

# ST. CLOUD HRA HOMESTEAD INCENTIVE PROGRAM

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

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

Address of home to be purchased: \_\_\_\_\_

Which Core Neighborhood is property located in: \_\_\_\_\_

Contact Phone and/or email : \_\_\_\_\_

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

Ethnicity (Please list number of people in each category) \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

Race: (Please list number of people in each category)

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_\_ White
- \_\_\_\_\_ **Total number of people in household**

The information regarding minority group categories is requested for statistical purposes only so the St. Cloud HRA may determine the degree to which its programs are utilized by minority households.

## RESIDENT AND INCOME INFORMATION:

List ALL residents of your household. Include yourself. Include all ages and their incomes (if any). This includes children, significant others, family members and friends that may live in the household.

1. Incomes listed should include all income which your household can reasonably expect to receive during the next 12 months. Applicants will be required to provide appropriate documentation of all income sources for all members of the household.
2. "Resident" **means ANY person** living in the household or a person who is claimed as a dependent for income tax purposes.
3. List ALL income before any deductions (Gross Income). This includes but is not limited to child support received, social security, disability, VA benefits, etc.

Gross annual income from self-employment is the net profit from said self-employment as declared by the Applicant in Schedule C; F; or E, Part III, as appropriate. All depreciation is to be included as income.

If Homebuyer plans to have a renter in the property, said rent will be included as income.

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

<b>Name of Resident</b>	<b>Age of Resident</b>	<b>Income of Resident (Per month)</b>	<b>Source of Income</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

**ASSET INFORMATION:**

This program requires the household to have under \$50,000 in liquid assets. This includes checking, savings, money markets, stocks, CD's, etc. Applicants will be required to provide asset documentation for all members of the household. If Applicant is receiving any other down payment sources or "gift" funds for down payment, documentation should be provided to the HRA as well.

**Approximate amount of Assets for Household at time of application:** \_\_\_\_\_

**PROPERTY AND PURCHASE INFORMATION:**

Purchase Price: \_\_\_\_\_ Year Built: \_\_\_\_\_

Was the property formally a rental property? \_\_\_\_\_

First Time Homebuyer: \_\_\_\_\_ Yes \_\_\_\_\_ No Prior to purchase did you rent? \_\_\_\_\_ Yes \_\_\_\_\_ No

First mortgage loan product (FHA, VA, Conv.) \_\_\_\_\_

Mortgage Company and Contact Information: \_\_\_\_\_

Title Company: \_\_\_\_\_ Closing Date: \_\_\_\_\_

**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.**

**I, We, the undersigned hereby certify, subject to penalty under the law, that the information provided is complete, true and correct to the best of my knowledge and belief. Verification of the above information may be obtained from any source named above.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_