

Commercial SCDP Required Documentation Checklist

Application Forms:

- ☐ Small Cities Development Program Commercial Application
- ☐ Rehabilitation Loan Programs Acknowledgement Form
- ☐ What to Expect from the Commercial Rehabilitation Program
- ☐ Walk Away Policy
- ☐ Privacy Notice

Property Information:

- ☐ **Recorded Warranty Deed**
-**NOT** the abstract. Obtain from County Recorder
(If Contract for Deed 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
- ☐ Most recent Real Estate tax statement

Please provide all of the above required documents along with your application or you may be denied 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.

Please return all forms to:

United Community Action Partnership, Inc.
1400 S. Saratoga St.
Marshall, MN 56258
Ph: 507-537-1416
Fax: 507-537-1849

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



SMALL CITIES DEVELOPMENT PROGRAM COMMERCIAL APPLICATION

Full Name of Applicant (Last, First, M.I.)		Full Name of Co-Applicant (Last, First, M.I.)			
Social Security Number	DOB (mm/dd/yy)	Social Security Number of Co-Applicant	DOB (mm/dd/yy)		
Marital Status: ____ Married, spouse's name _____ ____ Separated ____ Not Married (S, D, W)		Marital Status: ____ Married, spouse's name _____ ____ Separated ____ Not Married (S, D, W)			
Name of Business		Partnership or Corporation Name (if owner of building)			
REQUIRED: Unique Entity Identifier UEI Number*		Federal ID #			
Business Street Address		PO Box			
City		Zip			
County		Mailing Address (if different):			
Contact Phone Number		Alternate Phone Number			
PM AM		PM AM			
Email address:					
Best contact method and time: Phone or Email					
Time: _____					
<p>The 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 begin 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.</p> <p>The following information is requested solely for the purpose of determining compliance with Federal Civil Rights Law. Your response will not affect consideration of your application.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Applicant Ethnicity: (Select One) ____ Hispanic or Latino ____ Not Hispanic or Latino Race: (Select one or more) ____ American Indian or Alaska Native ____ Asian ____ Black or African American ____ Native Hawaiian or Other Pacific Islander ____ White </td> <td style="width: 50%; vertical-align: top;"> Co-Applicant Ethnicity: (Select One) ____ Hispanic or Latino ____ Not Hispanic or Latino Race: (Select one or more) ____ American Indian or Alaska Native ____ Asian ____ Black or African American ____ Native Hawaiian or Other Pacific Islander ____ White </td> </tr> </table>				Applicant Ethnicity: (Select One) ____ Hispanic or Latino ____ Not Hispanic or Latino Race: (Select one or more) ____ American Indian or Alaska Native ____ Asian ____ Black or African American ____ Native Hawaiian or Other Pacific Islander ____ White	Co-Applicant Ethnicity: (Select One) ____ Hispanic or Latino ____ Not Hispanic or Latino Race: (Select one or more) ____ American Indian or Alaska Native ____ Asian ____ Black or African American ____ Native Hawaiian or Other Pacific Islander ____ White
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*You can obtain your business UEI number on this website <https://sam.gov/content/entity-registration>
 This is required for SCDP funding.
 The UEI number will never expire, however, entity registrations do expire annually and require annual renewal.

Property Information:

(to be eligible for funds, your property must be permanently attached by way of foundation to land that you own and be taxed as real property and address)

Are there any rental units in your commercial property? _____

Property Year Built _____

The Real Estate Taxes are current? Yes or No

Current Business 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 Highway? Yes or No

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

If yes, Flood Insurance Carrier: _____

Ownership Information:

Do you have an outstanding mortgage on the property Yes or No If yes, what is the outstanding balance? \$ _____

Is property being purchased on a Contract for Deed? Yes* or No **Contract for Deeds have no descending forgiveness**

If yes, is there a balloon payment? Yes or No When? _____ Amount of the balloon payment? _____

If purchasing on Contract for Deed, Name and address of seller: _____

*If Contract for Deed contact us for additional application forms to be completed.

Credit Information:

Are there any outstanding judgments or liens against any of you? ____ Yes ____ No

Have any of you been declared or are declaring bankruptcy in the last 36 months? ____ Yes ____ No

Have any of you had any property foreclosed upon or given title or deed in lieu therefore? ____ Yes ____ No

Mortgage Information (All debts secured by the business)

To whom Indebted to:	Name of Mortgage Company	Date Incurred	Original Amount	Present Balance	Monthly Payment	Mortgage Status (Current/ delinquent)	Financing Terms (% , term fixed or adjustable)
First Mortgage							
Second Mortgage							
Contract for Deed							
Other Debts secured by Business							
Total Monthly Payment Secured by Business							

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.

