

## THE MINNESOTA RURAL AND URBAN HOMESTEADING PROGRAM FACT SHEET

The program provides homeownership opportunities to “At-Risk”, first-time homebuyers. With funding provided by the Minnesota Housing Finance Agency, available through United Community Action Partnership, Inc.

The homebuyer will purchase the home on a Contract for Deed for a term not to exceed 30 years with a 0% interest rate, and no down payment. The buyer will make monthly payments equal to 25% of their annual gross income and will receive the legal title to the property when the debt is paid off. **The contract will be canceled if the buyer fails to make payments or otherwise violates the terms of the contract.** The Program’s Contract for Deed includes special provisions of a Good Neighbor Policy, allowable improvements, and others, which may be different from a conventional Contract for Deed. Qualifying applicants must meet income guidelines based on 80% of state median income.

### **Applicants must qualify as a First-Time Homebuyer, which is defined as:**

- A household that has not owned a home in the past three years, **OR**
- A “displaced homemaker” who may have owned a home in the past three years with a spouse but, at the time of application, does not own a home due to death of spouse, divorce, or separation, **OR**
- A “single parent” who may have owned a home in the past three years with a spouse but at the time of application, does not own a home due to the death of spouse, divorce or separation, and has dependent children.

### **Required at closing:**

- Pet deposit
- 6 months property insurance up front
- Utility accounts set-up in purchaser’s name.

Applicants must also meet minimum standards for credit history, as set by the Program’s Advisory Board. Qualifying applicants will make monthly Contract for Deed payments equal to 25% of their total household gross income. Any significant changes in income or household status will be reported to United Community Action Partnership, Inc. immediately. Program participants will have their household income re-certified each year and their monthly payment will be adjusted accordingly.

Homeowner’s are also responsible to keep the property, decent, safe and sanitary, as well as cost of repairs and all utility costs, as the property **IS NOT** a rental. They are also responsible for completion of homestretch classes before or within the first year of ownership.

Interested persons should contact United Community Action Partnership, Inc. at 1-800-658-2448, for more information and/or to request an application.

# MURL Required Documentation Checklist

## Documents supplied by United Community Action Partnership:

- ☐ MURL Application – MN Housing Finance Agency (4 pages)
- ☐ MURL Application – UCAP/MURL HOMESTEAD PROGRAM (3 pages)
- ☐ UCAP Agency Intake Form
- ☐ Rental Verification Form
- ☐ Information & Picture Release
- ☐ Home Stretch Information Sheet
- ☐ Verification of Employment Forms (2 included) - *Fill Out If Applicable*

## Documents supplied by applicant:

- ☐ Copy of **recent Credit Report** for each applicant and co-applicant  
You can request a Free credit report through  
[www.annualcreditreport.com](http://www.annualcreditreport.com) or by calling 1-877-322-8228
- ☐ Most current **3 years** Federal Income Taxes
- ☐ **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)**
- ☐ Statement from County for any Child Support, MFIP, GA, etc. being  
received for the previous 12 months - *If Applicable*
- ☐ 3 months' worth of income documentation (check stubs)

Please provide all of the above required documents along with your application, or you may be denied eligibility, for insufficient information.

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, Inc.  
1400 South Saratoga St  
Marshall, MN 56258  
507-537-1416

United Community Action Partnership, Inc. is an equal opportunity provider.  
EOE - Available in alternate formats upon request: 1-800-658-2448 / Access through Minnesota Relay Service:  
1-800-627-3529



**Instructions:** Complete all information on this application. Please print. Use ink.

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**Borrower Information**


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Last Name		First Name		MI
Social Security (or Tax ID Number)		Date of Birth	Dependents under 18	Other Dependents
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Disabled Household		
Household Size		Employer		Years Employed
(   )		(   )		
Business Phone		Extension		Home Phone
Mailing Address		Mailing Address 2		
City		State		Zip Code

**Disclosures:** The private data requested in this application is legally required to determine if you qualify for participation in this Minnesota Housing program and to help Minnesota Housing manage the program. Financial information, such as income, credit reports, financial statements and net worth calculations, are classified as private data on individuals by Minnesota Statutes 462A.065. Other data that are requested and not described above are classified as private data on individuals under Minnesota Statutes 13.462 subdivision 3. You are not required to provide this information; but if you do not provide it, we may be unable to determine your eligibility for this program and approve your application. The information will be shared with Minnesota Housing staff whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized. Your name, address, and amount of assistance you apply for and receive are classified as public data under Minnesota Statutes 13.462 subdivision 2. The disclosure of your Social Security Number or Minnesota Tax Identification Number is not necessary, but is needed in order to run a credit report.

