

# HOME IMPROVEMENT LOAN APPLICATION ELIGIBILITY QUESTIONNAIRE

**Applicant:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Co-Applicant** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Property Address** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

Is this house located within the City limits of St. Cloud? Yes \_\_\_\_\_ No \_\_\_\_\_

**County:** Stearns \_\_\_\_\_ Benton \_\_\_\_\_ Sherburne \_\_\_\_\_

**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

Income per month = \$ \_\_\_\_\_ X 12 Months = \$ \_\_\_\_\_ year income

**Property Information:**

Year Purchased \_\_\_\_\_ Price Paid \$ \_\_\_\_\_

Year Built \_\_\_\_\_ Current Estimated Market Value \$ \_\_\_\_\_

Are your Property Taxes paid to date? Yes \_\_\_\_ No \_\_\_\_

Is this structure a mobile home? 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:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any outstanding mortgages on the property?  
Yes \_\_\_\_ No \_\_\_\_

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?  
\_\_\_\_\_  
\_\_\_\_\_

**\* 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.