

## 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  $\frac{3}{4}$  Baths
- 2 Stall Attached Garage
- Sale Price: \$265,000
- Slab on Grade
- 2 Bedrooms and 1 Bath
- 1  $\frac{1}{2}$  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.

- |                                 |   |  |
|---------------------------------|---|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Black/African American         | <input type="checkbox"/> Single Male Head of Household   |
| <input type="checkbox"/> Female | <input type="checkbox"/> American Indian                | <input type="checkbox"/> Single Female Head of Household |
|                                 | <input type="checkbox"/> Asian                          |  |
|                                 | <input type="checkbox"/> Pacific Islander               |  |
|                                 | <input type="checkbox"/> Hispanic/Latinx/Spanish Origin |  |
|                                 | <input type="checkbox"/> Caucasian                      |  |
|                                 | <input type="checkbox"/> 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: \_\_\_\_\_ 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:  
\$ \_\_\_\_\_

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

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Co-applicant Signature Date

**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

**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](mailto:Tiffanyk@unitedcapmn.org)

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE



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## 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\*\***

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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