**Sex**
☐ Male  
☐ Female

**Ethnicity**
☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**Marital  
Status**
☐ Married  
☐ Not Married  
☐ Separated

**Race**  
 (select 1 or  
 more)

☐ White  
☐ Asian  
☐ Black or African American  
☐ American Indian or Alaskan Native  
☐ Native Hawaiian or Other Pacific Islander

☐ I do not wish to furnish this information

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**Co-Borrower Information** (Repeat for all Co-Borrowers)

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Last Name

---

First Name

---

MI

---

Social Security (or Tax ID Number)

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Date of Birth**Sex**

- ☐
- Male
- 
- ☐
- Female

**Ethnicity**

- ☐
- Hispanic or Latino
- 
- ☐
- Not Hispanic or Latino

**Marital Status**

- ☐
- Married
- 
- ☐
- Not Married
- 
- ☐
- Separated

**Race**

(select 1 or more)

- ☐
- White
- 
- ☐
- Asian
- 
- ☐
- Black or African American
- 
- ☐
- American Indian or Alaskan Native
- 
- ☐
- Native Hawaiian or Other Pacific Islander

☐ I do not wish to furnish this information

Relationship to Borrower

- ☐
- Co-Head of Household
- 
- ☐
- Dependent

- ☐
- Other Adult
- 
- ☐
- Spouse

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**Household Information**

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**Income**

List all income for household residents age 18 or over. Income listed should include all income which can be reasonably expected to be received during the next 12 months.

Income includes, but is not limited to, the following sources by any resident, 18 or over:

Base Pay	Educational Grants
Self-Employment	Transfer Payment Income (Unemployment Compensation, Public Assistance, Worker's Compensation, Disability, VA, Pensions, Social Security Benefits)
Variable Income (Bonus, Overtime, Shift Pay, Commissions, Tips, Seasonal)	Interest/Dividend
Flexible Benefit Cash	Rental Income (If you have lease with renter)
Housing Car/Allowance	Roommate's Income (If there is not a lease with renter)
Child/Spousal Support	Other

Name of Resident	Source	Annual Income
<b>Total Annual Household Income</b>		<b>\$</b>

## Assets

List the cash value of assets held by all household residents. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

Cash on hand, in checking accounts, or in savings accounts (including those held in trust).	\$
Cash value of Securities of U.S. Savings Bonds, IRAs, 401K, etc.	\$
Redemption value of life insurance policies.	\$
Personal property including, but not limited to: farm equipment, farm stock, business machinery, and/or inventory, additional vehicles, etc. <b>excluding</b> household furnishings, clothing, and one personal vehicle.	\$
Other (i.e., other land holdings, etc. specify):	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

Business assets of self-employed individuals must be verified by attaching a net worth statement signed and prepared by an impartial third party.

## Debt History

List the outstanding balance of all loans and credit cards and the balance you currently owe.

Bank/Credit Card Name	Outstanding Balance	Current
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Credit History

Your credit score will be used as a factor to determine whether you do not qualify for traditional mortgage financing.

☐ I allow the MURL Program Administrator to request my credit score and/or credit history from a reporting agency.

☐ I do not wish to allow the MURL Program Administrator to request my credit score and/or credit history from a reporting agency.

**Certification:**

I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief.

Each of the undersigned hereby acknowledge that any owner of this loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

**Signatures:** All residents age 18 or over with an income must sign this application.

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Borrower Signature

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Date of Application

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Co-Borrower Signature

---

Date of Application

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Co-Borrower Signature

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Date of Application

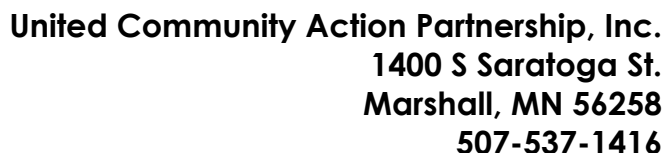
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MURL Program Administrator

\$

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Estimated Contract for Deed Amount



Number of people in household\_\_\_\_\_ Number of Children\_\_\_\_\_

Number of people employed\_\_\_\_\_

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

\*Explain "yes" response by circling whichever applies: disabled elderly both

### **INCOME/EMPLOYMENT INFORMATION**

Please circle all sources of income received in your household:

Wages	MFIP	Social Security	SSI
Self-employed	Annuities	SSDI	Child Support
Pension	VA Benefits	MSA	Alimony
Unemployment	Workmen's Compensation		
Other: _____			

### **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**

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_____	

### **SELF-EMPLOYED: ATTACH COPIES OF FILED INCOME TAXES FROM THE LAST 2 YEARS**

#### **PROPERTY ASSET INFORMATION**

Place a check mark by any of the following assets you may have.

Documentation about and verification of the asset(s) must be attached.

\_\_\_\_\_ Money Market Account  
\_\_\_\_\_ Stocks  
\_\_\_\_\_ Bonds  
\_\_\_\_\_ Real Estate  
\_\_\_\_\_ Other\_\_\_\_\_

If yes, date of ownership and reason for change \_\_\_\_\_

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:		Primary Phone:		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"/> Single Person <input type="checkbox"/> 2 Adults No Children <input type="checkbox"/> Non-Related Adults w/Children <input type="checkbox"/> Other		Primary Language:								
Education: 0 - 0-8 <sup>th</sup> 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

## RENTAL VERIFICATION

This is a request for information for the tenant named below. This tenant has authorized United Community Action Partnership to receive this requested information. This information will be used to determine eligibility through United Community Action.

