City of Grand Rapids, MN  
& Itasca County HRA  
Residential Rehabilitation Application

Part I:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Social Security Number</th>
<th>Marital Status</th>
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</table>
| Applicant: ___________________________ | ___ | ______________________ | [ ] Married  
[ ] Separated  
[ ] Unmarried, (includes widowed, divorced or single) |
| Co-Applicant: ___________________________ | ___ | ______________________ |                      |

| Street Address: ___________________________ | How long have you lived here? ___________________________ |
| City, State, Zip: ___________________________ | Daytime Phone No: ___________________________ |
| Email Address: ___________________________ |                      |

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This information is requested solely for the purpose of determining compliance with Federal Civil Rights Laws and your response will not affect consideration of your application.

**Gender of Applicant:**  
__ Female  
__ Male

**Race/Ethnicity of Applicant:**  
__ White  
__ Native Hawaiian/Other Pacific Islander  
__ Native Indian/Alaska Native & White  
__ Asian & White  
__ Asian  
__ Hispanic  
__ Black/African American & White  
__ American Indian/Alaska Native & Black/African American  
__ Black/African American  
__ Other Multi Racial

Marital Status of Applicant:  
[ ] Married  
[ ] Separated  
[ ] Unmarried (includes widowed, divorced or single)

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This information is requested solely for the purpose of determining compliance with Federal Civil Rights Laws and your response will not affect consideration of your application.

**Gender of Co-Applicant:**  
__ Female  
__ Male

**Race/Ethnicity of Co-Applicant:**  
__ White  
__ Native American/Alaska Native  
__ Native Hawaiian/Other Pacific Islander  
__ Native Indian/Alaska Native & White  
__ Asian & White  
__ Asian  
__ Hispanic  
__ Black/African American & White  
__ American Indian/Alaska Native & Black/African American  
__ Black/African American  
__ Other Multi Racial

Marital Status of Co-Applicant:  
[ ] Married  
[ ] Separated  
[ ] Unmarried (includes widowed, divorced or single)
Part II: Household Information

How many people live permanently in your household? ______

List all household members, their monthly gross income and source of income including Social Security, Wages, Pensions, AFCD, Child Support or Alimony, SSI, General Assistance, Self-employment, Farm income, and Rental income: (For self-employed persons, farm and rental property income, use the appropriate line for “adjusted gross income” from the 1040 IRA Income Tax Return.)

Check the box next to all the sources of income of household members:

- [ ] Social Security or SSI
- [ ] AFCD
- [ ] Child Support
- [ ] Payment from Contract-for-Deed
- [ ] Pension
- [ ] General Assistance
- [ ] Rental Income
- [ ] Interest off Savings
- [ ] Wages
- [ ] Self-Employment
- [ ] Farm Income
- [ ] Other (Explain) ________________

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<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Monthly Gross Income</th>
<th>Source of Income</th>
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Have you made all of your monthly payments (housing payment, utilities, loans, credit cards) in a timely manner?

- [ ] Yes  - [ ] No  If the answer is “no” please explain:

From your last property tax statement:
- What is the Estimate Market Value of your home? ________________
- What are your yearly property taxes? ________________
- Are your property taxes current? __________________

What was the year your home was built (approximately)? ________________

Is your home insured?  - [ ] Yes  - [ ] No
If so, with which insurance company? __________________

Have you ever received a Minnesota Housing Finance Agency Loan/Grant or Small Cities Grant?  - [ ] Yes  - [ ] No

Has your home ever been weatherized by an outside agency?  - [ ] Yes  - [ ] No
My residence is a:  □ Single family house

□ Mobile Home, if so is the mobile home on foundation?  □ Yes  □ No

Other: ____________________

What repairs would you like to make to your home? _______________________________________________________

_____________________________________________________

_____________________________________________________

Part III: Bank Accounts

Please list the name and address of your bank, savings and loan, or credit union:

Bank: ____________________  Address: ____________________

□ Checking Account and/or  □ Saving Account

□ CD or Money Market

Bank: ____________________  Address: ____________________

□ Checking Account and/or  □ Saving Account

□ CD or Money Market

□ Check here if you have no accounts of any kind

I currently  □ Own my home free and clear. Approximate Date of payoff: ____________________

□ I am buying my house from a bank or mortgage company

_______________________________ Name of lender

□ I am buying my house on a Contract-for Deed (C/D)

_______________________________ Name of person holding CD

□ Describe any other form of ownership such as a life estate, joint tenancy, or other:

___________________________________________________

I/We certify that all statements on this application are true and correct to the best of my/our knowledge. I/We understand that any intentional misrepresentations will be grounds for disqualification.

I hereby authorize the Itasca County HRA and its contractors to enter my home during regular business hours to interview our family.

I/We also agree to provide the Itasca County HRA with any information necessary and in a timely manner to process this application through completion.

____________________________________________  ____________________

Applicant signature  Date

____________________________________________  ____________________

Co-Applicant signature  Date

Note to Homeowner:

This application must be completed in full. Do not return application unless all questions have been answered or it will be returned to you and you will lose your place on the waiting list.