

MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM (MURL) INSTRUCTIONS

TRI-COUNTY ACTION PROGRAM, INC

COMMUNITY DEVELOPMENT

1210 23rd Avenue S, PO BOX 683, WAITE PARK, MN 56387-0683

320.251-1612

www.tricap.org

Thank you for your interest in the Minnesota Urban and Rural Homesteading (MURL) Program. Enclosed is an application and instructions to assist you in the application process. Please read this document very carefully, along with the Description. It is very important that you answer all questions on the application, and you must be able to provide copies of certain essential documents. You are submitting this application for homeownership in the **City of Sauk Centre**. **This application must be received by March 29, 2019.**

You do not qualify for this program if:

- * You have ever owned a home in the past or present, or have been on the title of any home for any reason, including inheritance, within the past 3 years.
- * You have been approved for a conventional mortgage loan.
- * You do not have sufficient monthly income to support the payments of a mortgage, insurance and taxes.
- * You are unable to occupy the property as a principal residence. Temporary subleases are not allowed.

Make sure that you are able to answer the following on the Application:

- * General employment and income information which can be documented and verified for the past three years.
- * Total combined assets of all persons residing in the household.
- * General financial obligations, including car payments, rent payments, credit card payments, and any other long term debt. Both the monthly payment and payoff amounts will be required.
- * Who the members of the household are, their ages, and their relationships to the Applicants.
- * 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 should be prepared to furnish copies of the following documents:

- * The past three years of your Federal Tax Returns, as well as applicable W-2/1090 Wage Statements.
- * The six most recent pay stubs.
- * Verification of any other income.
- * Six most recent statements for bank accounts, retirement accounts, or any other financial assets.
- * Minnesota Driver's License/State ID
- * Social Security Card
- * Legal documentation of child custody and/or support, whether the children are residing with you or you are providing support to them.
- * Documentation of conventional mortgage loan results.
- * Copy of certificate obtained for attending the homebuyer education and counseling class.

You are responsible for providing copies of these documents. Once submitted, they cannot be returned.

Be absolutely truthful in completing this application, even though you may be including information which you believe to be detrimental. We will be conducting whatever investigation we believe to be needed to confirm information which you are providing, and any false statements, whether intentional or not, may disqualify you from this program. We have provided forms to authorize us to conduct these checks, and these forms must be signed and returned with the application.

MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM (MURL) INSTRUCTIONS

TRI-COUNTY ACTION PROGRAM, INC

COMMUNITY DEVELOPMENT

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Tri-CAP is 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. Simply submitting an application does not constitute any obligation on the part of Tri-CAP to approve the application. If you have previously completed an application, a new application is required. Once your **completed** application is reviewed you will receive a status notification letter informing you of the next steps in the process. **This entire process can take up to 3 months before an applicant will occupy the home.** Tri-CAP will continue to accept applications until the Housing Advisory Committee selects a candidate.

The home will be available for viewing scheduled by Tri-CAP. Please feel free to call Tri-CAP at (320) 251-1612 with any questions.

Application material can be returned to: Tri-CAP Community Development
Attn: Doris
PO Box 683
Waite Park, MN 56387

MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM (MURL) DESCRIPTION

TRI-COUNTY ACTION PROGRAM, INC

COMMUNITY DEVELOPMENT

1210 23rd Avenue S, PO BOX 683, WAITE PARK, MN 56387-0683

320.251-1612

www.tricap.org

Tri-County Action Program, Inc is a private non-profit agency whose mission is to expand opportunities for the economic and social well-being of our residents and the development of our communities. One of the programs the agency provides is access to decent, safe, affordable housing. **MURL homes are sold at no profit, and with no interest, to households who could not otherwise afford a home. Homes are sold as Contract for Deed to qualifying families (see guidelines below).**

A MURL home is currently available in **St. Cloud**. Applications will be accepted until further notice.

