

MARSHALL PARKWAY II HOME OWNERSHIP PROGRAM

This program provides quality affordable housing for income eligible homebuyers.

About The Homes:

- Split-Level
- 4 Bedrooms and 2 Baths
- 2 Stall Attached Garage
- Sale Price: \$195,000

Eligibility:

Qualifying applicants must meet income guidelines based on 115% Area Median Income - \$92,500 is the maximum annual gross household income. Applicants must also complete the Homebuyer Education course, Home Stretch or Framework.

Financing:

Applicants are required to secure their own financing. As part of the application, potential homebuyers must provide a current loan approval letter from their lender. Please note that UCAP does not have funding to pay for buyer's closing costs.

If additional down payment assistance is needed, UCAP has funding available in the form of a 0% interest deferred loan from Minnesota Housing Finance Agency. This can be used in conjunction with any USDA Rural Development or conventional loan products. Households interested in this down payment assistance must be spending at least 25% of their gross monthly income on their housing payment (including principal, interest, taxes and insurance.)

Next Steps:

- Pre-approval from lender
- Complete application and return all relevant documentation required.
- All applications received will be evaluated.
- Homebuyer selection will occur by UCAP when eligible applications are received.



Office Locations

MARSHALL CORPORATE

1400 S. Saratoga
Marshall, MN 56258
507-537-1416
507-537-1849 Fax
Community Transit
507-537-7628
507-401-3273 Fax

WILLMAR

200 S.W. 4th Street
PO Box 1359
Willmar, MN 56201
320-235-0850
320-235-7703 Fax

COSMOS

101 Vesta Street South
PO Box 36
Cosmos, MN 56228
320-235-0850
320-877-7483 Fax

HUTCHINSON

218 Main Street South
Hutchinson, MN 55350
320-587-5244
320-587-2677 Fax

JACKSON

115 South Highway
Jackson, MN 56143
507-847-2632
507-847-4131 Fax

LITCHFIELD

120 N. Sibley Avenue
Litchfield, MN 55355
320-693-7911
320-693-8053 Fax

OLIVIA

500 East DePue Avenue
Olivia, MN 56277
320-523-1842
320-523-5270 Fax

REDWOOD FALLS

164 East 2nd Street
PO Box 172
Redwood Falls, MN 56283
507-637-2187
507-537-1849 Fax

MINNESOTA RELAY

1-800-627-3529

IMPORTANT PRIVACY NOTICE

**** Read Before Completing the Application Form****

We are asking that you provide the information on the application form to determine if you are eligible to participate in the program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing ownership program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- Staff and other persons involved in program administration.
- Local loan committee members who approve applications.
- Auditors who perform required audits of this program.
- Authorized personnel from the Minnesota Dept. of Employment and Economic Development, the U.S. Dept of Housing and Urban Development or other local, state and federal agencies providing funding assistance for your loan.
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project's policy and procedural manual).
- Those persons who you authorize to see it.
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

We cannot release private data to anyone else or use private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order, and in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Minnesota law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you,
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data.

To learn more about these rights, contact Jeff Gladis at 1-800-658-2448.



PARKWAY II - HOMEBUYER APPLICATION

HOUSEHOLD INFORMATION

Name of Applicant _____ Age _____

Social Security Number _____ Date of Birth _____

Marital Status: _____ Married _____ Unmarried _____ Separated

Name of Co-Applicant _____ Age _____

Social Security Number _____ Date of Birth _____

Marital Status: _____ Married _____ Unmarried _____ Separated

Other Household Members _____ Age _____ Other Household Members _____ Age _____

Telephone Number(s): _____

Email Address: _____

The following information is requested solely for the purpose of determining compliance with Federal Civil Rights Laws. Your response will not affect consideration of your application.

- Male
- Female
- Black/African American
- American Indian
- Asian
- Pacific Islander
- Hispanic
- Caucasian
- Single Male Head of Household
- Single Female Head of Household

Number of people employed _____

Are you, or members of your family, disabled or elderly? Yes* or No
*Explain "yes" response by circling whichever applies: disabled elderly both

CURRENT HOUSING INFORMATION

Current Address: _____
Street City State Zip

Current # Of Bedrooms: _____ Current # of Baths: _____

Is your current residence handicap accessible? Yes or No

FINANCING INFORMATION

Do you have financing in place to purchase the home? Yes or No
(Pre-approval letter will need to be provided)

Will you need additional down payment assistance in the form of a deferred loan from UCAP? Yes or No

EMPLOYMENT INFORMATION

Current Employers (Name and COMPLETE addresses)

APPLICANT

Employer Name: _____ Length of Employment _____
Employer Address: _____ Position _____
Employer Telephone: _____ Hourly wage _____ Hrs/week _____

CO-APPLICANT

Employer Name: _____ Length of Employment _____
Employer Address: _____ Position _____
Employer Telephone: _____ Hourly wage _____ Hrs/week _____

OTHER INCOME SOURCES – Additional documentation may be requested.

