

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

