



Fix-Up Fund Loan Program Credit Application

INSTRUCTIONS: Complete all information on this application and submit to a participating Minnesota Housing Lending Partner. Direct any questions to your Minnesota Housing Lending Partner.

Minnesota Housing Lending Partner Information:

Minnesota Housing Lending Partner

Date of Application

Borrower Information:

Last Name

First Name

MI

Yes No

Social Security

Date of Birth

Dependents
under 18

Other
Dependents

Disabled
Household

()

Household Size

Move in Date

Home Phone

Mailing Address

Mailing Address 2

City

State

Zip Code

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with 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 it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

Sex

Male
 Female

Ethnicity

Hispanic or Latino
 Not Hispanic or Latino

Marital Status

Married
 Not Married
 Separated

Race (select 1 or more)

White
 Asian
 Black or African American
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

Employment Information:

Self Employed Yes No Unemployed Yes No How Long? _____

Employer Name _____ Address _____
City _____ State _____ Zip _____ ()
Business Phone _____ Extension _____

Co-Borrower Information: (Repeat for all Co-Borrowers)

Last Name _____ First Name _____ MI _____

Social Security _____ Date of Birth _____

Sex Male Female **Ethnicity** Hispanic or Latino Not Hispanic or Latino

Marital Status Married Not Married Separated **Race** (select 1 or more)
 White Asian Black or African American American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

Relationship to Borrower Co-Head of Household Other Adult Dependent Spouse

Employment Information:

Self Employed Yes No Unemployed Yes No How Long? _____

Employer Name _____ Address _____
City _____ State _____ Zip _____ ()
Business Phone _____ Extension _____

Household Information:

Income

Provide income verification to the Lending Partner in the form of current pay stubs. If you are self-employed, have variable income, or other income, provide copies of at least the prior two years federal and state tax returns or other verification as requested by the Lending Partner.

Household income is one of the factors for determining eligibility for this loan. List all income, projected for the next 12 months, for household residents age 18 and over.

Name of Resident	Source	Annual Income

Total Annual Household Income \$ _____

Credit Information:

These questions apply to all Borrowers and Co-Borrowers. If any of you answer "yes", please provide a separate written explanation.

Are there any outstanding judgments or liens against any of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of you been declared bankrupt within the last 36 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of you had any property foreclosed upon or given title or deed in lieu thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Debts: List all current fixed obligations, installment accounts, revolving charge accounts, loans and debts to banks, finance companies and government agencies for all Borrowers and Co-Borrowers.

Mortgage	Contract for Deed	Creditor Name	Balance	Monthly Payment
✓	✓			

Is your property being purchased on a Contract for Deed?

Yes No

Does the Contract for Deed have a balloon payment?

Yes No

Date of Balloon Payment

Amount

\$

If taxes and insurance are not included in your payment, indicate average monthly amount.

\$

Other Debts

Balance

Monthly Payment

Other Debts	Balance	Monthly Payment

Property Information:

Your property must be owner occupied and a year-around permanent residence. Your dwelling unit must be permanently attached by way of a foundation to land that you own, and be taxed as real estate.

Address

Address 2

City

County

MN

State

Zip Code

Prior Address

(If at present address less than 2 years)

City

State

Zip Code

Building Type

Single Family
 Townhome
 Twinhome

Duplex
 Fourplex
 Triplex

Condo
 Manufactured Home Real Property

Year Built

Purchase Price

\$

Date of Purchase

\$

Property Value

(Estimated Market Value from Property Tax Statement)

\$

Amount

(Alternate value information used by Lending Partner)

Source

Improvements:

Briefly describe the proposed improvements:	
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Requested Loan Amount \$ _____

Other Funding Sources:

Please list any other Funding Sources and amount used to complete this project: (Other Loans, Grants, Local Government Incentives)	
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Other Funding Source Amount \$ _____

Disclosures:

- Minnesota Housing or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Note, upon giving due notice to the occupants.
- The information requested in this credit application is legally required to determine if you qualify for participation in this Minnesota Housing Program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statutes Section 462A.065. Use of the data is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, and other governmental agencies when authorized by state statute or federal law.
- The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing Program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes) as well as Section 6050H of the Internal Revenue Code of 1986. Supplying these numbers could result in the application of your taxpayer refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state or federal tax authorities, and state personnel involved in the collection of state obligations.

- Under Minnesota law a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- If the property ceases to be your principal residence or is sold, title is transferred or conveyed, or the maturity date of the Note has been reached, then the full amount of the loan will be due and payable.

Certifications:

- I/We understand that numerous local participating lenders offer these loans and that I/We may select the lender of my/our choice.
- I/We understand that I/We may select the contractor of my/our choice.
- I/We understand that Minnesota Housing is not, and will not be responsible for any work performed by any contractor, any contractor's failure to perform any work, the quality of any work performed, or the general competency of any contractor.
- I/We certify that work will comply with all applicable building or housing code regulations and ordinances, and all necessary permits and licenses shall be obtained.
- I/We certify that the loan funds will be used only for the eligible improvements listed in this Credit Application and that the improvements will be completed within 9 months from the date of the Note. I/We understand if the loan funds are used for any other purpose, Minnesota Housing may pursue all legal remedies available, including civil actions and criminal prosecution.
- I/We hereby authorize the release of any information necessary for the lending institution to process this application.
- I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief.

Signatures: All residents age 18 or over with an income must sign this application.

Borrower Signature

Date of Application

Co-Borrower Signature

Date of Application

Co-Borrower Signature

Date of Application

INSTRUCTIONS: Remaining items to be completed by Lending Partner

Guarantor Information:

Last Name

First Name

MI

Mailing Address

City

State

Zip Code

Social Security

()

Business Phone

Extension

()

Home Phone

Guarantor Signature

Print Name

Date

Lending Partner option to complete

To be completed by interviewer

This application was taken by:

Face-to-face interview

By mail

By telephone

Interviewer's Name

Interviewer's Signature

Date

Interviewer's Employer

Address

City

State

Zip

()

Phone Number

Underwriting Information – Completed by Minnesota Housing Lending Partner

Debt to Income Ratio

Credit Score

Source