

SCDP Required Documentation Checklist

Application Forms:

- Small Cities Development Program Application
- UCAP Agency Intake Form
- Home Rehabilitation Loan Programs Acknowledgement Form
(Lead Renovate Right, Fair Housing, & Home Rehabilitation Programs should be printed off, of brochure links)

Property Information:

- Recorded Warranty Deed (NOT the abstract. Obtain from County Recorder)**
(If Contract for Deed or Life Estate please contact our office for additional forms)
- Property Liability **Insurance - Declaration Page**
(Lists owners' name and address, policy number and policy period)
- Most recent Monthly Mortgage Statement, showing current balance –*if applicable*

Income Information (*only as applicable to your household*):

- Most current **2 years** Federal Income Taxes (1040 Forms and Self-employment schedule-if applicable)
- Verification of Employment Form - *Fill out if applicable*
- Current year** Social Security Benefit Letter (lists monthly payment amount) - *If Applicable*
(check stubs and bank statements will NOT work)
- Letter/Statement from agency where pension is received, which indicates the amount of your yearly Distribution - *If Applicable* **(check stubs and bank statements will NOT work)**
- Bank account statements for past two consecutive months
- Statement from county for any Child Support, MFIP, GA, etc. being received for the previous 12 months - *If Applicable*
- Statement of No Income – signed by any household member who is over 18 years old and has no income.

Please provide all of the above required documents along with your application or you may be denied eligibility for insufficient information. This grant is processed on a first-come, first-served basis. Your application will be completed as we receive all required documents, you are deemed eligible, we have open slots, and there are remaining funds.

Income documentation is required for anyone living in the home, over the age of 18, receiving any form of income.

Please return all forms to:
United Community Action Partnership, Inc.

1400 S. Saratoga St.
Marshall, MN 56258
PH: 507-537-1416

200 4th St SW / PO Box 1359
Willmar, MN 56201
Phone: 320-235-0850

United Community Action Partnership, Inc. is an equal opportunity provider.





SMALL CITIES DEVELOPMENT PROGRAM

OWNER - OCCUPIED APPLICATION

APPLICANT: Full Name (Last, First, M.I.)				CO-APPLICANT: Full Name (Last, First, M.I.)			
Social Security Number		Birth Date (mm/dd/yy)		Social Security Number		Birth Date (mm/dd/yy)	
Gender: M / F		Disability: Y / N		Income: Y / N		Gender: M / F	
Race: _____		Ethnicity: Hispanic / Non-Hispanic		Race: _____		Ethnicity: Hispanic / Non-Hispanic	
Marital Status: _____		Married _____ Separated _____		Not Married (S,D,W)		Marital Status: _____	
Married _____		Separated _____		Not Married (S,D,W)		Marital Status: _____	
Street Address		City		Zip		County	
How Long (years)		Mailing Address (if different):		Primary Phone Number:		Secondary Phone Number:	
Preferred contact method:		Best contact time:		AM / PM		Email address:	
HOUSEHOLD INFORMATION:				Household Size : _____			
_____ Single Person		_____ Adults with children		_____ Single Female Head of Household		_____ Adult(s) over 62	
_____ Adult(s) over 62		_____ Adults with NO children		_____ Single Male Head of Household			
Additional Household Members (Last Name, First Name)	Birth Date (mm/dd/yy)	Gender (M/F)	Disabled (Y/N)	Race ¹	Ethnicity Hispanic	Income (Y/N)	Income Source
					Y / N		
					Y / N		
					Y / N		
					Y / N		
					Y / N		
					Y / N		

¹Race: **W** = White **A** = Asian **B** = Black/African American **N** = Native Hawaiian/Pacific Islander **AI** = American Indian/Alaskan Native
M = Multi Race **O** = Other

The race/ethnicity information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the Rural Development, the Federal law prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual on the basis of visual observation or surname.

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

PROPERTY INFORMATION

Home Structure: ___Single Family ___Duplex ___Multi-Family ___Mobile Home

Year Property Built (please provide best estimate): _____ Number of bedrooms: _____

Current Estimated Market Value: _____ Date of Purchase: _____

Real Estate Taxes are current? Yes or No City Utilities are current: Yes or NO

Current Homeowner Insurance carrier: _____ Expiration Date: _____

Is the property within 300 feet of a railroad? Yes or No

Is the property within 100 feet of a major U.S. Highway? Yes or No

Is the property located within a Floodway, river or stream? Yes or No

OWNERSHIP INFORMATION1. Do you have an outstanding mortgage on the property? **Yes or No**2. Do you have a Reverse mortgage on the property? **Yes or No**3. Is your property held in a Trust or Life Estate? **Yes or No**4. Is your property being purchased on a Contract for Deed? **Yes or No**5. Is your property part of a Community Land Trust? **Yes or No**6. Is your property part of a tribal trust/allotted? **Yes or No****MORTGAGE INFORMATION**

	Name of Mortgage Company	Date Incurred	Original Amt	Present Balance	Monthly Payment	Mortgage Status (current/delinquent)
First Mortgage						
Second Mortgage						
Other Debts secured by home						

INCOME INFORMATION (circle all sources of income):

Wages Social Security SSI SSDI Self-Employment Unemployment Pension

Interest VA Benefits Child Support Alimony Retirement Annuities Armed Forces

MFIP Rental Income Tips Other _____

Income for children (under the age of 18) is not counted.