DATE \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Dwelling Type:

\_\_\_\_\_ Single Family House

\_\_\_\_\_ Apartment

\_\_\_\_\_ Duplex

\_\_\_\_\_ Room

Effective Date of Lease: \_\_\_\_\_

If no longer a tenant, date of termination: \_\_\_\_\_

Monthly Rent Payment: \_\_\_\_\_

1. Is this person(s) a current tenant? Yes or No

2. Was this person(s) ever late with rent payments? Yes or No

3. If yes,

How late: \_\_\_\_\_

How often: \_\_\_\_\_

4. If a current tenant, is this person(s) current with rent right now? Yes or No

5. Have you ever started eviction proceedings against this person(s)? Yes or No

6. Did this person or family member cause problems with neighbors? Yes or No

If yes, what was the problem? \_\_\_\_\_

Was this problem solved or is it ongoing? Yes or No

7. Were the police ever called due to problems such as physical violence or drug related activities? Yes or No

If yes, what happened? \_\_\_\_\_

8. Were there ever any problems with housekeeping that created health or safety problems for the owner or neighbors? Yes or No

If yes, what happened? \_\_\_\_\_

9. Would you rent to this tenant again? Yes or No

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
Owner/Landlord/Caretaker Signature

\_\_\_\_\_  
Date

## **INFORMATION & PICTURE RELEASE**

This is your authorization to release information regarding my home ownership status, income, employment, bank accounts, outstanding debts including mortgages, to order a consumer credit report (if necessary), that is necessary to support my application for a housing improvement loan from the Minnesota Urban and Rural Homesteading Program.

My signature also serves as my 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, which may be distributed throughout the State of Minnesota, and surrounding areas.

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*Signature of Applicant*

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*Date*

You may make copies of this letter to distribute to any party with which I have a relationship and that party may treat that copy as an original.

## Home Stretch Buyer Education

Home Stretch Workshops are offered throughout the state of Minnesota and cover, start-to-finish, the entire home buying process. The Home Stretch Workshop will help you become an informed, prepared consumer. The workshop offers objective, practical information to help you get on the path to homeownership. Some of the information includes:

### **Preparing for Home Ownership**

Pre-purchase homebuyer education is designed to prepare first-time homebuyers to make informed choices about homeownership. Also, evaluate your needs to determine the right type of house for you.

### **Deciding What You Can Afford**

A housing counselor can help you with this step. Determine your income and expenses, develop a budget or spending plan, and address credit issues or other barriers to home ownership. Remember to budget for home maintenance and repairs. Based on this information, you will know what you can afford for a monthly payment.

### **Maintaining Your Home Ownership Obligations**

Besides financial obligations, you will have maintenance and repair obligations that will keep your home in good condition. Learn how to operate and maintain your home efficiently to save you money and increase the value of your home.

*For your convenience, please see the enclosed information on attending and completing a Home Stretch Workshop.*

**I agree I will attend a Home Stretch Workshop and will provide United Community Action Partnership with the Certificate I will receive upon completion to participate in the MURL program through United Community Action Partnership**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
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. Current hourly gross pay rate:                               | 4) \$ _____        |
| 5. Average number of hours per week:                            | 5) _____           |
| 6. Eligible for tips? Estimated Amount                          | 6) Y / N \$ _____  |
| 7. Total annual pay periods:                                    | 7) _____           |
| 8. Seasonal Employment?   | 8) Yes / No _____  |
| If Yes, How many months of work during the year                 | _____              |
| 9. Will applicant be receiving a raise in the next 12 months?   | 9) Yes / No _____  |
| If Yes, When and how much?                                      | _____ \$ _____     |
| 10. Will applicant receive any bonus pay in the next 12 months? | 10) Yes / No _____ |
| If Yes, How much?   | _____ \$ _____     |
| 11. Overtime rate of pay after 40 hours?                        | 11) Yes / No _____ |

Signature of Authorized Representative: \_\_\_\_\_

Print Name \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### Please Return To:

United Community Action Partnership, Inc.  
1400 South Saratoga Street  
Marshall, MN 56258  
Phone: 507-537-1416  
Fax: 507-537-1849

**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

## 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. Current hourly gross pay rate:                               | 4) \$        |
| 5. Average number of hours per week:                            | 5)           |
| 6. Eligible for tips? Estimated Amount                          | 6) Y / N \$  |
| 7. Total annual pay periods:                                    | 7)           |
| 8. Seasonal Employment?   | 8) Yes / No  |
| If Yes, How many months of work during the year                 |              |
| 9. Will applicant be receiving a raise in the next 12 months?   | 9) Yes / No  |
| If Yes, When and how much?                                      | \$           |
| 10. Will applicant receive any bonus pay in the next 12 months? | 10) Yes / No |
| If Yes, How much?   | \$           |
| 11. Overtime rate of pay after 40 hours?                        | 11) Yes / No |

Signature of Authorized Representative:

Print Name

Title:

Date:

Telephone:

#### Please Return To:

United Community Action Partnership, Inc.  
1400 South Saratoga Street  
Marshall, MN 56258  
Phone: 507-537-1416  
Fax: 507-537-1849

**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



### 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 Debi Brandt at 320-235-0850.