

Red Wing Housing and Redevelopment Authority

AHTF Homebuyer Assistance Program

Date: _____

Incomplete applications will not be accepted.

1. APPLICANT INFORMATION							
Applicant				Co-Applicant			
Applicant Name:				Co-Applicant Name:			
Social Security Number:				Social Security Number:			
Social Security Number	Home Phone	Age	Date of Birth	Social Security Number	Home Phone	Age	Date of Birth
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried		<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried	
Present Address (Street / City / State / Zip)			No. of Mos	Present Address (Street / City / State / Zip)			No. of Mos.
<input type="checkbox"/> Own <input type="checkbox"/> Rent				<input type="checkbox"/> Own <input type="checkbox"/> Rent			
If Rent: Landlord Name / Address / Phone #			If Rent: Mo. Rent	If Rent: Landlord Name / Address / Phone #			If Rent: Mo. Rent
			\$				\$
If you have resided at this address for less than 36 months, please complete the following for the past 36 months:							
Address (Street / City / State / Zip)			No. of Mos.	Address (Street / City / State / Zip)			No. of Mos.
<input type="checkbox"/> Own <input type="checkbox"/> Rent				<input type="checkbox"/> Own <input type="checkbox"/> Rent			
If Rent: Landlord Name / Address / Phone #			If Rent: Mo. Rent	If Rent: Landlord Name / Address / Phone #			If Rent: Mo. Rent
			\$				\$
Address (Street / City / State / Zip)			No. of Mos.	Address (Street / City / State / Zip)			No. of Mos.
<input type="checkbox"/> Own <input type="checkbox"/> Rent				<input type="checkbox"/> Own <input type="checkbox"/> Rent			
If Rent: Landlord Name / Address / Phone #			If Rent: Mo. Rent	If Rent: Landlord Name / Address / Phone #			If Rent: Mo. Rent
			\$				\$

1. APPLICANT INFORMATION - Continued					
Applicant			Co-Applicant		
Dependants Living At Home:	Age	Sex	Dependants Living At Home:	Age	Sex
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		

2. INCOME INFORMATION					
Applicant			Co-Applicant		
Name / Address / Phone of Current Employer:		Months Employed	Name / Address / Phone of Current Employer:		Months Employed
Position Held:		Monthly Income: \$	Position Held:		Monthly Income: \$
Hours per Week Worked:	Hourly rate of pay: \$		Hours per Week Worked:	Hourly rate of pay: \$	
If you have been employed at the above job for less than 36 months, please complete the following for the past 36 months:					
Name / Address / Phone of Employer:		Months Employed	Name / Address / Phone of Employer:		Months Employed
Position Held:		Monthly Income: \$	Position Held:		Monthly Income: \$
Hours per Week Worked:	Hourly rate of pay: \$		Hours per Week Worked:	Hourly rate of pay: \$	
Name / Address / Phone of Employer:		Months Employed	Name / Address / Phone of Employer:		Months Employed
Position Held:		Monthly Income: \$	Position Held:		Monthly Income: \$
Hours per Week Worked:	Hourly rate of pay: \$		Hours per Week Worked:	Hourly rate of pay: \$	

2. INCOME INFORMATION - Continued					
Applicant			Co-Applicant		
Describe "Other Income" received by the applicant / co-applicant and dependants: Social Security, SSI, MFIP, welfare, disability, social services, pension, alimony, child support and any other recurring income sources:					
Individual	Type	Mo. Amount	Individual	Type	Mo. Amount
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

3. ASSET INFORMATION			
Applicant		Co-Applicant	
List checking, money market and savings accounts below:			
Name / Address of Bank, S & L, Credit Union:		Name / Address of Bank, S & L, Credit Union:	
Account #:	Value: \$	Account #:	Value: \$
Name / Address of Bank, S & L, Credit Union:		Name / Address of Bank, S & L, Credit Union:	
Account #:	Value: \$	Account #:	Value: \$
Name / Address of Bank, S & L, Credit Union:		Name / Address of Bank, S & L, Credit Union:	
Account #:	Value: \$	Account #:	Value: \$
Name / Address of Bank, S & L, Credit Union:		Name / Address of Bank, S & L, Credit Union:	
Account #:	Value: \$	Account #:	Value: \$