Please read the following MURL guidelines:

- * You must be a **FIRST TIME HOMEBUYER**. A first time homebuyer is defined as an individual and his or her spouse/partner who have not owned a home during the three-year period prior to applying to the MURL program.
- * You must be an **AT RISK HOMEBUYER**. At Risk homebuyers include individuals or families who have low to moderate income, or would otherwise be unable to afford homeownership or qualify for a mortgage, and have the income to sustain a house payment, taxes and insurance.
- * Family income (including all age 18+ individuals' incomes in household) must be at or below the following levels:

| <u>Household Size</u> | <u>Income Limit</u> |
|-----------------------|---------------------|
| 1 Person | \$39,550 |
| 2 People | \$45,200 |
| 3 People | \$50,850 |
| 4 People | \$56,500 |
| 5 People | \$61,050 |
| 6 People | \$65,550 |
| 7 People | \$70,100 |
| 8 People | \$74,600 |

- * Applicants agree to have a third party verification of employment, financial accounts and credit history.
- * Applicants agree to provide a copy of the certificate awarded for completing the Homebuyer's education course.
- * Applicants agree to submit documentation of denial/approval of conventional loan.
- * If approved, applicants agree to occupy the property as their principle residence within 60 days of the closing on the Contract for Deed.
- * If approved, applicants are required to apply 25% of their household gross monthly income or the amount needed to pay the hazard insurance and real estate taxes and assessments for the property, as payment to the obligations incurred under the Contract for Deed. Applicants agree to maintain regular income to sustain the Contract for Deed payments and to participate in the recertification of their household income on an annual basis.
- * If approved, applicants agree to pay 4% late fee if payments are late.
- * If approved, applicants agree to abide by city ordinances and the MURL "Good Neighbor Policy".
- * If approved, applicants agree to sustain regular home maintenance.
- * If approved, applicants agree to establish utility accounts in their name the day of the closing.
- * If approved, applicants will develop a plan to qualify for a conventional mortgage to purchase the home from Tri-CAP within 3-5 years.

MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM (MURL)

TRI-COUNTY ACTION PROGRAM, INC

COMMUNITY DEVELOPMENT

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Sources of Income & Documentation needed

| Type | Documentation |
|---|--|
| Salary or Wage | <ul style="list-style-type: none"> ▪ 2 months + current paycheck stubs |
| Self-Employment, Farm, Rental 3 years of tax forms needed | Sole Proprietorship or Farm Operation: <ul style="list-style-type: none"> ▪ Schedule C – for a proprietorship ▪ Form 8829 – if Borrower operates the business out of the home ▪ Schedule F – for a farm operation Partnership: <ul style="list-style-type: none"> ▪ Schedule E ▪ Form 1065 K-1 ▪ US Partnership Return of Income Form 1065 S-Corporation: <ul style="list-style-type: none"> ▪ Schedule E ▪ Form 1120S K-1 ▪ W-2 or 1099 Form ▪ US Small Business Income Tax Return Form 1120S |
| Disability, VA, Pensions, Social Security benefits. 6 months of verification needed | <ul style="list-style-type: none"> ▪ A current check; or ▪ Bank statements; or ▪ County disbursement printout; or ▪ Current year award letter |
| Child/Spousal Support, Unemployment Compensation, Public Assistance, Worker’s Compensation 1 year of verification needed | <ul style="list-style-type: none"> ▪ County Disbursement printout; or ▪ Agency/Company disbursement printout |
| Interest/Dividends 1 year of verification needed | <ul style="list-style-type: none"> ▪ 1099 Forms; or ▪ Bank Statement; or ▪ Federal Tax Form 1040 |
| Investment Property/Owner Occupied Duplex Contract for Deed | <ul style="list-style-type: none"> ▪ Copy of Contract for Deed |
| Educational Grants | <ul style="list-style-type: none"> ▪ Copy of Grant Awards Letter |
| Roommate Rent | <ul style="list-style-type: none"> ▪ Copy of Written Rental/Lease Agreement |
| Other Household Income | <ul style="list-style-type: none"> ▪ Always include other sources of income not specifically excluded. |



