

# WEBBER-CAMDEN NEIGHBORHOOD ASSOCIATION EMERGENCY GRANT APPLICATION

**Please submit the following documents:**

- Application Form (attached)
- Government Monitoring Addendum (attached)
- Data Privacy Act Statement (attached)
- Authorization to Release (attached)
- IRS Form 4506-T (attached)
- Copy of a current photo ID for all applicants
- Copy of last 2 years Federal Income Tax Returns including W-2's and all schedules
- Copy of bid proposals for the work to be performed
- Contractor Acknowledgement form (attached) signed by the contractor who will be performing the work

**Do not sign any contracts or start your project until a grant closing has taken place. Any project begun before the grant closing will be ineligible.**

**Please note that there will be no down payments. Funds will be disbursed when projects are complete and permits (if applicable) are closed.**

**Construction and grant consultants are available to advise and answer questions about the program and your project. For assistance call: 612-588-3033**

## **SUBMIT COMPLETED DOCUMENTS TO:**

**HousingResource Center  
2148 44<sup>th</sup> Avenue N  
Minneapolis, MN 55412  
612-588-3033**

## **PROGRAM GUIDELINES**

(WEBBER-CAMDEN: Emergency Grant Program)

1. **Program Intent:** The Emergency Grant Program is to help owner-occupants to stay in their homes by making financial assistance available for emergency repairs.
2. **Grant Pool:** \$15,000.00.
3. **Grant Amount:** Up to \$5,000.
4. **Income Limit:** Consistent with Minnesota Housing Finance Agency's (MHFA) Fix Up Loan Program.
5. **Definition of Emergency:** An emergency is defined as an imminent condition that threatens the immediate health/life- safety of the occupants.
6. **Eligible Properties:** Properties must be owner-occupied and located in the Webber-Camden neighborhood. Single-family and duplexes are eligible.
7. **Eligible Repairs:** Eligible repairs will be determined by an inspection of the property by the GMHC construction manager.
8. **Application Processing:** Applications are to be submitted directly to GMHC's Housing Resource Center – North, 2148 44<sup>th</sup> Avenue North, Minneapolis, MN 55412. Applications will be processed on a first-come, first-served basis until all grant funds have been committed.
9. **Total Project Cost:** It is the applicant's responsibility to obtain the amount of funds necessary to finance the entire cost of the work.
10. **Contractors/Permits:** Contractors contracting for work must be properly licensed. Permits must be obtained when required by City Ordinance. Work cannot be performed by the owner.

### **GENERAL CONDITIONS AND PROCEDURES**

GMHC will provide an application package with an application form and detailed instructions on what additional documents must be submitted to apply for the grant.

Rehabilitation consulting is available on request from a GMHC construction manager. The construction manager can meet with the grantees to provide advice on proposed work, assist with the bidding process, and help select the successful bidder(s). Two bids are not required. However, all bids must be approved by the construction manager.

There are no exceptions to the maximum grant. Grants cannot exceed \$5,000.

Contractors contracting for work must be properly licensed by the City of Minneapolis or State of Minnesota (when required). Permits must be obtained when required by City ordinance.

It is the grantee's responsibility to obtain the amount of funds necessary to finance the entire cost of the work. If the final cost exceeds the grant amount, the grantee must obtain the additional funds. The additional funds must be escrowed with GMHC or they must be paid into the project prior to the release of any grant funds.

Grant origination fees will be paid by the NRP budget for this program.

Weather permitting, all work items must be completed within 60 days of the grant closing.

Disbursement process:

a. Payment to the contractor will be made after completion of the work. An inspection will be performed by the City (if a permit was required) and GMHC to verify the completion of the work.

b. The following items must be received by GMHC before the funds can be released:

- 1) Final, original invoice from contractor (or materials list from supplier);
- 2) Completion certificate(s) signed by the borrower and the contractor;
- 3) Copies of all required city permits (also indicating final inspection by City);
- 4) Final inspection (verification) by GMHC;
- 5) Lien waiver(s).

