

City of Northfield, Minnesota	Policy Number: 4.09
COMMUNITY DEVELOPMENT (Housing & Redevelopment Authority)	Adopted: Unable to find
HOME MATTERS RESIDENTIAL REHAB POLICY	Revised: April 2019

1.01 HOME MATTERS RESIDENTIAL REHAB POLICY

A. OBJECTIVE

The Northfield Housing & Redevelopment Authority (HRA) and Dakota County Community Development Agency (CDA) sponsor this program. The Home Matters Program provides up to \$10,000 in assistance to income qualified homeowners for certain home repairs. The Community Development Block Grant Funds are in the form of 0 percent interest, deferred loans that can be forgiven after 5 years. Qualified improvements or repairs include:

- **Roof & Gutter Replacement,**
- **Foundation repairs,**
- **HVAC systems,**
- **Electrical, and**
- **Plumbing.**

B. ELEGIBILITY

All borrowers must be below the following household income guidelines:

Household Size	Annual Income (gross)
1	\$50,350
2	\$57,550
3	\$64,750
4	\$71,900
5	\$77,700
6	\$83,450
7	\$89,200
8	\$94,950

Note that funds are limited and will be provided on a first-come, first-served basis to applicants who meet ALL program requirements.

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C. PROCEDURE

Complete Home Matters Application. All members of the household must be represented on the form. Please make sure that all owners **sign** the forms.

Submit the following additional documents:

- Proof of home ownership. Copy of the Deed and current property tax statements.
- Copy of Divorce Decree showing property settlement (if applicable).
- Income verification for all household members ages 18 years and older will be required (as applicable):
 - Wages: copies of two most recent consecutive pay stubs.
 - Last 2 years income tax statements including schedules.
 - Social Security: most recent Social Security benefit letter.
 - Child Support/Spousal Maintenance: statement showing last 12 months support received.
 - Self-Employment/Miscellaneous Income: Please call for instructions.
- Mortgage Verification. Copy of most recent mortgage statement showing that your mortgage payments are current.
- Homeowner’s Insurance. Copy of your current homeowner’s insurance declaration page and the name and contact information of your insurance agent.

Submit completed application to:

Three Rivers Community Action Agency	or	Janine Atchison, Housing Coordinator
1414 North Star Drive		Community Development Department
Zumbrota, Mn 55992		City of Northfield
		801 Washington St S
		Northfield, MN 55057

All applications will be processed by Three Rivers Community Action Agency.



HOME MATTERS RESIDENTIAL REHAB PROGRAM

Application Instructions

Sponsored by Northfield Housing & Redevelopment Authority (HRA) and Dakota County Community Development Agency (CDA), the Home Matters Program will provide up to \$10,000 in assistance to income qualified homeowners for certain home repairs. The Community Development Block Grant Funds are in the form of 0 percent interest, deferred loans that can be forgiven after 5 years. Qualified improvements or repairs include:

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Zumbrota, Mn 55992

or

Janine Atchison
Housing Coordinator
Community Development Department
City of Northfield
801 Washington St S
Northfield, MN 55057

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HOME MATTERS APPLICATION

Instructions: Complete all information on this application and sign final page. Use ink.

Applicant: _____
 Marital Status: Married Separated
 Unmarried (Divorced Never Married)

Co-Applicant: _____
 Marital Status: Married Separated
 Unmarried (Divorced Never Married)

Address: _____

Address: _____

Social Security #: _____

Social Security #: _____

Date of Birth: _____

Date of Birth: _____

Years of School Completed: _____

Years of School Completed: _____

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____

Work Phone #: _____

Employer: _____
 Address: _____

Employer: _____
 Address: _____

Gross Monthly Income: _____

Gross Monthly Income: _____

(Attach most recent pay stubs for past 12 weeks) Gross income is BEFORE taxes and other deductions

Other Monthly Income: _____

Other Monthly Income: _____

Please specify source of income (Includes MFIP, food stamps, Social Security, MSA, Child Support, Alimony, Unemployment, disability, pension, etc.)

Dependent's Name	Date of Birth	Years of School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assets: Checking Account Balance: _____ Savings Account Balance: _____
 Stocks, Bonds, CDs, IRA, 401K, annuity, pension or other retirement accounts. _____
 (Please specify type)

Income Self-Certification Form – 2018 (effective 06/01/2018)

Dakota County CDBG Program

Information on annual family income and race is required to determine eligibility for public services funded with federal Community Development Block Grant (CDBG) funds. Each participant must indicate the number of persons in their household, and then **CHECK THE BOX** that contains the amount of annual family income.