Minnesota Urban and Rural Homesteading Program Borrower Application

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

Borrower Information This application must be received by February 28, 2019

| | | | | |
|---------------------------------------|---------------|------------------------|-----------------------|--|
| Last Name | | First Name | | MI |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security (or Tax ID Number) | Date of Birth | Dependents under 18 | Other Dependents | Disabled Household |
| Household Size | Employer | | Years Employed | |
| () Business Phone | | Extension | () Home Phone | |
| Mailing Address | | Mailing Address 2 | | |
| City | State | | Zip Code | |

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.

| | |
|---|---|
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Separated | Race (select 1 or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

I do not wish to furnish this information

Co-Borrower Information (Repeat for all Co-Borrowers)

Last Name

First Name

MI

Social Security (or Tax ID Number)

Date of Birth

Sex

- Male
 Female

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

Marital Status

- Married
 Not Married
 Separated

Race
(select 1 or more)

- White
 Asian
 Black or African American
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

Relationship to Borrower

- Co-Head of Household
 Other Adult
 Dependent
 Spouse

Household Information

Income

List all income for household residents age 18 or over. Income listed should include all income which can be reasonably expected to be received during the next 12 months.

Income includes, but is not limited to, the following sources by any resident, 18 or over:

| | |
|---|---|
| Base Pay | Educational Grants |
| Self-Employment | Transfer Payment Income (Unemployment Compensation, Public Assistance, Worker's Compensation, Disability, VA, Pensions, Social Security Benefits) |
| Variable Income (Bonus, Overtime, Shift Pay, Commissions, Tips, Seasonal) | Interest/Dividend |
| Flexible Benefit Cash | Rental Income (If you have lease with renter) |
| Housing Car/Allowance | Roommate's Income (If there is not a lease with renter) |
| Child/Spousal Support | Other |

| Name of all Residents | Source | Annual Income |
|--------------------------------------|--------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| Total Annual Household Income | | \$ _____ |

Assets

List the cash value of assets held by all household residents. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

| | |
|--|----------|
| Cash on hand, in checking accounts, or in savings accounts (including those held in trust). | \$ _____ |
| Cash value of Securities of U.S. Savings Bonds, IRAs, 401K, etc. | \$ _____ |
| Redemption value of life insurance policies. | \$ _____ |
| Personal property including, but not limited to: farm equipment, farm stock, business machinery, and/or inventory, additional vehicles, etc. excluding household furnishings, clothing, and one personal vehicle. | \$ _____ |
| Other (i.e., other land holdings, etc. specify): | \$ _____ |
| TOTAL ASSETS | \$ _____ |

Business assets of self-employed individuals must be verified by attaching a net worth statement signed and prepared by an impartial third party.

Debt History

List the outstanding balance of all loans and credit cards and the balance you currently owe.

| Bank/Credit Card Name | Outstanding Balance | Current |
|-----------------------|---------------------|--|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Credit History

Your credit score will be used as a factor to determine whether you do not qualify for traditional mortgage 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.

Certification:

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

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, 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 named 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

MURL Program Administrator

\$

Estimated Contract for Deed Amount

MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM (MURL)

Tri-CAP Services Application

TRI-COUNTY ACTION PROGRAM, INC

COMMUNITY DEVELOPMENT

1210 23rd Avenue S, PO BOX 683, WAITE PARK, MN 56387-0683

320.251-1612

www.tricap.org

 First Name Middle Last Name

Registered Voter: Y / N Primary Language: _____

See key below for help:

Health Insurance: _____ Residency Status: _____ Housing: _____

Highest level of Education completed: _____ Did you serve 180 days in the military? Y / N