Provide the following as proof of income:

1. Third Party Verification on all Employment sources (forms enclosed)
2. Last two years of income tax statements required on all applications – Federal Tax Return
3. Third Party verification on all public assistance benefits (unearned income)

CONFLICT OF INTEREST

Have you or any member of your household been (during the last 12 months) an employee, consultant, officer, elected official, or appointed Official of this City, State of Minnesota, or United Community Action Partnership? ___ Yes ___ No

Or, do you or have you had immediate family ties or a business relationship with any of the above named persons? ___ Yes ___ No

If yes, describe:

Note: If a conflict exists, it may be possible for the grantee and its agents to request an exception to the conflict from the funding agency.

OTHER ELIGIBILITY

1. Have you previously received funds from a Small Cities Development Program? Yes or No If yes, when? _____
2. Have you previously received funds from the MHFA Rehab Program? Yes or No If yes, when? _____
3. Has your property been weatherized before? Yes or No If yes, when? _____
4. Have you applied for the Energy Assistance Program (EAP) this season? Yes or No
If no, are you interested in an EAP application? Yes or No
5. Would you be interested in other loan products, if needed, to fully finance your project? Yes or No

PROPOSED IMPROVEMENTS/ACCESSIBILITY ISSUES/NEEDED REPAIRS:

I/we certify that the information provided in this application and all information provided to United Community Action Partnership is true and correct to the best of my knowledge and understand that intentional misrepresentation of the information will result in disqualification of housing rehabilitation assistance or civil liability. I/we authorize the Housing Rehabilitation staff to enter my home to identify rehabilitation necessary work items, to take photographs, and to inspect work in progress while construction is occurring. Furthermore, I/we authorize United Community Action to share the information collected in this application with either housing professionals, funders, potential lenders and other reputable organizations related to the project.

Applicant Signature	Date	Co-Applicant Signature	Date
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FOR ADMINISTRATIVE USE ONLY

I hereby certify that the above applicant has met the income, equity and ownership requirements for the Small Cities Development Program:

Certifying Coordinator Signature

Date

Expiration Date of Income Verification (90 days from date of return verifications)



EQUAL HOUSING OPPORTUNITY

We Do Business in Accordance With the Federal Fair Housing Law

(The Fair Housing Amendments Act of 1988)

United Community Action Partnership, Inc. is an equal opportunity provider and employer.

Initial Update Continuation **UCAP INTAKE FORM** **Head Start Classroom**

County: Cottonwood Jackson Kandiyohi Lincoln Lyon McLeod Meeker Redwood Renville

Physical Address: _____
 Unit: _____ City: MN State: MN Zip Code: _____

Mailing Address is the same as the physical address
 Mailing Address: _____ City: MN State: MN Zip Code: _____

E-Mail Address: _____ Primary Phone: _____ Secondary Phone: _____

Housing: Rent Own Homeless Other: _____
 Family Type: Single Parent Female Single Parent Male 2 Parent Multi Gen. Single Person 2 Adults No Children Non-Related Adults w/Children Other

Education: 0 - 0-8th grade 9 - 9-12 grade 12+ - 12 plus some Post-Secondary Education 2 - 2-4 year college grad. T - Tech School Grad.

Race: A - Asian B - Black M - Multi-racial/Bi-racial N - Native Hawaiian/Pacific Islander AI - American Indian/Alaskan Native W - White O - Other:

Health Insurance Type: MA-Medicaid MC-Medicare MNC-MNCare VA-Military PRI-Private EMP-Employer

Work Status: FT- Full Time PT- Part Time MW- Migrant Worker ST-Unemployed Less than 6 mo. LT- Unemployed More than 6 mo. U- Not in Labor Force R-Retired

First Name:	Last Name:	Relation-ship	Birth Date	Social Security Number	Gender	Ed Level	Disabled	Race	Ethnicity Hispanic	Health Ins.	Vet	Work Status
		HOH	/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y / N Active	

Y / N - Youth age 14-24 who are neither working or in school? Name(s): _____

INCOME: Check Box if the Household Income is \$0

First Name	Income Source	Income	Interval:
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

NON CASH BENEFITS:

Child Care Assistance Energy Assistance SNAP WIC Health Care Tax Credit Subsidized Housing Type:

Signatures: I hereby certify that the information reported above is, to the best of my knowledge, accurate and true. I have been informed of the appeals procedure and my data privacy rights. OR Verbal information was received and appeals procedures and data privacy rights were reviewed over the phone. Staff initials: _____

Applicant Signature _____ Date _____

United Community Action Partnership, Staff _____ Date _____

**HOME REHABILITATION LOAN PROGRAMS
Acknowledgement Form**

Applicant(s): _____

Property Address: _____

Client
Initials

Confirmation of Receipt of Lead Pamphlet & Permission for Risk Assessment

____ _ I have received a copy of the publication, *Renovate Right*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I understand that if my home is built prior to 1978, participation in the program will require that a lead-based paint hazard risk assessment will be conducted on my property.