Items 1 through 4 must be provided to GMHC to begin the preparation of the check(s).  
Item 5 (lien waiver) must be provided before the funds will be released to the contractor(s).

c. At the grant closing, the grantee will sign a "Participation Agreement" which will summarize the conditions of the program, the amount and sources of financing for the project, and the disbursement procedures outlined above.

# WEBBER-CAMDEN NEIGHBORHOOD ASSOCIATION NRP APPLICATION

Program: Emergency Grant

Home Improvement

## BORROWER INFORMATION

Applicant Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status: Married Unmarried Separated

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status: Married Unmarried Separated

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Residents: 18 and older \_\_\_\_ under 18 \_\_\_\_

## PROPERTY INFORMATION

Address to be improved/purchased: \_\_\_\_\_

Property Type (check one):      Single family      Duplex      Triplex  
   Fourplex      Condo      Townhome

Owner -Occupied?      Yes      No

I/We have outstanding code violations from the City of Minneapolis Inspections Department.      Yes      No

## CREDIT INFORMATION

**CREDIT HISTORY:** These questions apply to all applicants. If you answer "yes", please 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

### **DEBTS:**

To Whom Indebted (Named)	Date Incurred	Original Amount	Present Balance	Monthly Payments	Check If Business Related
Mortgage:					
Contract-for-Deed:					
Auto:					
Student Loans:					
Credit Cards:					

**INCOME & EMPLOYMENT VERIFICATION**

**WAGE INCOME:** (Include bonus, overtime, seasonal and sporadic income)

Applicant Name	Employer Name, Address, and Phone Number	Position	Years Employed	Annual Gross Income

**OTHER SOURCES OF INCOME:** (ex. Social Security, child support, public assistance, alimony, pensions, military reserve, contract-for-deed, rental income, unemployment compensation, etc.)

Applicant Name	Income Source	Annual Gross Income

If you own your own business, please contact the *HousingResource Center* for further instructions.

**IMPROVEMENTS**

Briefly describe the proposed improvements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Loan Amount: \$ \_\_\_\_\_

Who will be completing the work?      Borrower              Contractor

**SIGNATURES**

I/We certify that the statements contained in this application are true and complete to the best of my/our knowledge and belief.  
I/We have read and understand the Program Guidelines.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

Return completed application and other required materials to:

HousingResource Center, 2148 44<sup>th</sup> Avenue North, Minneapolis, MN 55412

For information on additional programs offered in your community, please call 612-588-3033 or visit [www.gmhhousing.org](http://www.gmhhousing.org)

**ADDENDUM TO APPLICATION**

**Webber-Camden Emergency Grant**

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
<b>APPLICANT NAME:</b>	<b>CO-APPLICANT NAME:</b>
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
<b>ETHNICITY:</b> (select only one ) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>ETHNICITY:</b> (select only one ) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>GENDER:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>GENDER:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>RACE:</b> (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	<b>RACE:</b> (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	
Greater Metropolitan Housing Corporation	
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 (GMHC) 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

\_\_\_\_\_  
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.



THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

## AUTHORIZATION TO RELEASE INFORMATION

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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)

**C O N T R A C T O R   A C K N O W L E D G E M E N T**

1. The Housing *Resource* Center (HRC) is the administrator of a housing program that may provide (if there is a Closing as defined below) some or all of the funds to pay for the construction work, in the form of a loan or grant or rebate to;

