



Housing Rehabilitation Program Application

Bloomington Housing and Redevelopment Authority
 1800 West Old Shakopee Road, Bloomington, MN 55431



Please Print. This information will determine eligibility.

Applicant Name		Spouse Name	
Address		Phone	
City, State, Zip Code		Email	
Alternate Contact	Name	Relationship	Phone

INCOME

"Income" is any money received from the following sources:

- Salaries, including commissions, tips, bonuses, overtime pay
- Estate or trusts
- Pensions and annuities, including Social Security and PERA
- Interest and dividends
- Self-employment income
- Gains from the sale of property and securities
- Public Assistance
- Child support
- Rental income

List all occupants in your household and their ages, including yourself.

Include all income which your household can reasonably expect to receive during the next 12 months.

Resident's Name	Age	Gross Monthly Income	Income Source

Total Number of Residents in Household	Total Income: Per Month \$	Per Year \$
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DEBTS

List all debts: mortgage, bank loans, credit cards, car loans, student loans, etc.

Types of Loans	To Whom Indebted - Name:	Original Amount	Present Balance	Monthly Payments
Mortgage				
Contract for Deed				
Car Loan				
Credit Card/Loan				
1.				
2.				

Comments:

ASSETS

List the cash value of assets held by all residents of your household. If money is owed on any item, subtract the amount owed from the item's market value.

- 1. Cash in Checking Accounts \$ _____ (1)
 - 2. Savings Accounts, including those held in trust \$ _____ (2)
 - 3. Cash value of stocks, bonds or securities \$ _____ (3)
 - 4. Redemption value of Life Insurance Policies \$ _____ (4)
 - 5. Current market value of Real Estate other than the home you occupy, such as Lake Cabin, Farm, Rental Units, etc. Include 100% of outstanding balance owed to you for property sold on Contract for Deed. \$ _____ (5)
- Total Assets (Add Lines 1 -5) \$ _____

PROPERTY

Provide the following information about the property to be improved under this program.

- 1. Is your property a Single Family House Duplex
- 2. Do you have any outstanding mortgages on the house? Yes No
If yes, how much? \$ _____
- 3. Have you ever received a Housing Rehabilitation Grant or Deferred Loan before? Yes No
If yes, how much \$ _____ Year _____
- 4. List all liens that may exist against your property. _____

- 5. What kind of home improvements do you wish to make? _____

- 6. Where did you hear about this home improvement program? _____

I, the undersigned, understand that an authorized representative of the Bloomington Housing and Redevelopment Authority (HRA) shall have the right to inspect the property to be improved at any time from the date of application upon giving notice to the occupant(s).

The intent of the Deferred Loan Program is not to prepare the home for immediate sale and I do not have this intention. If the home is offered for sale before the improvements are completed, the loan commitment will be rescinded.

Making a false statement or representation on this application shall be subject to a fine or imprisonment, or both, under the provisions of the Minnesota Criminal Code. The HRA may require the return of all or part of the rehabilitation funds.

I agree to the above provisions. I certify, subject to penalty under law, that the application information is true and correct to the best of my knowledge and belief.

Applicant(s) Signature(s)

Date

NOTE: All information provided on this application is considered private data and is subject to privacy of information provisions, pursuant to State Statute.

APPLICANT INFORMATION

This information is for statistical purposes so that the HRA may determine the degree to which its programs are used by minority households.

The city of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all city of Bloomington services, programs, and activities. Upon request, this information can be available in Braille, large print, audiotape and/or computer disk.

- Handicapped Status:** Disabled
- Marital Status (Check one):** Single Married Divorced Separated Widowed
- Ethnicity (Check one):** Hispanic or Latino Not Hispanic or Latino
- Race (Check all that apply)** American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White