Lien Verification

____ _ I certify that there are no past due assessments, public debts, or tax liens on my property. I also certify that, if applicable, I am current with any mortgage payments and that my property is not the subject of a pending mortgage foreclosure. Finally, I certify that I have homeowners' insurance that would be an adequate amount to provide collateral for this Rehabilitation Loan program.

Picture Release

____ _ I give 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.

Fair Housing Certification

____ _ I have received a copy of the publication *Fair Housing Equal Opportunity for All* informing me of my fair housing rights.

Taxpayer Release of Information Consent

____ _ I give authorization for my income tax filing information collected by United Community Action Partnership, Inc to be shared with the program funder (**MHFA/DEED**) for eligibility review. This includes sharing electronic copies or sending in hard copies.

____ _ I received the UCAP ***Home Rehabilitation Programs Client Information*** booklet containing the following information:

- | | |
|-----------------------------------------------------------|------------------------------------|
| ▪ <i>What to Expect from the Home Improvement Program</i> | ▪ <i>Privacy Notice</i> |
| ▪ <i>Walk Away Policy</i> | ▪ <i>Tennessee Notice</i> |
| | ▪ <i>Non-Discrimination Notice</i> |

I (we) have read and understood all of the statements initialed above:

Applicant Signature

Date

Co-Applicant Signature

Date

UCAP VERIFICATION OF: Employment

Only use if Applicable- Please complete this form if you are currently employed.

Applicant Section

Name of Applicant: _____

Name of Employer: _____

Street Address: _____

Phone Number: _____

City, State _____ Zip _____

Fax Number (required): _____

Social Security Number: _____

Employer Address: _____

I hereby authorize the release of the requested information.

Signature of Applicant _____

Date: _____

Employer Section

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information.

This request for verification of employment and earnings is required to establish eligibility for participation in our housing programs. The information you provide will be private and only used in establishing eligibility for this household.

- | | |
|----------------------------------------------------------------------------------------------|--------------------------------|
| 1. Gross earnings during the past 12 months: | 1) \$ _____ |
| 2. Is the applicant currently employed with you? | 2) Yes / No _____ |
| 3. How long has the applicant been employed? Months/Years | 3) _____ |
| 4. Is applicant salaried or hourly paid?
If salary, salary amount and frequency | 4) Salary / Hourly
\$ _____ |
| 5. Current hourly gross pay rate: | 5) \$ _____ |
| 6. Average number of hours per week: | 6) _____ |
| 7. Eligible for tips? Estimated Amount | 7) Y / N \$ _____ |
| 8. Total annual pay periods: | 8) _____ |
| 9. Seasonal Employment?
If Yes, How many months of work during the year | 9) Yes / No _____ |
| 10. Will applicant be receiving a raise in the next 12 months?
If Yes, When and how much? | 10) Yes / No
\$ _____ |
| 11. Will applicant receive any bonus pay in the next 12 months?
If Yes, How much? | 11) Yes / No
\$ _____ |
| 12. Overtime rate of pay after 40 hours? | 12) Yes / No _____ |

Signature of Authorized Representative _____

Date _____

Print Name _____

Title _____

Telephone _____

Please Return To:
United Community Action Partnership, Inc.
1400 South Saratoga Street
Marshall, MN 56258
Phone: 507-537-1416
Fax: 507-537-1849
Attn: Housing

WARNING: Title 18, Section 1001 of the U.S. Code stated that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government

HOME REHABILITATION PROGRAMS STATEMENT OF NO INCOME

This form is to be used for Home Rehabilitation application household members who receive or earn no income and whose income would otherwise have been required to be included in calculating annualized gross income according to the funder procedural guidelines.

Review the statement below and, if the statement is accurate, sign and date the form.

I hereby certify that I do not receive income from any of the following sources:

- Wages from employment (including seasonal and part-time, commissions, tips, bonuses, fees, sick pay, etc.),
- Income from business activities or investments (including self-employed and contract work);
- Net rental income from roommates, real estate or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, death benefits, income received from trusts or estates, Veterans Administration (VA) compensation, worker's compensation, or royalties;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such as alimony and child support;
- Unearned income received on behalf of a minor (17 years of age and under, including death benefits, social security benefits, social security disability benefits, income from trusts, etc.)
- Any other source not named above.

Printed Name of Household Member

Signature

Date

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