

CITY OF ST. ANTHONY

Rehab Incentive Program Application Process

The following documents must be received at the Housing *Resource* Center (HRC) in order for you to be eligible for consideration in this program:

1. Application Form (attached)
2. Government Monitoring Addendum (attached)
3. Data Privacy Act Statement (attached)
4. Authorization to Release Information (attached) to be signed by each applicant
5. Copy of two most recent pay stubs or other income verification
6. Copy of last 2 years Federal Income Tax Return including W2's and all schedules.
7. If self employed, please complete the attached interim financial statement for year to date amounts.
8. Copy of bid proposals for the work to be performed
9. Copy of Driver's license or other government issued ID from all applicants

After the above documents are received and approved, the Housing *Resource* Center (HRC) will verify if the applicant meets the ownership and income requirements as established by the City of St. Anthony. The applicant will be notified of their eligibility (or ineligibility) for this program or if documents are missing, incomplete, or not approved.

CONTRACTS - (also called bids, proposals or estimates). It is the homeowner's responsibility to call licensed contractors, give them the Scope of Work and obtain written Contracts. If assistance is needed, please contact a Housing *Resource* Center Construction Manager. Contact the State at (651) 284-5005 or www.doli.state.mn.us/lookup/licensing to verify if your contractor is currently licensed. In order to approve a contract it must be written by a licensed contractor and contain the following items;

1. The contractor's name, address, telephone and fax numbers and the date.
2. The homeowner's name and project address.
3. A detailed description of the work to be done, including brand names, quantities and all costs.
4. The contractor's signature.
5. A space for the homeowner's dated signature. Do not sign the contract until the closing.

SWEAT EQUITY - If the homeowner proposes to do some or all of the work themselves, they must be approved first. Eligibility will be determined by the Housing *Resource* Center. Call for a **Sweat Equity Application Package**. Rebate will be based on materials only, not on tools or labor.

REBATE CLOSING- The homeowner must sign a Program Participation Agreement before the proposed work may begin. *The homeowner is not officially a part of this program until the closing has taken place at the Housing Resource Center.* When all Contractor Acknowledgements' are completed, submit them to the HRC and arrange for an appointment.

DO NOT SIGN ANY CONTRACTS, PURCHASE ANY SWEAT EQUITY MATERIALS OR START YOUR PROJECT UNTIL A REBATE CLOSING HAS TAKEN PLACE. ANY PROJECT BEGUN BEFORE THE CLOSING WILL BE INELIGIBLE!

All applications will be address on a first-come, first-served basis. The Housing *Resource* Center is the program administrator. Construction and loan consultants are available to advise and answer any questions about the program and your project.
(612) 588-3033.

SUBMIT COMPLETED DOCUMENTS TO:
Housing *Resource* Center, 2148 44th Ave North, Minneapolis, MN 55412
612-588-3033



Housing *Resource* Center Rehab Incentive Program

2148 44th Ave N
Minneapolis, MN 55412
PH: 612-588-3033
FAX: 612-588-3028

Program Overview and Guidelines

The St. Anthony Village Rehab Incentive Program is designed to assist homeowners in maintaining and improving their current housing in order to foster stabilization and revitalization within the participating communities.

Important Note: Do not purchase any project materials or let your contractor(s) begin any work until you have signed a participation agreement in our office. All documents, including contractor bids and/or Sweat Equity Application must be reviewed before we can schedule the participation agreement appointment.

Rebate Payment: The rebate payment will be 10%, 12%, or 15% of the project cost depending upon household income with a maximum payment of \$3,000 per household.

Income limits: Rebate percentage will be based on gross annual income from all sources.

Up to -	\$42,900	=15% rebate payment
\$42,901-	\$68,640	=12% rebate payment
\$68,641-	\$98,670	=10% rebate payment
\$98,671	or more	ineligible

Eligible Properties: Any owner occupied single family or multi-family dwelling, which upon completion will be converted to a single family housing unit within the participating communities. Single family includes owner occupied duplexes. **Eligible properties must be current on property taxes.**

Ineligible Improvements: This includes recreational or luxury improvements, projects not permanent in nature, working capital, payment for owner's labor, debt service or refinancing existing debts, and other expenses determined by the Housing *Resource* Center (HRC).