Family Type: _____ Length of time at current residence: _____

Disability: Y / N If yes, type of disability: _____ Diagnosis date: _____

| Key: | | | | |
|-----------------------|--------------------|-------------------------|------------------|------------------------|
| <u>Marital Status</u> | <u>Health Ins</u> | <u>Residency Status</u> | <u>Education</u> | <u>Family Type</u> |
| Single | None | Citizen | 0 – 8 yrs | Single parent - F |
| Married | Medical Assistance | Eligible Non-Citizen | 9 – 12 yrs | Single parent - M |
| Divorced | Medicare | <u>Housing</u> | HS grad | 2 parent household |
| Domestic Partner | Private | Rent | GED | Single person |
| Separated | MN Care | Own | 12+ some college | 2 adults/no kids |
| Widowed | VA | Homeless | 2 or 4 yr degree | Grandparents w/kids |
| | Other | Temporary | | Mixed Adults with kids |
| | | | | Extended Family |

List your average monthly expenses for the following:

Rent/Mortgage _____ Heat (Gas, Wood, Etc.) _____ Medical _____
 Food _____ Cable T.V. _____ Electricity _____
 Water _____ Car & Gas _____ Furniture _____
 Phone _____ Prescription Drugs _____

List the creditor and the balance you currently owe on all outstanding loans, credit cards, etc.:

| Source of Debt | Outstanding Balance | Debt in Collections | Outstanding Balance |
|----------------|---------------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Additional Family Members

1

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____ Social Security number _____

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in the military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

2

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____ Social Security number _____

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

3

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____ Social Security number _____

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

4

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____ Social Security number _____

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

Attach a separate sheet if necessary for any additional household members

I certify that the information in this application is true to the best of my knowledge:

Head of Family Signature

Date

Additional Family Members

5

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____ Social Security number _____

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in the military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

6

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____ Social Security number _____

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

7

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____ Social Security number _____

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

8

First Name _____ Middle Name _____ Last Name _____ Date of Birth _____ Social Security number _____

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

Attach a separate sheet if necessary for any additional household members

I certify that the information in this application is true to the best of my knowledge:

Head of Family Signature

Date

Additional Family Members

9

 First Name Middle Name Last Name Date of Birth Social Security number

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in the military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

10

 First Name Middle Name Last Name Date of Birth Social Security number

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

11

 First Name Middle Name Last Name Date of Birth Social Security number

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

12

 First Name Middle Name Last Name Date of Birth Social Security number

Gender: M / F **Relationship to Head of Household:** _____ **Highest level of Education:** _____

Disability: Y / N **If yes, type:** _____ **Residency Status:** _____

Marital Status: _____ **Hispanic/Latino:** Y / N **Serve 180 days in military?** Y / N **Health Ins:** _____

Race: Asian * Black/African Amer * Native Hawaiian/Pacific Islander * Us Indian/Alaskan Native * White * Other _____

Attach a separate sheet if necessary for any additional household members

I certify that the information in this application is true to the best of my knowledge:

Head of Family Signature

Date

MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM (MURL) QUESTIONNAIRE

TRI-COUNTY ACTION PROGRAM, INC
COMMUNITY DEVELOPMENT
1210 23rd Avenue S, PO BOX 683, WAITE PARK, MN 56387-0683
320.251-1612
www.tricap.org

About the partnership between you and Tri-CAP

READ THIS: *We want to make sure you understand what it means to be a homeowner with Tri-CAP. We are able to offer affordable houses because we partner with Minnesota Housing Finance Agency to provide affordable housing in our community. The time to rehab your house may differ from other home construction processes in that it takes longer because we rely on volunteers to help in that process. It can take four months or more sometimes. You need to sustain your housing during this time. We rely on families to be good ambassadors of our organization. We partner with families that have a need for simple, decent, affordable housing, the ability to pay a mortgage, and are willing to partner with us.*

About your family

1. What are your short term goals as a family?

- What are your long term goals as a family?
- How will owning a home help achieve these goals?

