Thank you for your interest in the Minnesota Urban and Rural Homesteading (MURL) Program. Enclosed is an application and information for your review.

Make sure that you are able to answer the following on the application and provide required documentation.

*Proof of all gross income received by each household member. Submit income verifications and general employment for the past 2 calendar months.
*Monthly Budget including general financial obligations including car payments, rent payments, credit card payments, and any other debt. Both the monthly payment and payoff amounts are required.
*List each member of the household including their age and their relationship to the applicant.
*Information regarding child custody and child support (whether received or paid).
*Information regarding financial assets, including savings and checking accounts, retirement programs, annuities, etc.

**You are responsible for providing these documents. Originals will not be returned**

West Central MN Communities Action will be administering and processing your application. If you provide any false information or engage in deception during any part of the application process, you will be eliminated from further consideration immediately. If your application is submitted and it is not complete it will delay the processing. If you have previously completed an application, a new application needs to be completed this program year.

Please feel free to call WCMCA at (218) 685-4486 with any questions.

Application material can be returned to: West Central MN Communities Action Inc.
411 Industrial Park Blvd.
Elbow Lake, MN 56531
MURL PROJECT INFORMATION SHEET

MURL is a first time homebuyer program for low to moderate-income families who are unable to purchase a home through conventional means. Eligible families must be considered “at risk” for home ownership. Barriers such as past credit problems, lack of a down payment, and low wages are all factors that limit a household’s ability to own a home, and would be considered “risk factors” for home ownership.

The MURL single-family homes will be sold on a zero-interest contract for deed with no down payment requirement. Qualified homebuyers may have up to thirty years to pay. Buyer must be able to afford to pay the house off in 30 years.

Eligible homebuyers must meet income guidelines, and be first-time homebuyers (a first time homebuyer includes individuals who owned a home with a spouse or significant other and are now separated or divorced, individuals who have not owned a home in the last three years, and individuals who have never owned a home.), and be unable to purchase a home through traditional financing. Buyers must pay 25% of their gross monthly income as the monthly house payment. Hazard insurance and property taxes are escrowed and are included in the 25% payment.

The income guidelines at this time are as follows:

<table>
<thead>
<tr>
<th>Grant and Otter Tail County</th>
<th>Douglas County</th>
<th>Pope County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household Size Income</strong></td>
<td><strong>Household Size Income</strong></td>
<td><strong>Household Size Income</strong></td>
</tr>
<tr>
<td>1</td>
<td>85,750</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>40,850</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>45,950</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>51,050</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>55,150</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>59,250</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>63,350</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>67,400</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Traverse County</th>
<th>Wilkin County</th>
<th>Clay County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household Size Income</strong></td>
<td><strong>Household Size Income</strong></td>
<td><strong>Household Size Income</strong></td>
</tr>
<tr>
<td>1</td>
<td>85,800</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>40,900</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>46,000</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>51,100</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>55,200</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>59,300</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>63,400</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>67,500</td>
<td>8</td>
</tr>
</tbody>
</table>

If you have questions regarding the program, please contact Heidi at 1-800-492-4805 or 218-685-4486
Minnesota Urban and Rural Homesteading Program

INSTRUCTIONS: Complete all information on this application. Please print. Use ink.

Disclosures: The private data requested in this application is legally required to determine if you qualify for participation in this Minnesota Housing program and to help Minnesota Housing manage the program. Financial Information, such as Income, credit reports, financial statements and net worth calculations, are classified as private data on individuals by Minnesota Statutes 462A.065. Other data that are requested and not described above are classified as private data on individuals under Minnesota Statutes 13.462 subdivision 3. You are not required to provide this Information; but if you do not provide it, we may be unable to determine your eligibility for this program and approve your application. The Information will be shared with Minnesota Housing staff whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized. Your name, address, and amount of assistance you apply for and receive are classified as public data under Minnesota Statutes 13.462 subdivision 2. The disclosure of your Social Security Number or Minnesota Tax Identification Number is not necessary, but is needed in order to run a credit report.