Application Process and Procedures

1. Return the following forms to the Housing *Resource* Center.
 - **Completed application** that includes the **scope of work** (detailed list of proposed projects).
 - **Income verification:** two most recent pay stubs from each of the household members, and any other verification of income from other sources.
 - Copy of your **2 most recent Federal Income Tax Return and all schedules** for all household members
 - Copy of a **Current Photo ID** for all applicants
 - Copy of your most recent **property tax statement**
 - **Copy of project bid(s)**
 - **All applications will be reviewed on a first-come first-served basis**

2. **Documents will be reviewed** for compliance with the established program guidelines. If documents are missing, incomplete, or not approved, the homeowner will be notified.
3. A **scope of work** must be submitted with the application. The HRC Construction Manager can assist with writing a scope of work if needed upon request.
4. Work can be performed on a "**sweat equity**" basis by the homeowner or an immediate family member. (A Sweat Equity application is available if the homeowner proposed to do some or all of the work themselves). Program funds are to be used for materials only, **not for labor or tools**. The HousingResource Center will determine if the owner has the ability to properly complete the work within the program time requirement. Material must be purchased and installed prior to the disbursement of program funds
5. **Permits must be obtained when required by city ordinance. Failure to comply with this regulation will disqualify the applicant from receiving program funds. When applicable, a City Inspection must be obtained by the owner.**
6. **Participation Agreement:** To be considered a participant of this program, a signed Rehab Incentive Program Participation Agreement is required **before the proposed work may begin**.
7. **Rehabilitation Counseling:** A HousingResource Center's Construction Manager is available at no cost, to homeowners to advise them about their proposed projects prior to obtaining bids and will review bids for reasonableness.
8. **Work Completion:** Weather permitting, all work must be completed within 120 days of signing the participation agreement.

Rebate Payment and Disbursement Process

1. The following items must be received in the HRC Office before the funds can be released.
 - **Final Invoice** from each contractor showing all amounts paid.
 - **Lien Waiver** originals from each contractor.
 - **Material Receipts** for sweat equity projects.
 - **Completion Certificate** signed by each contractor and the homeowner.
 - **Permits closed.** Confirmation must be received from City Inspections Department by the HousingResource Center.
2. **Final Inspection** by the HRC Construction Manager will be performed once the above items have been submitted.
3. Payment to the homeowner /contractor will be made only after final inspection and approval of the work by the HRC Construction Manager.
4. Checks may take up to 15 business days after the above items are received to process. Payment is only made for work completed and approved.

City of St. Anthony Rehab Incentive Program

Housing Resource Center -North
2148 44th Ave North
Minneapolis, MN 55412
Ph: 612-588-3033 Fax: 612-588-3028

IMPORTANT NOTE: Do not start any projects before you have signed a Participation Agreement with us in our office. Any projects started without prior approval from the HRC will be ineligible.
PLEASE READ THE ATTACHED PROGRAM GUIDELINES.

1. Applicant's Information

Applicant Name:	Co-Applicant Name:
Social Security Number:	Social Security Number:
Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated	Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated
Address:	Address:
City: State:	City: State:
Zip Code: How Long: (yrs.)	Zip Code: How Long: (yrs.)
Phone Number: (H) () Alternate Phone Number () Email	Phone Number: (H) () Alternate Phone Number () Email
Type of Dwelling: <input type="radio"/> Single Family <input type="radio"/> Duplex <input type="radio"/> <input type="radio"/> Condominium/Townhouse <input type="radio"/> # of bedrooms: _____	Have you previously participated in this Rebate Program? YES NO If yes, what amount did you receive? \$ _____
Are you receiving a deferred loan for this home	improvement project? YES NO

2. Income Information

Applicant's Employer:	Co-Applicant's Employer:
Address:	Address:
City: State:	City: State:
Business Phone: ()-	Business Phone: ()-
Type of Work or Position:	Type of Work or Position:
Number of Years Employed:	Number of Years Employed:
Amount per year: \$	Amount per year: \$

Other Sources of Income

Income Sources					Annual Total
Annual Amounts					

➤ You must enclose copies of all source of income that apply to your household:

- Employment:..... two recent consecutive pay stubs & Federal income tax return including W2's & schedules
- Self-employment:..... two years of Federal Income Tax Statements including Schedules C, E, or F and completed interim financial statement for year to date. Call the HRC if you have any question
- Social Security:..... current year's benefit statement,
- Pension & Annuity:..... award letter monthly pension or annuity amount
- Rental Income:..... two years of Federal Income Tax returns including Schedule E
- AFDC/MFIP:..... benefit statement
- Child Support:..... divorce decree and/or statement of benefits from applicable County.
- Foster Care:..... Statement of income from Hennepin County.

3. Scope of Work (Proposed Improvements)

Describe Proposed Projects	Cost (if known)

Circle the appropriate answers below to help us assist you.

- How do you plan to do these projects? Yourself Hire a contractor Both
- Would you like the Housing *Resource* Center' Construction Manager to contact you regarding this Scope of Work and/or other Construction Advice? Yes or No
- Number of persons in household: _____ adults _____ children under the age of 18
- Applicant date of birth _____ Co-applicant date of birth _____

√ I/We certify that all information contained in this application is true, accurate and complete to the best of my/our knowledge and belief.

√ I/We hereby authorize the release of any information necessary for the Housing *Resource* Center to process this application.

√ I/We have read and understand the Program Overview and Guidelines.