2. Does your family agree to represent Tri-CAP in a positive manner and be a valued member of your neighborhood?

- Are you okay with publicity/ representing Tri-CAP at events? Yes No

3. This is a long-term commitment with a mortgage typically lasting for 30 years. Tri-CAP is requiring for your household to develop a plan to qualify for a conventional mortgage within 3-5 years to purchase the home from the agency. Have you applied for a conventional mortgage loan? Yes No

Documentation of loan results are required with this application.

4. You will be required to make a monthly mortgage payment based on your family's income (25% of gross). How much do you pay for housing now?

- Would it be difficult if the mortgage payment is higher than your current rent payment?
- How would you budget?

About the area you live in

5. Would it be an issue for the kids to change schools if you move to another area? Yes No
6. Do you have a support system nearby? Yes No

Homeownership

7. Tri-CAP will be your mortgage company, not your landlord. This means that you are taking out a loan with Tri-CAP at a zero percent interest rate. You become the homeowner when you sign the legal papers at the Closing. All future repairs and improvements on your home will be your own responsibility. What does that mean to you?
8. What is your Plan B if you were to lose your main source of income? What do you have to fall back on to continue to pay the mortgage?
9. **We are not a custom home builder.** We sell simple, decent, affordable homes. Do you understand that you may not get everything you've ever wanted in a home? This includes a specific location, including schools.
- Yes No
10. This house must be the primary residence for everyone listed on the application. You are not allowed to rent out the house or any part of it. Do you understand that?
- Yes No
11. If Tri-CAP did not exist, what would you be doing to change your housing situation?
12. You will be required to complete a 1st time homebuyer education and counseling class and submit your certificate prior to occupying the home. Have you attended this class? If yes, submit a copy of your certificate with the application.
- Yes No

Case scenarios (examples of things that can happen as a homeowner)

- 13. Imagine that your family has owned a home for five years now, it's the middle of winter and your home is very cold. You realize that your furnace has stopped working so you call the heating contractor to come check it out. They tell you it will cost at least \$1,000 to fix it. What would you do?

- 14. What would you do if you go into the bathroom and realize that the toilet is overflowing and doesn't seem to flush? It looks as though something was flushed down the toilet that shouldn't have been.

ASSETS & BUDGETING

15. Please list your assets and liabilities

Assets:

Liabilities:

- 16. If you are chosen for this house are you willing/able to meet with one of our Self-Sufficiency Counselors 3 times over the next 6 months; one hour each time to go over your credit report, how to build positive credit, savings, spending tracker & budget?
 Yes No

- 17. If you are chosen for this home we are required to enter the home to inspect our investment on a monthly basis. Are you ok with this?
 Yes No

- 18. If you are chosen for this home the goal is for you to qualify for a conventional loan in 3-5 years and purchase this home from Tri-CAP. Are you willing to work towards this goal and purchase this home from Tri-CAP within 5 years?
 Yes No

MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM (MURL)

EMPLOYER VERIFICATION FORM

Name of Employer: _____

Employer Address: _____

Employer Phone: _____ Employer Fax: _____

Name of Employee: _____

Employee SSN: _____

THE EMPLOYEE NAMED ABOVE HAS STATED THEY ARE CURRENTLY EMPLOYED BY YOUR COMPANY. THEIR SIGNATURE BELOW AUTHORIZES YOU TO RELEASE THE FOLLOWING INFORMATION:

TO BE COMPLETED BY THE EMPLOYER:

Is the above employee currently employed? Yes No Full-time Part-time

What is their employment situation? Permanent Temporary Seasonal

Do you plan on retaining this employee for the next 12 months? Yes No

Original hire date: _____ Re-hire date: _____ Termination Date: _____

Current Rate of Pay: \$ _____ per _____ (hour, week, month, etc)

