

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**

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