



IMPORTANT NOTICE

This form can be filled out and printed using Adobe Acrobat Reader.

THE PRINTOUT MAY BE YOUR ONLY RECORD of the data you entered. If you have Acrobat Reader 7 or later, you may be able to save the form with your entries.

Tip

Turning off the symbol next to the fields

The Text Field Overflow symbol appears as a plus sign next to form fields and can cover text when the file is printed. For best results, turn this preference off.

1. Choose *File* > *Save* to save the file to your computer. Then open Acrobat Reader and the file.
2. Choose *Edit* > *Preferences* (Windows) or *Acrobat* > *Preferences* (Mac OS), and select Forms on the left. Unclick the third check box down, "Show text field overflow indicator."

Bloomington Housing and Redevelopment Authority
1800 West Old Shakopee Road, Bloomington, MN 55431
Housing Rehabilitation Program Application

Please Print. This information will determine eligibility.

Applicant Name		Social Security Number		
Spouse Name		Social Security Number		
Address		Home Phone		
City, State, Zip Code		Work Phone	Cell Phone	
Nearest Relative	Name	Relationship	Phone	
NOT Living With You	Address	City	State	Zip

INCOME

"Income" is any money received from the following sources:

- Public Assistance
- Estate or trusts
- Pensions and annuities, including Social Security and PERA
- Interest and dividends
- Business profit for self-employed including farmers
- VA education grants
- Gains from the sale of property and securities
- Salaries, including commissions, tips, bonuses, overtime pay
- Child support
- Rental income
- Payments received from property being sold on Contract for Deed

List all residents in your household, including yourself. A "Resident" is any person who lives in your house for at least 9 months per year, or who is claimed as a dependent for income tax purposes, or any person eighteen years or older who is under legal guardianship of the Homeowner.

Include all income which your household can reasonably expect to receive during the next 12 months.

Resident's Name	Age	Gross Monthly Income	Income Source
Total Number of Residents in Household	Total Income: Per Month \$		Per Year \$

DEBTS

List all debts: mortgage, bank loans, credit cards, car loans, student loans, etc.

Types of Loans	To Whom Indebted - Name:	Original Amount	Present Balance	Monthly Payments
Mortgage – include taxes and insurance				
Contract for Deed				
Car Loan				
Credit Card/ Installment Loan				
1.				
2.				
3.				
4.				
5.				
6.				

Comments:

ASSETS

List the cash value of assets held by all residents of your household. If money is owed on any item, subtract the amount owed from the item's market value.

- | | | | |
|---|-----------|--|-----|
| 1. Cash in Checking Accounts | \$ | | (1) |
| 2. Savings Accounts, including those held in trust | \$ | | (2) |
| 3. Cash value of stocks, bonds or securities | \$ | | (3) |
| 4. <u>Redemption</u> value of Life Insurance Policies | \$ | | (4) |
| 5. Current market value of Real Estate other than the home you occupy, such as Lake Cabin, Farm, Rental Units, etc. Include 100% of outstanding balance owed to you for property sold on Contract for Deed. | \$ | | (5) |
| 6. Other Personal Property, excluding household furnishings, clothing and one personal vehicle. | \$ | | (6) |
| Total Assets (Add Lines 1 - 6) | \$ | | |

PROPERTY

Provide the following information about the property to be improved under this program.

1. Is your property a Single Family House Duplex
2. How many years have you lived in the house? _____
3. What is the age of the house? _____
4. What was the price you paid for the house? _____
5. Do you have any outstanding mortgages on the house? Yes No
If yes, how much? \$ _____
6. Do you have any outstanding Contract for Deeds on the house? Yes No
If yes, with whom? _____ Amount \$ _____
7. Have you ever received a Housing Rehabilitation Grant or Deferred Loan before? Yes No
If yes, how much \$ _____ Year _____
8. List all liens that may exist against your property. _____

9. What kind of home improvements do you wish to make? _____

10. Where did you hear about this home improvement program?

I, the undersigned, understand that an authorized representative of the Bloomington Housing and Redevelopment Authority (HRA) shall have the right to inspect the property to be improved at any time from the date of application upon giving notice to the occupant(s).

The intent of the Deferred Loan Program is not to prepare the home for immediate sale and I do not have this intention. If the home is offered for sale before the improvements are completed, the loan commitment will be rescinded.

Making a false statement or representation on this application shall be subject to a fine or imprisonment, or both, under the provisions of the Minnesota Criminal Code. The HRA may require the return of all or part of the rehabilitation funds.

I agree to the above provisions. I certify, subject to penalty under law, that the application information is true and correct to the best of my knowledge and belief.

Applicant(s) Signature(s)

Date

NOTE: All information provided on this application is considered private data and is subject to privacy of information provisions, pursuant to State Statute.

APPLICANT INFORMATION

This information is for statistical purposes so that the HRA may determine the degree to which its programs are used by minority households.

The city of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all city of Bloomington services, programs, and activities. Upon request, this information can be available in Braille, large print, audiotope and/or computer disk.

- | | |
|------------------------------------|--|
| Handicapped Status: | <input type="checkbox"/> Disabled |
| Marital Status (Check one): | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed |
| Ethnicity (Check one): | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race (Check all that apply) | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White |