

GMHF FORECLOSURE REHABILITATION APPLICATION

Applicant: _____ **Social Security #** _____ **DOB:** _____

Co-Applicant _____ **Social Security #** _____ **DOB:** _____

Property Address: _____ **Zip Code:** _____

County: Stearns _____ Benton _____ Sherburne _____ **Phone** _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____

Ethnicity: (number of people)

_____ **Hispanic or Latino**

_____ **Not Hispanic or Latino**

Race: (number of people)

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

_____ American Indian or Alaska Native and White

_____ Asian and White

_____ Black or African American and White

_____ American Indian or Alaska Native and Black or African American

_____ Balance reporting more than one race

_____ **Total Number of people**

The information concerning minority group categories is requested for statistical purposes only so the H.R.A. may determine the degree to which its programs are utilized by minority households.

INCOME INFORMATION:

List ALL residents of your household. Include yourself. Include all ages and their incomes (if any).

1. Incomes listed should include all income your household can reasonably expect to receive during the next 12 months.
2. "Resident" means any person, other than a renter, living in the household for at least nine months of the year, or a person who is claimed as a dependent for income tax purposes.
3. List income **before any payroll or other deductions** (Gross Income).
4. If self-employed, provide a copy of the previous two years Federal Tax Returns, and a Net Worth Statement prepared by your bank or tax preparer.

Total number of Residents in household: _____

Name of Resident	Age of Resident	Income of Resident (Per month)	Source of Income
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Income per month = \$ _____ X 12 Months = \$ _____ year income

Property Information:

Is this house a foreclosed property located within the Core Neighborhood boundaries in St. Cloud?

Yes _____ No _____

Year Purchased _____ Price Paid \$ _____

Year Built _____ Current Estimated Market Value \$ _____

Do you have any outstanding mortgages on the property? If so, what is the name of the First Mortgage Lender? Yes ____ No ____ First Mortgage Lender: _____

Do you have any outstanding Contracts-for-Deed on the property?

Yes ____ No ____

If "yes", what is the outstanding principal balance? \$ _____

What is the Name and Address of the Contract-for-Deed Holder?

Are the Property Taxes paid to date? Yes ____ No ____

Number of Bedrooms in home _____

Types of Improvements Needed: _____

Are Any Improvements Urgent? Yes ____ No ____ If "yes", indicate what and why: _____

Is any member of the family physically handicapped who could benefit from accessibility improvements?

Yes ____ No ____ If "yes" indicate the nature of the disability:

*** The property that you are requesting assistance for MUST be homesteaded and be a single family residence.**

All information contained herein will be considered private and confidential in accordance with the Minnesota Government Data Practices Act, Minnesota Statutes, Section 13.01 to 13.87.

Applicant Signature's: _____

Co-Applicant Signature's: _____

Date: _____

NOTE: If your income significantly changes while on our waiting list please notify the H.R.A. You may qualify for a different program, which may have a shorter waiting list.