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
- 2 Stall Attached Garage
- Sale Price: $265,000

- Slab on Grade
- 2 Bedrooms and 1 Bath
- 1 ½ Stall Attached Garage
- Sale Price: $240,800

- Split Entry
- 4 Bedrooms and 2 Baths
- 2 Stall Attached Garage
- Sale Price: $292,500

Eligibility:

Qualifying applicants must meet income guidelines based on 115% Area Median Income - $119,600 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.) Maximum income of $83,200.

Next Steps:

- Pre-approval from lender
- Complete application and submit to UCAP along with pre-approval letter
- All applications received will be evaluated for eligibility
- Homebuyer selection will occur by UCAP when eligible applications and purchase agreements are received
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/Latinx/Spanish Origin
_____Caucasian  _____Choose Not To Identify

Number of people employed_________

Are you, or members of your family, disabled? Yes or No

CURRENT HOUSING INFORMATION

Current Address: ____________________________ Street  City  State  Zip

Current # Of Bedrooms: _________  Current # of Baths:_________

Do you Rent or Own your current home? Rent or Own

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: ____________________________
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: _____________________

LENDING BANK 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

_____________________________

PH & FAX:

_____________________________

SSN:

_____________________________

LENDING BANK NAME & ADDRESS:

_____________________________

APPLICANT NAME & ADDRESS:

_____________________________

PH & FAX:

_____________________________

SSN:

_____________________________

LENDING BANK NAME & ADDRESS:

_____________________________

APPLICANT NAME & ADDRESS:

_____________________________

PH & FAX:

_____________________________

SSN:

_____________________________

LENDING BANK NAME & ADDRESS:

_____________________________

APPLICANT NAME & ADDRESS:

_____________________________

PH & FAX:

_____________________________

SSN:
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?___________________
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.
Yes, I do_____ No, I do not _____
give my permission for picture(s), videos or audio recordings of me/my child to be used by United Community Action Partnership Inc. for items including but not limited to: brochures, newsletters, social media and/or newspapers.

I understand that I can cancel this release at any time by sending a written request to: United Community Action Partnership, 1400 S Saratoga St. Marshall, MN 56258. Attn: Media Release. This permission expires one year from the date signed or upon the following conditions:

__________________________________________________________________________

Name __________________________ Date __________________________ Signature (Parent/Guardian if under 18) 

__________________________________________________________________________

Site Name __________________________ Witness Signature 

EOE/AA/ADA