

FHLB – AHP
Pine City Housing Rehabilitation
Application Instructions & Process



Step 1: Complete and sign the Pine City Housing Rehabilitation Program Application.

Step 2: For the type of income you and all your household members 18 years of age or older have, or receive, provide the required documentation needed to determine your household’s income eligibility.

Type of Income:	Form to complete or documentation to submit:
Employment (wages or salary)	Submit 3 consecutively dated pay stubs or fill out the top half of the Employment Verification form
Pension, retirement or annuity	Submit most recent benefit letter
Seasonal employment	Submit past 2 years of tax returns and Employment Verification form
Child support, alimony (spousal support)	Submit court order or formal statement from state
S corporation or partnership income	Submit past 2 years tax returns including Schedule 1
Self-employment or farm income	Submit past 2 years of tax returns including Schedule 1
Social security, supplemental security income	Submit most recent benefit letter. If you do not have a copy go to: www.socialsecurity.gov/myaccount . Make an account and reprint the award letter. Or call 1-800-772-1213 for a mailed copy.
Rental property income	Submit past 2 years of tax returns with Schedule E
Other income: Interest, dividends, capital gains, public assistance, cash contributions, gifts, government contributions	As applicable, tax returns from past 2 years or signed letters from applicable agencies
Unemployment, work comp, disability, severance	Submit benefits notification letter
No income	Certification of Zero Income form

Step 3: Send your completed application and all income documentation to City Hall at the address below.

Step 4: City staff will review your application, enter your income into the FHLB-AHP income calculation workbook and contact you regarding your income eligibility.

Step 5: If your household is income eligible, City staff will set up an appointment to inspect your home to determine the eligible scope of work for your home under this program. This is not a remodeling program, and so the scope of work will only include repairs which can make the home more livable, energy efficient, safe and accessible.

Step 6: Once the scope of work is determined, you will obtain bids from licensed & insured contractors of your choice. The bids will be reviewed with you to determine the overall project budget, as this program can only pay for up to \$25,000 of the cost.

Step 7: Once the budget is finalized and your contractor has provided proof of licensure and insurance, your contractor will be authorized to begin working on your home. Work should NOT start before the budget is finalized, otherwise the program can not pay for the work.

Step 8: City staff will inspect the work as it is completed and authorize payment to your contractor with the program funds. City staff will require the contractor to supply a lien waiver upon receipt of payment and you will be asked to certify that the work was completed.

City of Pine City – Community Development Department

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E-mail: lsauter@pinecitygov.com | Website: pinecity.gov/office.com

This project complies with the Fair Housing Act, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and the Architectural Barriers Act of 1969

PINE CITY'S HOUSING REHABILITATION PROGRAM APPLICATION



Section 1: APPLICANT INFORMATION

APPLICANT LAST NAME _____ FIRST NAME _____ DATE OF APPLICATION _____

CO-APPLICANT LAST NAME _____ FIRST NAME _____

PROPERTY ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ CITY _____ STATE _____ ZIP _____

() () PHONE NUMBER _____ DAYTIME PHONE NUMBER _____ COUNTY _____

Section 2: HOUSEHOLD INFORMATION

Household Member Number	Name (First and Last)	Relationship to Head of Household	Date of Birth	Age at Time of Application	Income Sources (see Section 3)
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

For any members of the household, check all that apply: Disabled (physical or mental)
 Victim of domestic abuse
 History of chemical, drug or alcohol abuse

Section 3: INCOME SOURCES

Below is a list of the most common sources of income. For each source of income, the household will need to provide current income documentation (paystubs, Verification of Employment (VOE) form, tax returns, benefit letter, court order). If an adult member of the household is not employed or receiving income of any kind, they should complete and sign a Certification of Zero Income form.

INCOME SOURCE	Documentation Required
EMPLOYMENT SALARY/WAGES	Submit 3 consecutively dated pay stubs or VOE form
PENSION/RETIREMENT/ANNUITIES	Submit most recent benefit letter
SEASONAL EMPLOYMENT	Submit past 2 years of tax returns and VOE form
CHILD SUPPORT/ALIMONY	Submit court order or formal statement from state
SELF EMPLOYMENT/FARM INCOME	Submit past 2 years of tax returns including Schedule 1
RENTAL INCOME	Submit past 2 years of tax returns with Schedule E
S CORPORATION OR PARTNERSHIP	Submit past 2 years tax returns including Schedule 1
OTHER INCOME: INTEREST, DIVIDENDS, CAPITAL GAINS, PUBLIC ASSISTANCE, CASH CONTRIBUTIONS, GIFTS, GOVERNMENT CONTRIBUTIONS	As applicable, tax returns from past 2 years or signed letters from applicable agencies
UNEMPLOYMENT/WORK COMP/DISABILITY/SEVERANCE	Submit benefits notification letter
SOCIAL SECURITY/SUPPLEMENTAL SECURITY INCOME	Submit most recent benefit letter