Name of Applicant______________________________________________________________

Date of Birth__________________ Social Security No._________________________ Household size________

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

Have you ever owned a home? □ Y □ N

If yes, explain:_______________________________________________________________

Have you attended Home Stretch Classes □ Y □ N

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.________________________

Highest Level of Education Completed: __________________________

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

Other Household Members Birthdate Relationship Race

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
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 required before your application may be processed.

A. Individuals Receiving Regular Paychecks

Employer’s name: ____________________________________________
Employer’s business address: __________________________________
Employer’s telephone: ________________________________
Name of income earner: ________________________________
Gross Monthly earnings: ________________________________
How long employed: ______________________________________

Employer’s name: ____________________________________________
Employer’s business address: __________________________________
Employer’s telephone: ________________________________
Name of income earner: ________________________________
Gross Monthly earnings: ________________________________
How long employed: ______________________________________

Employer’s name: ____________________________________________
Employer’s business address: __________________________________
Employer’s telephone: ________________________________
Name of income earner: ________________________________
Gross Monthly earnings: ________________________________
How long employed: ______________________________________

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

Specify Source___________________________________ Monthly amount________________________
Specify Source___________________________________ Monthly amount________________________
Specify Source___________________________________ Monthly amount________________________

Please see Sources of Income and Other Assistance sheet for requirements.
# Household Budget Estimate

Name: 

Date: 

## Housing Expenses

<table>
<thead>
<tr>
<th>Expensse</th>
<th>Monthly Payment</th>
<th>Balance Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/House Payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone/Cell</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water/Trash Pick-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cable TV/Internet, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Softer</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Insurance

<table>
<thead>
<tr>
<th>Expense</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health/Medical</td>
<td></td>
</tr>
<tr>
<td>Vehicle</td>
<td></td>
</tr>
<tr>
<td>Household - Rent or Home</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Personal Expenses (estimate)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food at home</td>
<td></td>
</tr>
<tr>
<td>Food away from home</td>
<td></td>
</tr>
<tr>
<td>Household supplies</td>
<td></td>
</tr>
<tr>
<td>Gas/Bus/travel</td>
<td></td>
</tr>
<tr>
<td>Clothing-Purchase/Haircuts</td>
<td></td>
</tr>
<tr>
<td>Education-Personal</td>
<td></td>
</tr>
<tr>
<td>Education - Children</td>
<td></td>
</tr>
<tr>
<td>Newspapers/Magazines</td>
<td></td>
</tr>
<tr>
<td>Medicines, Doctor/Dentist, Etc</td>
<td></td>
</tr>
<tr>
<td>Gifts/ Contributions/Dues</td>
<td></td>
</tr>
<tr>
<td>Pets</td>
<td></td>
</tr>
<tr>
<td>Cigarettes</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Loans/Credit

<table>
<thead>
<tr>
<th>Expensse</th>
<th>Monthly Payment</th>
<th>Balance Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School loan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car Payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Monthly Income:** 

**Monthly Expenses:** 

**Monthly Discretionary:**

Signature: ____________________  Date: ____________

Applicant

Signature: ____________________  Date: ____________

Co-Applicant
EMPLOYER VERIFICATION FORM

Applicant
Name of Employer: ____________________________________________
Employers Address: ____________________________________________
Employers Phone: ___________________ Employers Fax: ________________
Name of Employee: ____________________________________________
Dates of Employment: ____________________________________________

Co-Applicant
Name of Employer: ____________________________________________
Employers Address: ____________________________________________
Employers Phone: ___________________ Employers Fax: ________________
Name of Employee: ____________________________________________
Dates of Employment: ____________________________________________

I hereby grant WEST CENTRAL MN COMMUNITIES ACTION, INC. permission to make inquiries regarding my employment with the above named employer. I understand this information is classified as "private data on individuals" under Minnesota Statutes 462A.065.

Employee Signature _______________ Date ________________

Employee Signature _______________ Date ________________

REFERENCES

Please provide the name and address of your current landlord, boss, current employer, a person who could serve as a reference for you that is not related and is not a friend.