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

Please check your Income Range based on your Family Size (for example if there are 5 people in your household, go to HH of 5; if there are 8 or more in your household go to HH of 8):

- | | | | | |
|-----------------|---|--|--|------------------------------------|
| Household of 1: | <input type="checkbox"/> \$0 - \$19,850 | <input type="checkbox"/> \$19,851 - \$33,050 | <input type="checkbox"/> \$33,051 - \$50,350 | <input type="checkbox"/> \$50,351+ |
| Household of 2: | <input type="checkbox"/> \$0 - \$21,700 | <input type="checkbox"/> \$21,701 - \$37,750 | <input type="checkbox"/> \$37,751 - \$57,550 | <input type="checkbox"/> \$57,551+ |
| Household of 3: | <input type="checkbox"/> \$0 - \$25,500 | <input type="checkbox"/> \$25,501 - \$42,450 | <input type="checkbox"/> \$42,451 - \$64,750 | <input type="checkbox"/> \$64,751+ |
| Household of 4: | <input type="checkbox"/> \$0 - \$28,300 | <input type="checkbox"/> \$28,301 - \$47,150 | <input type="checkbox"/> \$47,151 - \$71,900 | <input type="checkbox"/> \$71,901+ |
| Household of 5: | <input type="checkbox"/> \$0 - \$30,600 | <input type="checkbox"/> \$30,601 - \$50,950 | <input type="checkbox"/> \$50,951 - \$77,700 | <input type="checkbox"/> \$77,701+ |
| Household of 6: | <input type="checkbox"/> \$0 - \$32,850 | <input type="checkbox"/> \$32,851 - \$54,700 | <input type="checkbox"/> \$54,701 - \$83,450 | <input type="checkbox"/> \$83,451+ |
| Household of 7: | <input type="checkbox"/> \$0 - \$35,100 | <input type="checkbox"/> \$35,101 - \$58,500 | <input type="checkbox"/> \$58,501 - \$89,200 | <input type="checkbox"/> \$89,201+ |
| Household of 8: | <input type="checkbox"/> \$0 - \$37,400 | <input type="checkbox"/> \$37,401 - \$62,250 | <input type="checkbox"/> \$62,251 - \$94,950 | <input type="checkbox"/> \$94,951+ |

Please calculate your total assets, including (a) checking, savings and other account balances; (b) tax assessed value of real estate owned **other than** your home; (c) cash value/equity of any Life Insurance Policy; and (d) any other assets. NOTE: a percentage of assets will be calculated by staff as part of income (example: \$100,000 assets x 2.0% = \$2,000). **Total Assets = \$**_____

Please check your Ethnicity (pick 1 of 2): Hispanic or Non-Hispanic

Please check your Race (pick 1 of 10 choices): Black or African American

White

Asian & White

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander Other

Black/African American & White

American Indian/Alaskan Native & White

Asian

American Indian/Alaskan Native & Black

Does your family have a **FEMALE HEAD OF HOUSEHOLD?** Yes No

Program or Activity _____ Dates of Participation _____

Birth Date of Participant _____

APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City, the Dakota County CDA, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Participant or Beneficiary Name (Please Print)

Signature (Parent or Guardian, if participant is under 18 years old)

Date



HOME MATTERS APPLICATION

Disclosure:

Information gathered on the application will be used to determine if you meet grant and loan program guidelines and to determine the effectiveness of the programs. We do not disclose any nonpublic personal information about individuals, except as to effect, administer or enforce a transaction you requested or with your prior written consent.

Northfield Housing & Redevelopment Authority (HRA) or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the loan/grant approval, upon giving due notice to the occupants.

The information requested in this application is legally required to determine if you qualify for participation in this program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statute 462.065. Use of data obtained is limited to that necessary for the administration and management of this program by HRA personnel and other governmental agencies when authorized by state statute or federal law.

The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in the program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes). These numbers may be made available to state tax authorities and state personnel involved in the collection of obligations.

Under Minnesota Criminal Code a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.

Certifications:

- I/We understand that all work contained in the Scope of Work must be completed within ninety days from the date of the Proceed to Work or funding will be revoked or required to be re-paid.
- I/We understand that in order to access the Program's funds we are required to stay in our home for a minimum of Five (5) years from the date Grant Acceptance is signed.
- I/We certify that the statements contained in this application are true, accurate and complete to the best of mv/our knowledge and belief.

Each of the undersigned hereby acknowledges the above disclosures and certifications, and acknowledges that any owner of this grant, its servicers, successors and assigns, may verify or re-verify 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 of a consumer reporting agency.

Applicant Signature

Date

Co-Applicant Signature

Date

Submit completed application, along with all required attachments, to the address listed on the application cover sheet.



