

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, W2's, 1099's and/or Self-employment schedule)
- ☐ Verification of Employment Form - *Fill out if applicable*
- ☐ **Current year** Social Security Benefit Letter - *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*

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

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 | | | |
| 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) | |
| Street Address | | City | | Zip | | County | |
| | | | | | | How Long (years) | |
| Mailing Address (if different): | | | | | | | |
| Primary Phone Number: | | | | Secondary Phone Number: | | | |
| Email address: | | | | | | | |
| Preferred contact method: | | | | Best contact time: | | AM / PM | |
| HOUSEHOLD INFORMATION: | | | | Household Size : _____ | | | |
| _____ Single Person | | _____ Adults with children | | _____ Single Female Head of Household | | | |
| _____ 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) | Race¹ | Ethnicity Hispanic | Income (Y/N) | Income Source |
| | | | | | Y / N | | |
| | | | | | Y / N | | |
| | | | | | Y / N | | |
| | | | | | Y / N | | |
| | | | | | Y / N | | |
| | | | | | Y / N | | |

¹**Race:** 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

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.

| UCAP INTAKE FORM | | | | Head Start Classroom | | | | | | | | |
|--|---------------|---------------|------------|---|---|-----------|-----------|------|--------------------|-------------------------------------|-------------|-------------|
| <input type="checkbox"/> Initial <input type="checkbox"/> Update <input type="checkbox"/> Continuation | | | | | | | | | | | | |
| County: <input type="checkbox"/> Cottonwood <input type="checkbox"/> Jackson <input type="checkbox"/> Kandiyohi <input type="checkbox"/> Lincoln <input type="checkbox"/> Lyon <input type="checkbox"/> McLeod <input type="checkbox"/> Meeker <input type="checkbox"/> Redwood <input type="checkbox"/> Renville <input type="checkbox"/> | | | | | | | | | | | | |
| Physical Address: | | | | Unit: | City: | State: MN | Zip Code: | | | | | |
| Mailing Address is the same as the physical address | | | | | City: | State: MN | Zip Code: | | | | | |
| E-Mail Address: | | | | Secondary Phone: | | | | | | | | |
| Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other: | | | | Family Type: <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2Parent <input type="checkbox"/> Multi Gen. <input type="checkbox"/> Non-Related Adults w/Children <input type="checkbox"/> Other | | | | | | | | |
| Education: 0 - 0-8 th grade 9 - 9-12 grade | | | | HSD - High school diploma/GED 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 | | | | 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: <input type="checkbox"/> 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: | | | | | | | | | | | | |
| <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Energy Assistance <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Health Care Tax Credit <input type="checkbox"/> 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

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? | 4) Salary / Hourly _____ |
| If salary, salary amount and frequency | \$ _____ |
| 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? | 9) Yes / No _____ |
| If Yes, How many months of work during the year | _____ |
| 10. Will applicant be receiving a raise in the next 12 months? | 10) Yes / No _____ |
| If Yes, When and how much? | \$ _____ |
| 11. Will applicant receive any bonus pay in the next 12 months? | 11) Yes / No _____ |
| If Yes, How much? | \$ _____ |
| 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