

**NEIGHBORHOOD STABILIZATION PROGRAM/ GREATER MN HOUSING FUND –  
FEDERAL HOME LOAN BANK APPLICATION**

**PART I: APPLICANT INFORMATION**

Name of Applicant _____ <hr/> Social Security Number _____ <hr/> Name of Co-Applicant _____ <hr/> Social Security Number _____	Age of Applicant: _____  Age of Co-Applicant: _____	Marital Status: (CHECK ONE) <input type="checkbox"/> Married <input type="checkbox"/> Separated or, <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)
Address (Street, City, State, Zip Code): _____  County: _____  Your Work Phone #: _____  Your Home Phone #: _____  E-mail address: _____	Address of property you are interested in purchasing: _____  Do you have a purchase agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If so projected closing date _____  Will this be your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you a first time home buyer (or have not owned a home in the last 3 years) <input type="checkbox"/> Yes <input type="checkbox"/> No	
This information is requested solely for the purpose of determining compliance with Federal civil rights law and your response will not affect consideration of your application.		
Gender of Applicant: <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Race: (please check one)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<b>National Origin: (please check one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Which NSP Funding are you requesting: <input type="checkbox"/> Down Payment Assistance <input type="checkbox"/> Repair Rehabilitation <input type="checkbox"/> Needs Based Assistance (if applicable) <input type="checkbox"/> Greater MN Hsng Fund/FHLB	Does any member of the household have disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No  If “Yes,” please describe the nature of disabilities:	

**PART II: HOUSEHOLD INFORMATION**

Please answer all following questions, if you need additional space add another sheet(s).

1. How many people live permanently in your household? \_\_\_\_\_

2. NAME	AGE	ARE THEY EMPLOYED	OR	FULL TIME STUDENT
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. List all household members who receive and income, their monthly gross income and **employer/income source name and address**. Make sure to include: Social Security, Wages, Pensions, AFDC, 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.)

NAME	SOURCES & ADDRESS OF EMPLOYER/INCOME SOURCE (This info is REQUIRED)	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Income information will be verified to make sure you are income qualified for NSP, therefore the attached MINNESOTA GOVERNMENT DATA PRACITES ACT DISCOLSURE STATEMENT AND AUTHORIZATION TO OBTAIN / RELEASE INFORMATION **must be signed** as part of the complete application.

5. Have you taken an 8 hour HUD approved training? \_\_\_\_\_ If so where and when did you take the course? \_\_\_\_\_ Provide a copy of the certification with the application or after course completion.

**PART III: BANK ACCOUNTS**

Please list the name and address of your bank, savings and loan, or credit union (**addresses REQUIRED**):

Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
 Checking Account and or  Savings Account Account Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
 Checking Account and or  Savings Account Account Balance: \_\_\_\_\_

Check here if you have no bank account of any kind.

**PART IV: CHECK COMMUNITY INTERESTED IN:**

- 1. Buffalo  Yes  No
- 2. Isanti  Yes  No
- 3. Monticello/Otsego (circle one)  Yes  No
- 4. Zimmerman  Yes  No

**PARK V: REALTOR & BANK CONTACTS you are working with:**

NAME	PHONE	ADDRESS
_____	_____	_____
_____	_____	_____

**PART VI: CERTIFICATION**

I certify that by signing this that the information stated above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from assistance in the Housing Rehabilitation Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Date

**MINNESOTA GOVERNMENT DATA PRACTICES ACT, TENNESSEN WARNING,  
DISCLOSURE STATEMENT AND  
AUTHORIZATION TO OBTAIN / RELEASE INFORMATION**

**PURPOSE.** This is to advise you that the Department of Housing and Urban Development (HUD), Central Minnesota Housing Partnership (CMHP), and the city will be collecting information regarding your program eligibility. CMHP will be requesting information from you or the other entities that include but are not limited to: social security number, employment, income, and bank statements. The groups or individuals that may be asked to release this information include, but are not limited to: past and present employers, and banks and other financial institutions. The portion of the data requested which constitutes financial information, including, but not limited to credit reports, financial statements, and net worth calculation are classified as "private data on individuals" under Minnesota Stat.462A.065, federal subsidies, you may be asked to supply your Social Security Number. This instrument also serves as your consent to obtain the information from you and the other entities mentioned herein to establish and verify your entitlement to the benefits of the applicable HUD program.

**USE AND DISCLOSURE.** Use of data obtained which is defined in Minnesota law as private is limited to that necessary for the administration and management of the program. Persons or agencies with whom this information may be shared include: Staff and other persons involved in program administration; auditors who perform required audits of this program; authorized personnel from the city, HUD (or those under contract with HUD), other local, state and federal agencies providing funding assistance for your loan; members of the local governing board for the purpose of addressing/resolving applicant complaints; those persons who you authorize to see it; law enforcement personnel in the case of suspected fraud or other enforcement authorities as required; and in instances where access to private data is authorized by state statute or federal law, it may be made available to other government entities, such as the Internal Revenue Code of 1986, as amended (the federal "Low Income Housing Credit Law). In the absence of a law specifically authorizing the release of private data concerning you to third parties, dissemination of such information requires your specific informed consent, in writing. Please keep in mind, however, that data must be released if required by court order, and, in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

**PENALTY.** You must provide all of the information requested, including, if applicable, your Social Security Number. Failure to provide the requested information may result in denial of eligibility, eviction, or the withdrawal of housing assistance, where applicable.

**AUTHORITY.** The Minnesota Government Data Practices Act governing the collection, storage, and dissemination of data in Chapter 13 of Minnesota Statutes. If your housing is subject to federal subsidies, HUD is authorized to collect information, except your Social Security Number, by the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et. seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 Stat. 348, 408. HUD is additionally authorized, for certain federally subsidized housing to collect your Social Security Number by Section 165(a) of the Housing and Community Development Act of 1987, P.L. 100-242, 100-625. In addition to the above, the above referenced Low-Income Housing Credit Law and regulation pertaining thereto, contain reporting requirements to the Internal Revenue Service to assure the owner's compliance with such law and regulations.

**SIGNATURE.** I (we) have read and signed the Minnesota Government Data Practices Act Disclosure Statement and authorization may be supplied to third parties for the purpose of obtaining the information identified above. **A copy of this authorization may be accepted as an original.**

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Items Needed for a Complete NSP Application

- Third Party (could come from the bank/lender) Wage/Income verifications of all income coming into the household including:
  - Income from wages, salaries, tips, etc.
  - Business income
  - Interest & Dividend Income
  - Retirement & Insurance Income
  - Unemployment & Disability Income
  - Welfare Assistance
  - Alimony, Child Support & Gift Income
  - Armed Forces Income
  - Other Household Income
- Copy of Last 2 Years Federal Income Tax Returns with W-2's
- Copy of the Purchase Agreement with required NSP addendum – Make sure when submitting to include a note on when the inspection period runs and when the planned closing date is scheduled to occur.
- Copy of the Lender Financing Commitment Letter which must include the rates and terms of the loan. (Subprime loans are not allowed.)
- Copy of HUD Approved Home Buyer Education (Homestretch) Certification – a listing of qualified providers can be found at [www.hocmn.org/nsp.cfm](http://www.hocmn.org/nsp.cfm).
- **The original signed and dated NSP Application, with the signed and dated release page, must be submitted.** We will allow you to fax or scan it to get the process started, but you **must** follow up with the original application.

Note: You can request a letter to present to your lender/realtor informing them you are working with NSP from Central Minnesota Housing Partnership (CMHP) 320-259-0393.