Print Homeowner's Name: \_\_\_\_\_

Print Project Address: \_\_\_\_\_

2. The contractor as named below (and subcontractors as applicable), are currently and shall be during the time of work, in full compliance with all State and local licensing and insurance laws, and a copy of the license certificate is attached hereto.
3. All work by the contractor as named below (and subcontractors as applicable) at the above project address shall be in full compliance with all current state and local building codes, zoning codes and any other applicable laws and regulations.
4. All necessary and required State and local construction permits shall be obtained and paid for by the contractor as named below. The contractor shall not direct or request the homeowner to pull the permit. Such permits shall be properly closed-off with proof thereof submitted to the homeowner or HRC. Such proof shall be in the form of either;
- a. The original permit card or the inspector's business card signed/initialed and dated by the authorized inspector.
  - b. Request the authorized inspector to call the Housing Resource Center (612) 588-3033 and leave a message as to the status of the permit. Note each inspector must be specifically requested to call.
  - c. The closed permit appears on the local inspection department computer or in their files.
5. The Housing *Resource* Center reviews all documents, as supplied by the homeowner and contractor, for conformance to the program guidelines. If all documents are in order the homeowner can Close on the funds by signing certain documents. Unless and until there is an official Closing the project is not approved for the program. The contractor is welcome to call the HRC to find out if there was a Closing.
6. Prior to the Closing the contractor shall submit to the homeowner a Contract for Construction and this Contractor Acknowledgement form, both properly filled out and signed.
7. The Contract (bid, proposal, estimate) must clearly and legibly contain each and every of the following six items;
- a. Contractor's business name, address, phone and fax numbers.
  - b. Homeowner's name and project address.
  - c. Complete and detailed description of all proposed work including brand name materials/equipment with models, sizes, quantities, locations and warranties.
  - d. Total contract price and separate prices for options. Clearly state if cost of building permit is or isn't included.
  - e. Dated signature of the contractor.
  - f. Blank space for dated signature of the homeowner. Note the homeowner is advised not to sign the contract until closing.
8. The Housing *Resource* Center is not a party to the Contract nor subsequent changes if any, and the ultimate responsibility for payment of work completed is by and with the homeowner.
9. No work shall start prior to the Date of Closing. All work per the Contract, including close-off of all open permits and submittal of required paperwork, shall be completed within 120 consecutive days from the Date of Closing. The contractor should obtain a signed contract from the homeowner and find out from the homeowner or HRC the date of closing, to assure all work is completed within 120 days. Also allow for the homeowners 3 day right to cancel the contract.
10. Prior to release of any program funds the contractor must complete the work per the Contract and submit for HRC approval the following original items; a) Final Invoice showing the contractor's business name and address, the homeowner's name and project address, a brief description of the work for which payment is requested and all amounts paid and due; b) A valid Lien Waiver for the same amount as the invoice; c) Permits Closed with proof submitted per item #4 above; d) Contractor's and Homeowners's signatures on the HRC Completion Certificate form provided. In addition the release of funds is contingent on the HRC construction manager certifying that they have visited the site and observed the completed work.
11. The contractor as named below and any of its agents hereby states they have not and shall not collude, conspire or connive in any manner whatsoever to; a) Fix the price on the bid or contract or any element thereof. b) Submit a bogus or sham bid. c) Provide any unlawful incentive or advantage to any party of interest on this project.
12. Payments from program funds are for completed work and installed materials only, no funds are available for down payments. Two party checks are made out to both the contractor and homeowner, are delivered to the homeowner who is to countersign it and deliver it to the contractor.

Contractor's Business Name: \_\_\_\_\_

City/State License #: \_\_\_\_\_

As the owner or duly authorized representative of the contractor, I hereby acknowledge and understand items 1 thru 12 above.

Contractor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Contractor to fill in all blanks and attach copy of license certificate.*

## A VALID CONTRACT

The HousingResource Center™ must have a valid written contract from the contractor(s) you choose to work on your home improvement project.

The contract must contain the following six items:

1. Contractor's business name, business address & telephone/fax numbers
2. Homeowner's name and project address
3. Complete and detailed explanation of work, labor and materials  
*If materials are supplied by the homeowner they must be noted in the contract*
4. Costs of total work with the costs of options separate
5. Signature of contractor and date signed
6. Blank space for homeowner to sign and date  
*The homeowner should not sign the contract until signing the Participation Agreement for the Rehab Incentive Program at the Housing Resource Center*

**Contracts that do not contain all six items, or are not legible or do not contain enough information to determine the extent of the work and materials will not be approved. They will need to be revised and resubmitted.**

A Bid, Proposal or Estimate will be considered a valid contract if it contains all of the items listed above.

Please contact the HousingResource Center – North at (612) 588-3033 if you have any questions.