City of Grand Rapids, MN
& Itasca County HRA
<u>Residential Rehabilitation Application</u>

Part I:

Name	Age	Social Security Number	Marital Status

Applicant:_____ _____ _____

☐ Married
☐ Separated

Co-Applicant:_____ _____ _____

☐ Unmarried,
(Includes widowed, divorced or single)

Street Address: _____   How long have you lived here? _____

City, State, Zip:_____   Daytime Phone No: _____

Email Address:_____

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: Race/Ethnicity of Applicant:
__ Female   __ White   __ American Indian/Alaskan Native
__ Male   __ 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: o Married o Separated o Unmarried (includes widowed, divorced or single)

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: Race/Ethnicity of Co-Applicant:
__ Female   __ White   __ Native American/Alaska Native
                                 __ Native Hawaiian/Other Pacific Islander
                                 __ Native Indian/Alaska Native & White
__ Male   __ 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: o Married o Separated o Unmarried (includes widowed, divorced or single)

Part II: Household Information

How many people live permanenetly 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 ☐ Pension ☐ Wages
☐ AFCD ☐ General Assistance ☐ Self-Employment
☐ Child Support ☐ Rental Income ☐ Farm Income
☐ Payment from Contract-   ☐ Interest off Savings ☐ Other (Explain) _____
        for-Deed

Name	Birth Date	Monthly Gross Income	Source of Income

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.