Section 4: HOUSING INFORMATION

- 1 Year home constructed: _____
- 2 Number of bedrooms: _____
- 3 Number of bathrooms: _____
- 4 Is this your primary residence? _____
- 5 Do you have homeowner's insurance? _____

Section 5: CERTIFICATION & AUTHORIZATION

I (we) the undersigned, certify subject to penalty under law, that by signing this application, the information above is true and correct to best of my (our) knowledge. I (we) realize that giving false information will result in disqualifying from the program, and/or I (we) may be subject to a fine or imprisonment, or both, under provisions of the Minnesota Criminal Code, and/or I (we) may be required to return all or part of the rehabilitation funds to the entity in which they were borrowed from. I (we) hereby authorize City of Pine City staff to enter my (our) home to identify work items necessary for the rehabilitation of my (our) home, to take photographs and to inspect work in progress while construction is occurring, during regular business hours. NOTE: The information requested in this application is legally required to determine if you qualify for participation in this rehabilitation program. A portion of the data is classified as "private data on individuals" under Minnesota Statutes 462.065. Use of data obtained is limited to the Federal Home Loan Bank of Des Moines. Your name, address and amount of assistance you receive is considered public data under the Minnesota Data Practices Act.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

EMPLOYMENT VERIFICATION



TO: (Name & Address of Employer)

FROM:

City of Pine City
Community Development Department
315 Main Street South
Pine City, MN 55063

RE: _____
Employee Name

Email: lsauter@pinecitygov.com

Contact Lezlie Sauter at (320) 438-1020 or
by email if you have any questions.

Thank you for your prompt response. All information is confidential.

PERMISSION FOR RELEASE OF INFORMATION

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature of Applicant/Tenant

Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above employee.

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Date First Employed _____ No _____ Last Day of Employment _____

Current gross wages/salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week (not included in regular hours): _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week (not included in regular hours): _____

Commissions, bonuses, tips, other: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other _____

Complete only if above wage data is unavailable: Year-to-date earnings: \$ _____ From / ____/____ through / ____/____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

Is the employee's work seasonal or sporadic? Yes _____ No _____ If yes, indicate the average number of weeks in the layoff period(s): _____

Does this employee have a 401(k), 403(b), or other retirement account? Yes _____ No _____ If yes, can the employee withdraw the funds in this account? Yes _____ No _____ What is the appropriate agency/contact information to verify retirement account information? _____

Additional remarks: _____

Signature: _____

Date: _____

Print your name: _____

Tel. #: _____

Title: _____

Company Name _____

Address _____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

CERTIFICATION OF ZERO INCOME
(Each adult household member must complete this form.)

Name: _____ Date: _____

Address: _____

A. Within the next 12 months, will you receive income from any of the following sources?

You must supply additional information to verify all 'Yes' answers.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wages, bonus, commissions, tips, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-employment (includes Uber/Lyft, online sales, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Unemployment Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | Annuities, insurance policies, stocks, etc. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Worker's Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pensions, IRA, 401K |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Payments | <input type="checkbox"/> Yes <input type="checkbox"/> No | Income from rental property |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Alimony | <input type="checkbox"/> Yes <input type="checkbox"/> No | Death Benefits |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | Interest/dividends from assets, including bank accounts |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security | <input type="checkbox"/> Yes <input type="checkbox"/> No | Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Work for cash (babysitting, lawncare, etc.) |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any other source (if yes, explain below)
_____ |

B. Mark the ONE statement that applies to you:

____ I do not expect to have any source of income in the next 12 months.

____ I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.

C. If you have circled N for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following: (write N/A if the cost does not apply to your household)

Mortgage: _____

Utilities: _____

Food: _____

Family clothing: _____

School supplies: _____

Cell phone or phone: _____

TV (cable, dish, satellite) and/or internet: _____

Medical/Dental care: _____

Medications & Prescriptions: _____

Personal care products (shampoo, toothpaste, etc.): _____

Vehicle expenses (car payments, insurance, fuel, etc.): _____

Payments on other expenses not listed above: _____

Additional comments _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date