3. ASSET INFORMATION - Continued			
Applicant		Co-Applicant	
OTHER ASSETS	Cash / Market Value	OTHER ASSETS	Cash / Market Value
Stocks & Bonds (Company Name/Address/Number & description)		Stocks & Bonds (Company Name/Address/Number & description)	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Life Insurance Net Cash Value (Company Name / Number & description)		Life Insurance Net Cash Value (Company Name / Number & description)	
	\$		\$
	\$		\$
	\$		\$
Real Estate Owned (Type / Address / % Ownership Interest)		Real Estate Owned (Type / Address / % Ownership Interest)	
	\$		\$
	\$		\$
Vested Interest In Retirement Fund:	\$	Vested Interest In Retirement Fund:	\$
Automobiles (Make & Year)		Automobiles (Make & Year)	
	\$		\$
	\$		\$
	\$		\$
Other assets (Itemize)		Other assets (Itemize)	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

5. DECLARATIONS					
Applicant			Co-Applicant		
If you answer "YES" to any question A through I, please use a continuation sheet for explanations.					
Declarations	YES	NO	Declarations	YES	NO
A. Are there any outstanding judgments against you?			A. Are there any outstanding judgments against you?		
B. Have you declared bankruptcy within the past 7 years?			B. Have you declared bankruptcy within the past 7 years?		
C. Have you had property foreclosed upon or given title or deed in lieu thereof in the past 7 years?			C. Have you had property foreclosed upon or given title or deed in lieu thereof in the past 7 years?		
D. Are you a party to a lawsuit?			D. Are you a party to a lawsuit?		
E. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment? (This includes such loans as home mortgage, SBA, home improvement, educational, manufactured home, any mortgage, financial obligation, bond, or loan guarantee. If "YES" provide details including: date/name/address of lender/FHA, VA case # and reasons for the action.)			E. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment? (This includes such loans as home mortgage, SBA, home improvement, educational, manufactured home, any mortgage, financial obligation, bond, or loan guarantee. If "YES" provide details including: date/name/address of lender/FHA, VA case # and reasons for the action.)		
F. Are you presently delinquent or in default on any Federal or State debt or any other loan mortgage, financial obligation, bond, or loan guarantee? If "YES" give details as described in Question E.			F. Are you presently delinquent or in default on any Federal or State debt or any other loan mortgage, financial obligation, bond, or loan guarantee? If "YES" give details as described in Question E.		
G. Are you obligated to pay alimony, child support, or separate maintenance?			G. Are you obligated to pay alimony, child support, or separate maintenance?		
H. Are you a co-maker or endorser on a note? If "YES" give details as described in Question E.			H. Are you a co-maker or endorser on a note? If "YES" give details as described in Question E.		
I. Have you had an ownership interest in a property in the last 36 months? (1.) If so, what type of property did you own? (2.) How did you hold title to the property – solely / jointly with your spouse / jointly with another person?			I. Have you had an ownership interest in a property in the last 36 months? (1.) If so, what type of property did you own? (2.) How did you hold title to the property – solely / jointly with your spouse / jointly with another person?		
J. Are you a United States citizen?			J. Are you a United States citizen?		
K. Are you a permanent resident alien?			K. Are you a permanent resident alien?		
L. Do you intend to occupy this property as your primary residence?			L. Do you intend to occupy this property as your primary residence?		

6. CERTIFICATIONS			
I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties.			
Applicant Signature	Date	Co-applicant Signature	Date

Resident Screening/Consumer Report Verification

“I hereby authorize **Red Wing Housing and Redevelopment Authority** permission to obtain a Resident Screening/Consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, national sex offender, landlord tenant filings, rental history, criminal background check, FBI terrorist, and/or any other necessary information. **I hereby expressly release Red Wing Housing and Redevelopment Authority and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.**”

The following individual has made an application with this agency for a Homebuyers Assistance loan.

First:	Middle:	Last:
Maiden:	Alias:	Former:

Date of Birth:	Sex: Male Female
Social Security Number:	

I hereby authorize the release of any Resident Screening/Consumer Report to the Red Wing HRA.	
Signature:	Date:

AUTHORIZATION TO RELEASE INFORMATION

Red Wing HRA

PHONE: 385-0551

APPLICANT INFORMATION

Last name: _____ **First name:** _____

Former name: _____ **Maiden name:** _____

Full middle name: _____ **D.O.B.** _____ **Sex:** ___ **Male** ___ **Female**

Social Security Number: _____

I _____ hereby authorize and grant my informed consent to permit the Red Wing Police Department to release and make available to Red Wing Housing and Redevelopment Authority any criminal record information that has been collected by the Red Wing Police Department as a result of my contacts and associations with the Red Wing Police Department. I also authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the manager/landlord listed above for the purpose of determining my eligibility to obtain a homebuyers assistance loan.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

LAW ENFORCEMENT USE ONLY BEYOND THIS LINE

CRIMINAL RECORD

Crime	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Person completing criminal history: Tim Bohmbach

Date: _____

Agency: Red Wing Police Department

Signature: _____