



MEMO

TO: Interested Applicant

FROM: Levi Haar, Lending and Accounting Specialist

SUBJECT: Headwaters Housing Development Corporation Down Payment/Closing Cost Assistance Application

Thank you for your interest in the Headwaters Housing Development Down Payment/Closing Cost Assistance program! Enclosed is an application for the program. Please complete the application and return it to our office with the following enclosures:

- Loan Estimate from your primary lender (first mortgage lender)
- Executed purchase agreement, a construction contract, or evidence that substantial progress is being made on your real estate transaction (this may be submitted up to 90 days after you submit your application but must be submitted prior to loan closing)
- A copy of your bank statements for all accounts for the past three months
- Income documentation as stated on page 2 of the application
- Certificate of Completion from the Home Stretch Program

You will receive an initial Loan Estimate within three business days of submitting your complete application. There will be a signature line on the Loan Estimate for you to indicate your Intent to Proceed with the loan program. There will be a \$100 application fee due at the time that you return your Intent to Proceed.

If you have any questions, please contact me at 218-333-6530 or via email at [lhaar@hrdc.org](mailto:lhaar@hrdc.org)

**HEADWATERS HOUSING DEVELOPMENT CORPORATION  
DOWN-PAYMENT/CLOSING COST ASSISTANCE PROGRAM**

**HOMEOWNER APPLICATION**

**TO THE APPLICANT:** The information on this form will be used to determine your eligibility for Down Payment/Closing Cost Assistance. Please fill out all information correctly. Please PRINT in ink.

**A. HOUSEHOLD INFORMATION**

Applicant Name: \_\_\_\_\_  

Last
First
M.I.

Phone: Home: (    ) \_\_\_\_\_ - \_\_\_\_\_      Work: (    ) \_\_\_\_\_ - \_\_\_\_\_

Social Security #: \_\_\_\_\_      Birthdate: \_\_\_\_\_

Email address: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_  

Last
First
M.I.

Phone: Home: (    ) \_\_\_\_\_ - \_\_\_\_\_      Work: (    ) \_\_\_\_\_ - \_\_\_\_\_

Social Security #: \_\_\_\_\_      Birthdate: \_\_\_\_\_

Relationship to Applicant:      \_\_\_\_\_ Spouse      \_\_\_\_\_ Co-Head of Household  
   \_\_\_\_\_ Dependent      \_\_\_\_\_ Other Adult

Applicant(s) Current Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
 City, State, ZIP

**Household Occupant Information:** (Please provide the following information for each member of the household **not** previously listed under Section A.)

First Name	Last Name	Birth Date

**B. INCOME INFORMATION**

“INCOME” means any amount received from the following sources by any Resident Age 18 or over. Please check yes or no.

YES NO

\_\_\_ \_\_\_ \*Any Public Assistance, including but not AFDC, SSI, GA, and Unemployment Comp.

\_\_\_ \_\_\_ \*Salaries, including commission, bonuses, overtime pay, and tips.

\_\_\_ \_\_\_ \*Estate or Trust Income

\_\_\_ \_\_\_ \*Rental Income

\_\_\_ \_\_\_ \*Gains from the sale of property or securities

\_\_\_ \_\_\_ \*Pensions and Annuities, including PERA, Social Security, Railroad Retirement.

\_\_\_ \_\_\_ \*Business Profit, for self-employed individuals, including farmers.

\_\_\_ \_\_\_ \*Interest and Dividends

\_\_\_ \_\_\_ \*Contract for Deed payments received

My Employer is: \_\_\_\_\_

Co-Applicant’s Employer is: \_\_\_\_\_

Including yourself, list all residents of your household, age 18 or over and their income for the past twelve (12) months.

NAME OF RESIDENT	INCOME OF RESIDENT (annual)	SOURCES OF INCOME (attach copies)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**TOTAL HOUSEHOLD INCOME:** \$ \_\_\_\_\_

**C. Loan Request**

What is your Estimated Cash to Close from the Loan Estimate provided by your first mortgage lender?

