MARSHALL PARKWAY II HOME OWNERSHIP PROGRAM

This program provides quality affordable housing for income eligible homebuyers.

About The Homes:

- Slab on Grade
- 3 Bedrooms and 1 ¾ Baths
- 1 ½ Stall Attached Garage
- Sale Price: $175,000

- Slab on Grade
- 2 Bedrooms and 1 Bath
- 1 ½ Stall Attached Garage
- Sale Price: $160,000

Eligibility:

Qualifying applicants must meet income guidelines based on 115% Area Median Income - $101,900 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.

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 and purchase agreements are received.
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 ______ Black/African American ______ Single Male Head of Household
____ Female ______ American Indian ______ Single Female Head of Household
____ Asian ______ Pacific Islander
____ Hispanic ______ Caucasian

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)

EMPLOYMENT INFORMATION

Current Employers (Name and COMPLETE addresses)

APPLICANT

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

CO-APPLICANT

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

OTHER INCOME SOURCES – Additional documentation may be requested.

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

________________________________________________________
Amount received per month:
$__________________________

Telephone: ________________________________

OTHER INCOME SOURCES-Continued

________________________________________________________
Amount received per month:
$__________________________

Telephone: ________________________________

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

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 or emailed to Tiffanyk@unitedcapmn.org

__________________________________________  ____________________________
SIGNATURE OF PERSON COMPLETING FORM     DATE

__________________________
TITLE
Homestretch Class Information

Name: ____________________________________________

Address: _________________________________________

City: __________________ State: ________ Zip: ________

Telephone Number: ________________________________

Alternate Number: _________________________________

If you have attended Homestretch previously, when? __________________________

At what location did you attend Homestretch? ________________________________

If you have not attended Homestretch, what class have you signed up for? _______

Who did you schedule your class with? ________________________________
INFORMATION & PICTURE RELEASE

My signature serves as my authorization for digital pictures or photos of my home to be taken by United Community Action Partnership, Inc. These may be used in publications or displays. I authorize pictures of my house to be used in the Annual Report, which may be distributed throughout the State of Minnesota, and surrounding areas.

__________________________  __________________________
Signature of Applicant     Date

You may make copies of this letter to distribute to any party with which I have a relationship and that party may treat that copy as an original.