√ Contractors must be licensed. Do not start the work, sign contracts, purchase materials nor give down payments prior to closing.

 Applicant's Signature Date Co-Applicant's Signature Date

➤ Both sides of this application must be filled out.

➤ Your application can not be processed ***without income verification and other supporting documentation.***

➤ Any work started prior to program approval is not eligible.

-Only - Office Use - Only -

Gross Income:	# of Sources:	Property Tax Stmtnt:	Rebate Percentage:
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ADDENDUM TO APPLICATION

City of St. Anthony Rebate Program

Information for Government Monitoring Purposes

The information being requested below is for determining compliance with federal equal credit opportunity, fair housing and home mortgage disclosure 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 the information. If you choose not to furnish this information and you have made the application in person, we are required to note ethnicity, race and sex on the basis of visual observation or surname. Please check below if you choose not to furnish the information.

DATE OF APPLICATION: _____

APPLICANT	CO-APPLICANT
APPLICANT NAME:	CO-APPLICANT NAME:
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
ETHNICITY: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male
RACE: (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi Racial	RACE: (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi Racial

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

This Section For Lender Use	
<u>Greater Metropolitan Housing Corporation</u>	
Application received by: _____ mail _____ face-to-face interview _____ telephone	
Staff Name: _____	Date _____

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

DATA PRIVACY ACT

In accordance with Minnesota Government Data Practices Act the Greater Metropolitan Housing Corporation (GHMC) is required to inform you of your rights regarding the private data collected from you.

Private data, collected from you or from other organizations authorized by you, is used to determine your eligibility for programs administered by GMHC. The use of private data we collect is limited to that necessary for administering programs and providing our services.

You may refuse to provide the requested information. If you do not provide the requested information, you may not be eligible for specific loans, grants or services.

Unless authorized by state or federal law, other government agencies using 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:

- 1) The right to see and obtain copies of the data maintained on you
- 2) The right to be told the contents and meaning of data
- 3) The right to contest the accuracy and completeness of the data

I have read and understand the above information regarding my rights as a subject of government data.

Print Name _____	Print Name _____
Date: _____ Signature _____	Date: _____ Signature _____
Print Name _____	Print Name _____
Date: _____ Signature _____	Date: _____ Signature _____

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

AUTHORIZATION TO RELEASE INFORMATION

I have applied for a loan or grant through the Greater Metropolitan Housing Corporation (GMHC), at the HousingResource Center™. As part of the application process, employees of GMHC may verify information contained in my/our loan or grant application and in other documents required in connection with the loan. This verification process can be conducted either prior to closing or subsequent to closing, and may be performed either by employees of GMHC or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of GMHC.

I authorize you to provide to GMHC and to any investor to whom GMHC may sell my loan, to any servicer or any funder of the program for which I have applied, any and all information and documentation that they request. Such information includes, but is not limited to employment history, income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you

_____	XXX-XX-	_____
Print Name	Social Security Number – last 4 digits	Date

Signature		

NOTE: Use a separate form for each individual who is an applicant, guarantor or other individual whose information is considered in the application. Only one person signs each form.

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

AUTHORIZATION TO RELEASE INFORMATION

I have applied for a loan or grant through the Greater Metropolitan Housing Corporation (GMHC), at the HousingResource Center™. As part of the application process, employees of GMHC may verify information contained in my/our loan or grant application and in other documents required in connection with the loan. This verification process can be conducted either prior to closing or subsequent to closing, and may be performed either by employees of GMHC or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of GMHC.

I authorize you to provide to GMHC and to any investor to whom GMHC may sell my loan, to any servicer or any funder of the program for which I have applied, any and all information and documentation that they request. Such information includes, but is not limited to employment history, income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you

Print Name

XXX-XX-
Social Security Number – last 4 digits Date

Signature

NOTE: Use a separate form for each individual who is an applicant, guarantor or other individual whose information is considered in the application. Only one person signs each form.

Business Name: _____
Business Address: _____

Date: _____ through Date: _____

Interim Statement

Revenue:

Gross Income \$ _____

Expenses:

Advertising \$ _____

Bank Charges, Cr Card Fees \$ _____

Contract Labor \$ _____

*Gross Wages to Employees \$ _____

*Gross Wages to Self \$ _____

*Employer Social Security Taxes \$ _____

Insurance-business \$ _____

Interest-loans \$ _____

Maintenance, Repairs \$ _____

Office Expenses, supplies, etc. \$ _____

Office Equipment \$ _____

Permits and Licenses \$ _____

Professional Fees \$ _____

Property Taxes \$ _____

Rent \$ _____

Travel \$ _____

Utilities \$ _____

Vehicle Expenses \$ _____

Depreciation \$ _____

Other: \$ _____

Other: \$ _____

Total Expenses: \$ _____

Net Income (Loss): \$ _____

This is an accurate summary of my YTD Income and Expenses.

Signature

Date

Name (print)