Name_________________________ Relationship_____________________
Address ___________________________ (Street) (City) (State) (Zip)
Phone Number _________________________

Name_________________________ Relationship_____________________
Address ___________________________ (Street) (City) (State) (Zip)
Phone Number _________________________
CREDIT INFORMATION

We will be requesting a copy of your credit report. Your credit score will be used as a factor to determine whether you do not qualify for traditional financing.

[ ] I allow the MURL Program Administrator to request my credit score and/or credit history from reporting agency.
[ ] I do not wish to allow the MURL Program Administrator to request my credit score and/or credit history from a reporting agency.

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          (Signature Required)  Date

_____________________________  ______________________________
Signature of Co-Applicant       (Signature Required)  Date

CERTIFICATION

I/we certify that the statements contained in this application are true, accurate, and complete to the best of my knowledge and belief. **If you provide any false information or engage in deception during any part of the application process, you will be eliminated from further consideration immediately.**

Each of the undersigned hereby acknowledge that any owner of this loan, its services, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source names in this application or a consumer reporting agency.

**Signatures:** All residents age 18 or over with an income must sign this application.

Borrower Signature: ______________________________  Date of Application: ______________________________

Co-Borrower Signature: ______________________________  Date of Application: ______________________________

Co-Borrower Signature: ______________________________  Date of Application: ______________________________

Criminal Background Check

*If you are selected in the process as a final candidate for the MURL Program home, additional information will be requested.*
West Central MN Communities Action, Inc.
Discrimination Policy

West Central MN Communities Action, Inc. will not discriminate. Our services will not discriminate against persons based on:

- Race
- Color
- Creed
- Religion
- National origin
- Gender
- Marital status
- Status with regard to public assistance
- Disability
- Sexual orientation
- Age

If you need some type of assistance or accommodation in order to fully use our services, please tell any staff member. If you believe West Central MN Communities Action, Inc. has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with:

Missy Becker-Cook, Human Resource
West Central MN Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN  56531
1-218-683-4486 or 1-800-492-4805, Ext. 112

I have discussed West Central MN Communities Action, Inc.’s Discrimination Policy and have been given a copy of this policy for my records:

Signed: ________________________________  Date: ______________


YOUR PRIVACY RIGHTS: THE TENNESSEEN WARNING

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you.

Why do we ask for this information?
We may ask you for information so we can:
- Tell you from other persons who have the same name or a similar name
- Decide if you are eligible to receive services form West Central MN Communities Action
- Assist you in getting medical, mental health, financial or social services from outside agencies
- Make reports, do research, audits and evaluate our programs
- Advocate for additional services as determined by your needs

Do you have to answer the questions we ask?
Generally the law does not say you have to give us information. However, without some of the information requested, we may not be able to find the appropriate help for you. Giving us incorrect information or not providing complete information may delay or eliminate some services you would be eligible for.

With whom may we share the information we are requesting?
The following are examples of agencies or organizations we may need to share information with on your behalf and are not intended to provide a complete list. This does not mean we always share information about you with these people.
- Social services
- Mental health centers
- Child support workers
- Medical facilities
- Minnesota Department of Economic Security
- Minnesota Housing
- Minnesota Department of Human Services
- Minnesota Office of Economic Opportunity
- Housing and Urban Development
- Community Food Shelves
- Higher education facilities
- Court Officials
- Anyone else the law says we must provide information to

You have the right to copies of information about you:
You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for these copies. You may give other people permission in writing to see and have copies of private data about you. If you have any questions about the information, you may ask to have it explained to you.

How do you appeal if you think information is not accurate or complete?
Your objection must be in writing and must be sent to the Executive Director of West Central MN Communities Action at:

Missy Becker-Cook, Executive Director
West Central MN Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531

You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask a staff member.

If you have any questions about the information on this form, ask a staff person.
I understand my rights and have been given a copy for my records,

Signed: ___________________________ Date: _______________