NAME & ADDRESS OF SOURCE (Example: Child Support, SSI, Social Security etc.)

Telephone _____ Amount received per month:
\$ _____

OTHER INCOME SOURCES-Continued

Telephone _____ Amount received per month:
\$ _____

CREDIT HISTORY- This section only needs to be completed if you are requesting down payment assistance. A credit report will be pulled and the cost will be \$10.00/person

Are there any outstanding judgments or liens against you? yes no

Have you had any property foreclosed upon? yes no

Are you a co-maker or endorser on a note? yes no

Have you declared bankruptcy in the last 36 months or 7 years? yes no

Explain "yes" response(s) and provide information (attach additional pages if necessary):

CO-APPLICANT

Are there any outstanding judgments or liens against you? yes no

Have you had any property foreclosed upon? yes no

Are you a co-maker or endorser on a note? yes no

Have you declared bankruptcy in the last 36 months or 7 years? yes no

Explain "yes" response(s) and provide information (attach additional pages if necessary):

Outstanding Loan(s):

To Whom Indebted to	Date Incurred	Original Amount	Present Balance	Monthly Amount

To the best of my knowledge, the information provided in this application is true and correct.

Applicant Signature

Date

Co-applicant Signature

Date



INCOME INFORMATION VERIFICATION - BANK

Office Locations

MARSHALL CORPORATE

1400 S. Saratoga
Marshall, MN 56258
507-537-1416
507-537-1849 Fax
Community Transit
507-537-7628
507-401-3273 Fax

WILLMAR

200 S.W. 4th Street
PO Box 1359
Willmar, MN 56201
320-235-0850
320-235-7703 Fax

COSMOS

101 Vesta Street South
PO Box 36
Cosmos, MN 56228
320-235-0850
320-877-7483 Fax

HUTCHINSON

218 Main Street South
Hutchinson, MN 55350
320-587-5244
320-587-2677 Fax

JACKSON

115 South Highway
Jackson, MN 56143
507-847-2632
507-847-4131 Fax

LITCHFIELD

120 N. Sibley Avenue
Litchfield, MN 55355
320-693-7911
320-693-8053 Fax

OLIVIA

500 East DePue Avenue
Olivia, MN 56277
320-523-1842
320-523-5270 Fax

REDWOOD FALLS

164 East 2nd Street
PO Box 172
Redwood Falls, MN 56283
507-637-2187
507-537-1849 Fax

MINNESOTA RELAY

1-800-627-3529

DATE: _____

BANK INSTITUTION NAME & ADDRESS:

APPLICANT NAME & ADDRESS:

PH & FAX: _____

SSN: _____

BANK LOAN OFFICER: _____

I hereby authorize and request you to furnish the following information which is necessary in determining eligibility for the United Community Action Partnership Home Ownership Program.

APPLICANT'S SIGNATURE

Section below this line to be completed by Financial Institution personnel only

TO WHOM IT MAY CONCERN:

We are required to verify the income of applicants for our Homeownership Program in order to determine program eligibility. We request your assistance in supplying the following information provided by the homebuyer.

- Copies of federal income taxes used to determine loan eligibility
- Copies of recent paystubs used to determine loan eligibility
- Any additional income information provided by the homebuyer

This information can be faxed to 320-235-7703 Attn: Tiffany Kibwota

SIGNATURE OF PERSON COMPLETING FORM

DATE

TITLE



Office Locations

MARSHALL CORPORATE
1400 S. Saratoga
Marshall, MN 56258
507-537-1416
507-537-1849 Fax
Community Transit
507-537-7628
507-401-3273 Fax

WILLMAR
200 S.W. 4th Street
PO Box 1359
Willmar, MN 56201
320-235-0850
320-235-7703 Fax

COSMOS
101 Vesta Street South
PO Box 36
Cosmos, MN 56228
320-235-0850
320-877-7483 Fax

HUTCHINSON
218 Main Street South
Hutchinson, MN 55350
320-587-5244
320-587-2677 Fax

JACKSON
115 South Highway
Jackson, MN 56143
507-847-2632
507-847-4131 Fax

LITCHFIELD
120 N. Sibley Avenue
Litchfield, MN 55355
320-693-7911
320-693-8053 Fax

OLIVIA
500 East DePue Avenue
Olivia, MN 56277
320-523-1842
320-523-5270 Fax

REDWOOD FALLS
164 East 2nd Street
PO Box 172
Redwood Falls, MN 56283
507-637-2187
507-537-1849 Fax

MINNESOTA RELAY
1-800-627-3529

Homestretch or Framework Class Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

If you have attended either class previously, when? _____

At what location did you attend the class? _____

If you have not attended Homestretch or Framework, what class have you signed up for? _____

Who did you schedule your class with? _____