

# HOME IMPROVEMENT LOAN APPLICATION ELIGIBILITY QUESTIONNAIRE

**Applicant:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Co-Applicant** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

Is this house located within the City limits of St. Cloud? Yes \_\_\_\_\_ No \_\_\_\_\_

**County:** Stearns \_\_\_\_\_ Benton \_\_\_\_\_ Sherburne \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

**Race:** White (Non-Minority) \_\_\_\_\_ Black \_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_  
Hispanic \_\_\_\_\_ Other Minority \_\_\_\_\_

The information concerning minority group categories is requested for statistical purposes only so the H.R.A. may determine the degree to which its programs are utilized by minority households.

**INCOME INFORMATION:**

List ALL residents of your household. Include yourself. Include all ages and their incomes (if any).

1. Incomes listed should include all income which your household can reasonably expect to receive during the next 12 months.
2. "Resident" means any person, other than a renter, living in the household for at least nine months of the year, or a person who is claimed as a dependent for income tax purposes.
3. List income before any payroll or other deductions (Gross Income).
4. If self employed, provide a copy of the previous two years Federal Tax Returns, and a Net Worth Statement prepared by your bank or tax preparer.

**Total number of Residents in household:** \_\_\_\_\_

Name of Resident	Age of Resident	Income of Resident (Per month)	Source of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income per month = \$ \_\_\_\_\_ X 12 Months = \$ \_\_\_\_\_ year income

**Property Information:**

Year Purchased \_\_\_\_\_ Price Paid \$ \_\_\_\_\_

Year Built \_\_\_\_\_ Current Estimated Market Value \$ \_\_\_\_\_

Are your Property Taxes paid to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this structure a mobile home? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Bedrooms in home \_\_\_\_\_

Types of Improvements Needed: \_\_\_\_\_  
\_\_\_\_\_

Any Improvements Urgent? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", indicate what and why: \_\_\_\_\_  
\_\_\_\_\_

Is any member of the family physically handicapped who could benefit from accessibility improvements? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" indicate the nature of the disability:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding mortgages on the property?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any outstanding Contracts-for-Deed on the property?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", what is the outstanding principal balance? \$ \_\_\_\_\_

What is the Name and Address of the Contract-for-Deed Holder?  
\_\_\_\_\_  
\_\_\_\_\_

Other comments you may wish to make: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in the following programs:

\_\_\_\_\_ MHFA Deferred Loan Program

\_\_\_\_\_ CDBG Targeted Area Deferred Loan Program (Must live within the Targeted Area)

**All information contained herein will be considered private and confidential in accordance with the Minnesota Government Data Practices Act, Minnesota Statutes, Section 13.01 to 13.87.**

Applicant Signature's: \_\_\_\_\_

Co-Applicant Signature's: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: If your income significantly changes while on our waiting list please notify the H.R.A. You may qualify for a different program which may have a shorter waiting list.