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

The initial application packet includes the following:

1. MURL Application
2. Income guidelines
3. Income source instruction sheet
4. Household monthly budget
5. Release forms

You must:

1. Complete the application as thoroughly as possible. Signatures and dates are needed for all adult household members
2. Submit verification of income for all household members receiving income (last 2 full calendar months)
3. Completed criminal background and consent forms for all adult household members (call if additional forms are needed)
4. Specify which home you are applying for

West Central MN Communities Action, Inc. will be administering and processing applications on a first come, first served basis. Applications will be processed in the order in which completed applications are received in our office. 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
Sources of Income and Other Assistance

Send proof of all gross income received by each household member in the last 2 full calendar months.

Proof of Income by type:

- **Wages**: Check stubs for 2 months and the enclosed Employer Verification form completed.
- **MFIP, DWP, GA**: Statement from the county showing monthly amounts.
- **Spousal Support or Alimony**: A printout from MN Department of child support web site or bank statements for the past 2 months.
- **Disability Payments, Veteran’s Benefits, Workers’ Compensation, Social Security, RSDI and SSI**: Award letters, bank statements showing direct deposits or a copy of the check(s).
- **Unemployment Compensation**: Unemployment weekly benefit printout from [http://www.uimn.org](http://www.uimn.org). Click on “Log in to My Account” and log in, go to “View and Maintain My Account,” then “Payment Information,” and enter date range for the last 3 full calendar months.
- **Self Employed, Farm, and Rental Income**: The first 2 pages of the 1040 federal income tax return for the past 3 years.
- **Interest, Dividend**: Bank statements or your IRS-1099 or IRS 1040.
- **Retirement Income**: Benefit checks/stubs, bank statements or award letter.
- **Pensions and annuities**: Benefit checks/stubs, bank statements or award letter.
- **Tribal Bonus, Judgments or Per Capita Payments**: Benefit checks/stubs, bank statements or award letter.

**Please send a copy of your income proof. Originals will not be returned.**
MURL PROJECT INFORMATION SHEET 2014

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>House Hold Size</td>
<td>Income</td>
<td>House Hold Size</td>
</tr>
<tr>
<td>1</td>
<td>$34,000</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>$38,650</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>$43,700</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>$48,850</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>$54,450</td>
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</tr>
<tr>
<td>6</td>
<td>$60,250</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>$64,100</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>$64,100</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>House Hold Size</td>
<td>Income</td>
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</tr>
<tr>
<td>1</td>
<td>$34,650</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<td>2</td>
</tr>
<tr>
<td>3</td>
<td>$44,550</td>
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<tr>
<td>4</td>
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<tr>
<td>7</td>
<td>$61,400</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>$65,350</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 Extension 103.

Please send a copy of the household income for the last current month from everyone who is living there 18 years of age or older.
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 release if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

Signature of Applicant (Signature Required) __________________________ Date ____________

Signature of Co-Applicant (Signature Required) __________________________ 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.
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

## Housing Expenses
- Rent/House Payment
- Heat
- Electricity
- Telephone/Cell
- Water/Trash Pick-up
- Cable TV/Internet, etc.
- Natural gas
- Water Softener

## Sub-total

## Insurance
- Health/Medical
- EE Pera
- Dental
- Vehicle
- Household
- Flex Plan-Aflac
- Other

## Sub-total

## Loans/Credit
- Credit Card
- Credit Card
- Credit Card
- School loan
- Car Payment
- Loan
- Medical
- Glasses/contacts

## Sub-total

## Personal Expenses
- Food at home
- Food away from home
- Household supplies
- Clothing-Purchase/Haircuts
- Education-Personal
- Education - Children
- Newspapers/Magazines
- Medicines, Doctor/Dentist, Etc
- Gifts/ Contributions/Dues
- Pets
- Cigarettes

## Sub-total

## Vehicle/Transportation
- Rides
- Bus
- Gas, Oil, Lube
- Tires, Battery, Filters
- Repairs
- Licensing

## Sub-total

## Taxes
- Federal/State Income (if self-employed)
- Property
- Other
- Other

## Sub-total

---

**Monthly Income:**

**Monthly Expenses:**

**Monthly Discretionary:**

---

**Signature:** ___________________________  **Date:** ______________

**Applicant**

**Signature:** ___________________________  **Date:** ______________

**Co-Applicant**
EMPLOYER VERIFICATION FORM

Name of Employer: ________________________________
Employers Address: ________________________________
Employers Phone: ____________________ Employers Fax: ____________________
Name of Employee: ________________________________

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

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 a 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.

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 __________________________
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.
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 to perform a criminal background check.