Matching Funds Statement:

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, Inc. is true and correct as of the date set forth opposite of my/our signature(s) on this application and understand that intentional misrepresentation of the information may result in disqualification of rehabilitation assistance or civil liability. I/we authorize United Community Action to share the information collected in this application and in any appointments with either housing professionals, funders, potential lenders and other reputable organizations related to the project.

Applicant #1

Date

Applicant #2

Date

FOR ADMINISTRATIVE USE ONLY

I hereby certify that the above applicant has met the income, credit, equity and ownership requirements for the SCDP Loan Program:

Certifying Coordinator Signature

Date



EQUAL HOUSING OPPORTUNITY

We Do Business in Accordance With the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

**COMMERCIAL REHABILITATION LOAN PROGRAM
Acknowledgement Form**

Client
Initials

Lien Verification

_____ I (we) 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 (we) 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 (we) have received information on the Fair Housing Civil Right Act of 1988.

Non-Discrimination Notice

_____ I (we) am (are) aware that UCAP is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability, in accordance with Federal law and U.S. Department of Agriculture policy .

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

Applicant Signature

Date

Co-Applicant Signature

Date

**WHAT TO EXPECT AND WHAT NOT TO EXPECT
FROM THE COMMERCIAL REHABILITATION PROGRAM**

Things that Property Owners Do in the Commercial Rehabilitation Program

The Housing Program Staff will help business owners during the improvement process, but Property Owners are responsible for making the choices and doing the work listed below.

1. Property Owners provide the program staff with necessary information promptly.
2. Property Owners, not the program staff, choose contractors to put together bids.
3. Property Owners, not the program staff, select the contractor to do the work on the property.
4. Property Owners sign improvement contracts with the selected contractor.
5. Property Owners request and approve payments to their contractors.
6. Property Owners are part of inspecting and approving work performed by their contractors.
7. Property Owners work with contractors to settle disagreements during the job.
8. Property Owners contact their contractors to ask them to correct problems covered by contractor warranties during the first two years after the job has been completed.

Things You Should Think About Before Taking out a Rehabilitation Loan

1. Not all the work that applicants want to be done can always be done with program funds. SCDP funds can only be used for exterior and code violation corrections.
2. Don't expect the property to be completely new after the work is done.
3. It can be stressful working in a property while a contractor is performing the work.
4. Very few times in life is anyone completely satisfied with things they buy or have repaired. Having a property repaired is no different.
5. Finally, the program staff is not the contractor and cannot guarantee that Property Owners will be satisfied with the work done by the contractors.

Property Owner's Signature Date

Date

Property Owner's Signature Date

Date

Rehabilitation Loan Program Walk Away Policy

This walk-away policy will be instituted by United Community Action staff for one or more of the following reasons.

1. When it is determined that the unit is not suitable for rehabilitation.
2. If a property is offered for bid on two separate occasions and no financially acceptable bid is received, or if the Housing Rehab Coordinator confirms that the property cannot feasibly be rehabilitated to HQS and lead based paint standards, within the maximum allowable funding level.
3. If the property to be inspected or rehabilitated is in an "unkempt" state which could present health or safety hazards to United Community Action personnel or a Rehabilitation Contractor who would be performing the work, the property owner will be notified in writing and given **30 (thirty) days** to bring the property up to an acceptable standard of cleanliness as determined by the Rehabilitation Coordinator.
 - o "Unkempt" may include, but would not be limited to, unsanitary conditions, the presence of general clutter or undisposed household garbage, either inside or outside of the property to be rehabilitated.
4. If it becomes apparent that the property owner, or tenants in the case of rental rehabilitation, at any phase of the project are not willing to comply or accept standard practices of the rehabilitation program that are outlined in the "What to Expect and What Not to Expect" information sheets provided.
5. If United Community Action Staff or the Rehabilitation Contractor decides that continued presence on the job site may constitute a liability to their company due to the owner, or tenants, personal behavior or threatening manner.

If any of the above listed problems persist, United Community Action, Inc. reserves the right to "walk-away" from that property and take no further action regarding its renovation. The property owner will be notified in writing within two weeks of the determination to "walk-away."

If the project is cancelled due to items number 3, 4 or 5, or if you choose to withdraw from the program after either the initial inspection or lead risk assessment/inspection has been conducted, a fee of \$500.00 per inspection, up to \$1,000.00, will be charged to the owner of the property if inspections have occurred. If you continue with the home repairs the costs of the initial inspection will be charged to the program and the cost of the lead testing will be part of the program costs or loan, depending on the program.

Payments shall be made to United Community Action no later than thirty (30) days following the action that requires the repayment. If such payment is not made within 30 days, collection proceedings will begin to recapture these funds.

Property Address: _____

Owner/Occupant Signature: _____

Date: _____

Owner/Occupant Signature: _____

Date: _____

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 rehabilitation 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.