



HUD-934.3 (1-80)



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West Central Minnesota Communities Action, Inc
411 Industrial Park Boulevard
Elbow Lake, MN 56531

218-685-4486 or 1-800-492-4805 Extension 103

MURL HOUSING APPLICATION

Section I. PERSONAL INFORMATION

Name of Applicant _____

Date of Birth _____ Social Security No. _____

Marital Status: _____ Married _____ Unmarried (single, divorced, widowed) Race _____

Address _____
(Street) (City) (State) (Zip)

How long have you lived at this address? _____ What town are you interested in? _____

Do you presently live in Public Housing? Y N Are you a first time homebuyer? Y N

Have you attended Home Stretch Classes Y N If yes do you have a Home Stretch Certificate? Y N

Home telephone() _____ Message/work telephone() _____

Name of Co-Applicant, if any _____

Date of Birth _____ Social Security No. _____

Marital Status: _____ Married _____ Unmarried (single, divorced, widowed)

Other Household Members	Age	Relationship	Race
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and address of nearest relative not living with you:

Name _____ Relationship _____

Address _____ Telephone() _____
(Street) (City) (State) (Zip)

Does anyone in your household have a handicap? _____ If yes who is handicapped? _____

Please list the handicap. _____

Section II. INCOME INFORMATION

A. **INCOME AND EMPLOYMENT.** Information on employment and **ALL SOURCES OF INCOME** for you, your spouse, and other residents of your household age 18 and over must be disclosed. For the purpose of this program, “residents” includes all persons living in a housing unit for at least nine months of the year and who do not pay rent, or who are claimed as dependents for Federal Income Tax purposes. Verification of your income will be requested before your application may be processed.

1. **Individuals Receiving Regular Paychecks:**

a. _____
Employer’s name

Employer’s business address

Name of income earner

Monthly earnings

How long employed

Business telephone

b. _____
Employer’s name

Employer’s business address

Name of income earner

Monthly earnings

How long employed

Business telephone

B. **Other Sources of Income: AFDC, GA, Unemployment, Child support, etc.**

Specify Source _____ Monthly amount _____

Specify Source _____ Monthly amount _____

Specify Source _____ Monthly amount _____

Section III. CREDIT INFORMATION

We will be requesting a copy of your credit report. Information needed by the credit company to release the report includes:

Previous address:

Address _____
(Street) (City) (State) (Zip)

Co-applicants previous address:

Address _____
(Street) (City) (State) (Zip)

Section IV. REFERENCES

Please provide the name and address of your current landlord and a person who could serve as a reference for you.

Name _____ Relationship _____

Address _____
(Street) (City) (State) (Zip)

Phone Number _____

Name _____ Relationship _____

Address _____
(Street) (City) (State) (Zip)

Phone Number _____

Section VI. SIGNATURES

I/we certify that the statements contained in this application are true, accurate, and complete to the best of my knowledge and belief.

I/we hereby authorize the release of any information necessary for West Central Minnesota Communities Action, Inc. to obtain a credit report and process this application.

Applicant

Date

Co-applicant

Date

MONTHLY EXPENSES

FIXED EXPENSES:

Housing (Rent)	\$
Utilities (electric, gas, water, trash, phone, cable, internet, cell phone, etc)	\$
Telephone, Cable	\$
Transportation (Car Loan, insurance, parking)	\$
Student Loans	\$
Child Care	\$
Child Support/Alimony	\$
Credit Charges	\$
Other:	\$

FLEXIBLE EXPENSES:

Food (Groceries and restaurants)	\$
Clothing	\$
Gas and oil/Car Maintenance	\$
Toiletries/Personal Items	\$
Households	\$
Education	\$
Contributions	\$
Dental/Medical	\$
Entertainment/Recreation	\$
Newspaper/Recreation	\$
Other:	\$

PERIODIC EXPENSES:

