moderate-income guidelines, 50% with an SCDP Deferred Loan + 40% with an SCDP Repayable Loan + 10% other leverage. The maximum amount of SCDP assistance (Deferred Loan and Repayable Loan combined) is \$20,000.
- 3.) Under the terms outlined above, I understand that affordability scenarios for an **example project of \$19,000** would be calculated as follows:

Find the household size and income bracket (gross, before taxes) that best describes your situation.

t THIS IS AN EXAMPLE ONLY t THIS IS AN EXAMPLE ONLY t

Household Size	Household Income		Household Income		Household Income
1 person	\$22,900 or lower	.....	\$22,901 to \$29,750	.....	\$29,751 to \$36,600
2 persons	\$26,150 or lower	.....	\$26,151 to \$33,975	.....	\$33,976 to \$41,800
3 persons	\$29,400 or lower	.....	\$29,401 to \$38,225	.....	\$38,226 to \$47,050
4 persons	\$32,650 or lower	.....	\$32,651 to \$42,450	.....	\$42,451 to \$52,250
5 persons	\$35,300 or lower	.....	\$35,301 to \$45,875	.....	\$45,876 to \$56,450
6 persons	\$37,900 or lower	.....	\$37,901 to \$49,275	.....	\$49,276 to \$60,650
7 persons	\$40,500 or lower	.....	\$40,501 to \$52,650	.....	\$52,651 to \$64,800
8+ persons	\$43,100 or lower	.....	\$43,101 to \$56,050	.....	\$56,051 to \$69,000

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|--|---|--|
| <ul style="list-style-type: none"> <li>• Deferred Loan of \$17,100</li> <li>• Other Leverage of \$1,900</li> </ul> Monthly Loan Payment:<br><ul style="list-style-type: none"> <li>• Zero</li> </ul> | <ul style="list-style-type: none"> <li>• Deferred Loan of \$13,300</li> <li>• Repayable Loan of \$3,800</li> <li>• Other Leverage of \$1,900</li> </ul> Monthly Loan Payment:<br><ul style="list-style-type: none"> <li>• Minimum \$40 per month</li> </ul> | <ul style="list-style-type: none"> <li>• Deferred Loan of \$9,500</li> <li>• Repayable Loan of \$7,600</li> <li>• Other Leverage of \$1,900</li> </ul> Monthly Loan Payment:<br><ul style="list-style-type: none"> <li>• Minimum \$40 per month</li> </ul> |
|--|---|--|

**DO NOT BEGIN ANY WORK AT THIS TIME:**

Submitting this application does not mean that you are approved for assistance. This application collects much of the information we need in order to determine if you are eligible. Do not begin any repair work. Do not start talking with contractors about cost estimates. No work can begin until you are approved in writing, an inspection of your house has been conducted, and bids on the work have been obtained. The program cannot pay for work that has already been done.

**ACKNOWLEDGEMENTS:** By signing below, I hereby acknowledge that:

- 1.) I understand that: (a.) Under penalty of law, the information provided in this application is true and correct to the best of my knowledge; (b.) I have read and understand the terms of the "Private Information" and "False Statements" notifications; (c.) I have read and understand the "Watch Out for Lead Paint Poisoning" and "Fair Housing" notifications; and (d.) I have read and understand the details and conditions of the financing plan outlined in "The Rehabilitation Program," above.
- 2.) I understand that the program cannot at this point guarantee the actual amount of assistance, if any, which I may receive, because this will depend on (a.) my household income eligibility, (b.) a detailed inspection of the house, (c.) the types of repairs which are needed and allowable under the program's guidelines, (d.) the cost of the repairs, based on bids, and (e.) the financial and structural feasibility of undertaking a repair job for the house.
- 3.) I further understand that: (a.) I am not approved for assistance simply because I have submitted this application; (b.) I cannot begin work or enter into any agreements for work on my house at this time; (c.) The rehab program serves homeowners on a first-come first-served basis, (d.) If I am approved for the program and the work write-up for my house are prepared and turned over to me, it will be my responsibility to contact contractors and obtain the necessary bids, (e.) Projects which have all the necessary bids turned in ahead of other projects are placed under contract and move forward on that basis, and (f.) Because the program operates on a first-come first served basis, it is possible that the grant money may run out before all my bids are received and before I make a decision to move forward and that, in that case, I will not receive any housing repair assistance.

**APPLICANT'S AUTHORIZATION FOR INFORMATION:** I hereby authorize and give permission to any person, group, organization, agency, bank, insurance company or agency, credit reporting agency, or financial institution to disclose to the administrators of the Housing Rehabilitation Program any and all information which they may request concerning me and my financial affairs. I understand that any such information will only be used to determine eligibility for housing repair assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Partner's Signature (If Any)

\_\_\_\_\_  
Date

If you have a child at home or another resident who is over the age of 18, we also need his/her signature for the purpose of authorizing release of information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this application to Jessica Gums at the address shown on the top of the first page.