\_\_\_\_\_

\*Please provide a copy of your Loan Estimate with this application.  
\*The Headwaters Housing Development Corporation Down Payment/Closing Cost Assistance Program has a maximum loan amount of \$5,000; however, additional funding sources may be available if your Estimated Cash to Close exceeds this amount. Additional funding sources may have different terms than this program. Terms of any additional funding opportunities will be disclosed to you based on your eligibility for additional program(s). As always, you will have the option to accept or decline any and all funding opportunities. Would you like us to screen your application for additional funding opportunities? \_\_\_Yes \_\_\_ No

**D. Program Questionnaire**

Which Lender or Bank are you working with?

Bank: \_\_\_\_\_

Loan Officer: \_\_\_\_\_

Have you completed a homebuyer education course (Home Stretch Training)?

Yes \_\_\_\_ No \_\_\_\_ \*You are required to complete Home Stretch prior to loan closing

What is the address of property that you are interested in purchasing?

\_\_\_\_\_

Amount of land to be purchased with home: \_\_\_\_\_

How did you hear about the program?

\_\_\_\_\_

Which of the following do you anticipate doing (circle correct answer)

- A. Buying an existing single family home
- B. Buying a new house that has not been lived in (Spec Home)
- C. Building a new home
- D. Buying a newly placed modular housing
- E. Buying manufactured housing on a permanent foundation

What type of construction will your new house be made of?

- A. Stick built
- B. Concrete
- C. Panel construction
- D. Manufactured home
- E. Other (Please list) \_\_\_\_\_

How many bedrooms are there? \_\_\_\_\_

My new home will be:

- A. Town home/Condo
- B. Single Family Unit
- C. Duplex
- D. Other

What is your current housing situation:

\_\_\_\_\_ Rent

\_\_\_\_\_ Own

If you currently own your home – are you intending to:

\_\_\_ Sell your existing home simultaneously with the purchase of this home

\_\_\_ Other: Please describe: \_\_\_\_\_

\_\_\_\_\_

Without this program in place:

\_\_\_ I would build/buy a new home

\_\_\_ I would NOT build/buy a new home.

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.

I hereby authorize Headwaters Regional Development Commission to release the information from this application to my lender, and/or members of the Headwaters Housing Development Corporation. I hereby certify that the information in this application is complete and accurate.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant's Signature

I hereby authorize the Headwaters Regional Development Commission, acting as the administering agency for the Headwaters Housing Development Corporation's Down Payment/Closing Cost Assistance Program, to discuss and share information regarding my application for the program with my first mortgage lender and/or loan officer.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant's Signature

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

**Applicant:**

Sex: Male  Ethnicity: Hispanic or Latino   
Female  Not Hispanic or Latino

Marital Status: Married  Race (select 1 or more): White  
Not Married  Asian  
Separated  Black or African American  
American Indian or Alaskan Native  
Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

**Co-Applicant:**

Sex: Male  Ethnicity: Hispanic or Latino   
Female  Not Hispanic or Latino

Marital Status: Married  Race (select 1 or more): White  
Not Married  Asian  
Separated  Black or African American  
American Indian or Alaskan Native  
Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

**HEADWATERS HOUSING DEVELOPMENT CORPORATION  
DOWN PAYMENT/CLOSING COST ASSISTANCE PROGRAM**

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**PRIVACY ACT RELEASE FORM**

I hereby consent to permit the release of information contained in my Down Payment Assistance File to the Headwaters Housing Development Corporation for the purpose of determining my eligibility to participate in the Headwaters Housing Down Payment/Closing Cost Assistance Program and to the Headwaters Regional Development Commission, the administering agency for the program.

I understand that this information will be released only to the Headwaters Regional Development Commission and to the Headwaters Housing Development Corporation. Any use, other than that specified above, or any subsequent release of this information, is expressly forbidden under the Minnesota Data Privacy Act, unless my written consent is obtained.

I have been informed of my right to refuse to release information. I understand that I may revoke this consent upon written notice to the Headwaters Regional Development Commission, the administering agency for the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date