Life/Health Insurance	\$
Car Licenses/Insurance	\$
Gifts	\$
Vacations	\$
Other:	\$
TOTAL MONTHLY EXPENSES:	\$
NET MONTHLY INCOME (take-home pay)	\$
MONTHLY DISCRETIONARY INCOME	\$

IMPORTANT PRIVACY NOTICE
****Read Before Completing the Application Form****

We are asking that you provide the information on the Rehabilitation Program application form to determine if you are eligible to participate in the program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- Staff and other persons involved in program administration.
- Local loan committee members who approve applications.
- Auditors who perform required audits of this program.
- Authorized personnel from the Minnesota Dept. of Employment and Economic Development, the U. S. Dept. of Housing and Urban Development or other local, state and federal agencies providing funding assistance for your loan.
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project's policy and procedural manual).
- Those persons who you authorize to see it.
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order, and, in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Minnesota law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you,
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data.

To learn more about these rights, contact WCMCA at 1-800-482-4805.

5/4/04

**West Central Minnesota Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531
218-685-4486 or 1-800-492-4805 Extension 103
FAX: 218-685-6741**

AUTHORITY TO RELEASE INFORMATION

This is your authority to release information regarding my income, employment, bank accounts, and outstanding debts including mortgages, to order a consumer credit report and to make other inquiries to support my application for a housing improvement loan from West Central MN Communities Action, Inc.

You may make copies of this letter to distribute to any party with which I have a financial or credit relationship and that party may treat that copy as an original.

Signature of Applicant

Date

Signature of Co-Applicant

Date

FAIR HOUSING & LEAD BASED PAINT CERTIFICATION

Fair Housing

I hereby certify that I have received information on the Fair Housing Civil Rights Act of 1968 and that I have read and understood the information.

Signature of owner

Date

Lead Paint

I hereby certify that I have received the publication entitled Protect Your Family From Lead in Your Home and that I have read and understood the information.

Signature of owner

Date

MURL Program
West Central Minnesota Communities Action, Inc.
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Please check the statement that applies to your situation:

- I have never owned a home.
- I have not owned a home in the last 3 years.
- I owned a home with a spouse and am now divorced.

Please answer the following questions:

Have you ever been convicted of a felony? Yes No

Are you able to go to a Financial Institution to secure Financing to purchase a home?

Yes No

Signature of Applicant

Date

Signature of Co- Applicant

Date

Are you enrolled in any other programs that West Central offers? If so – which ones-

How did you hear about the MURL Program?

AUTHORIZATION TO RELEASE INFORMATION

CRIMINAL HISTORY

- Yes No Have you ever been convicted of a felony and/or drug charge?
 Yes No Have you ever pleaded guilty or "no contest" to a felony and/or drug charge (whether or not resulting in a conviction)?
 Yes No Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)?
 Yes No Are you registered as a sex offender?
 Yes No Do you have ANY pending criminal charges?

If you answered yes to any question in this section, please explain. _____

I, _____
Last Name (Maiden Name) First Name Middle Name

at _____
Address

Hereby authorize any State or local Repository of Criminal Records to disclose to the **WEST CENTRAL MINNESOTA COMMUNITIES ACTION, INC. (WCMCA)**, the following information which is contained in my file:

Criminal activity, charges, arrests and/or convictions with respect to the following:

1. Any violent criminal activity, which has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another.
2. Drug related criminal activity, including but not limited to:
 - a. Possession, usage, distribution, transportation, sale, manufacture, or storage of illegal drugs and/or drug paraphernalia; or
 - b. Conviction of violating any state or federal laws relating to illegal drugs and/or drug paraphernalia.
3. Sexual Offender Charge

ARREST OR CONVICTION RECORDS

This information may be used for the following purpose(s) only: West Central MN Communities Action, Inc. This release shall be effective until thirteen (13) months from date of signature. I agree that a photocopy of this authorization may be used for the purposes stated above.

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____ State _____

Signed: _____ Dated: _____