Current pay schedule: Weekly Bi-weekly Twice a month Monthly

Average hours per work week: _____ Regular: _____ Overtime: _____ On Call: _____

Total number of hours worked over the past 12 months: _____ Year to Date: _____

Gross earnings during the past 12 months: \$ _____ Year to Date: \$ _____

Projected earnings for the next 12 months: \$ _____

Amount deducted for health insurance: \$ _____ per _____ (week, month, etc)

Employee's position or job title: _____

Employer Representative: _____ **Date:** _____

Title: _____ **Phone:** _____

I hereby grant TRI-COUNTY ACTION PROGRAM, INC. permission to make inquires 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

Please return this form to:

TRI-COUNTY ACTION PROGRAM, INC.
P O Box 683
Waite Park, MN 56387-0683
Fax: (320) 255-9518 Attn: Doris

MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM (MURL)

EMPLOYER VERIFICATION FORM

Name of Employer: _____

Employer Address: _____

Employer Phone: _____ Employer Fax: _____

Name of Employee: _____

Employee SSN: _____

THE EMPLOYEE NAMED ABOVE HAS STATED THEY ARE CURRENTLY EMPLOYED BY YOUR COMPANY. THEIR SIGNATURE BELOW AUTHORIZES YOU TO RELEASE THE FOLLOWING INFORMATION:

TO BE COMPLETED BY THE EMPLOYER:

Is the above employee currently employed? Yes No Full-time Part-time

What is their employment situation? Permanent Temporary Seasonal

Do you plan on retaining this employee for the next 12 months? Yes No

Original hire date: _____ Re-hire date: _____ Termination Date: _____

Current Rate of Pay: \$ _____ per _____ (hour, week, month, etc)

Current pay schedule: Weekly Bi-weekly Twice a month Monthly

Average hours per work week: _____ Regular: _____ Overtime: _____ On Call: _____

Total number of hours worked over the past 12 months: _____ Year to Date: _____

Gross earnings during the past 12 months: \$ _____ Year to Date: \$ _____

Projected earnings for the next 12 months: \$ _____

Amount deducted for health insurance: \$ _____ per _____ (week, month, etc)

Employee's position or job title: _____

Employer Representative: _____ **Date:** _____

Title: _____ **Phone:** _____

I hereby grant TRI-COUNTY ACTION PROGRAM, INC. permission to make inquires 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

Please return this form to:

TRI-COUNTY ACTION PROGRAM, INC.
P O Box 683
Waite Park, MN 56387-0683
Fax: (320) 255-9518 Attn: Doris

MINNESOTA URBAN AND RURAL HOMESTEADING PROGRAM (MURL)

TRI-COUNTY ACTION PROGRAM, INC

COMMUNITY DEVELOPMENT

1210 23rd Avenue S, PO BOX 683, WAITE PARK, MN 56387-0683

320.251-1612

www.tricap.org

CONSUMER CREDIT REPORT CONSENT FORM

1. You have the right to be informed that Tri-CAP is requesting a Credit Report to determine my credit history.
2. You have the right to be informed by Tri-CAP of the results of the Credit Report and to obtain a copy of the results.
3. You have the right to challenge the accuracy and completeness of information contained in the reports or records under section 13.04, sub.4.
4. You have the right to be informed by Tri-CAP if your application for acceptance has been denied due to the results obtained from the Credit report.

Application Information – Please Print Clearly

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

Have you ever been known by another name? Maiden, Aliases _____

Gender: Male Female

Date of Birth: _____

Driver Lic./ID# _____

State _____

Social Security # _____

| | | |
|-----------------|-----------------|--------|
| Current Address | City, State ZIP | County |
|-----------------|-----------------|--------|

Have you lived in Minnesota for at least the past 10 years? Yes No

| | | |
|---------------|-----------------|--------|
| Prior Address | City, State ZIP | County |
|---------------|-----------------|--------|

I authorize Tri-County Action Program, Inc. (“Tri-CAP”) to obtain a consumer credit report on me. Tri-CAP will use the consumer credit report to determine my eligibility for the MURL home ownership program. Upon request, Tri-CAP will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score.

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

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