

**City of Canby**

**Small Cities Revolving Fund Program Housing Full Application**

Office Use Only:

Application Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Return this application to: City of Canby, 110 Oscar Avenue North, Canby, MN 56220  
(scan/fax/delivered) cityofcanby@canby.mntm.org 507-223-5170 507-223-7295  
(Email) (Phone) (Fax)

Section A – Eligibility Limits

Eligibility for the housing program is based on household size and income. The guidelines are set annually by the Federal Government. In order to be eligible your gross household income (before taxes) must be below these limits for Yellow Medicine County:

Family Size	1	2	3	4	5	6	7	8
Income Level	\$35,750	\$40,850	\$45,950	\$51,050	\$55,150	\$59,250	\$63,350	\$67,400

If may be clear from these guidelines that you will not be eligible for the program. Proceed with this application only if it appears you may be eligible.

Section B – Household Information

Applicant Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

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

Address City State Zip

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

Address City State Zip

Phone Numbers: \_\_\_\_\_

Primary Cell Other

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

Household Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Cohabiting

I own / under Contract for Deed / rent / am a landlord of this property.

Circle the one that applies

How many people live in the house? \_\_\_\_\_

Please check the income range which represents your total household gross annual income (before taxes, documentation verifying income will be requested if selected):

- \_\_\_\_\_ Under \$35,750
- \_\_\_\_\_ \$35,751 to \$40,850
- \_\_\_\_\_ \$40,851 to \$45,950
- \_\_\_\_\_ \$45,951 to \$51,050
- \_\_\_\_\_ \$51,051 to \$55,150
- \_\_\_\_\_ \$55,151 to \$59,250
- \_\_\_\_\_ \$59,251 to \$63,350
- \_\_\_\_\_ \$63,351 to \$67,400

Please select which one best describes the ownership status of your business building:

- \_\_\_\_\_ Title holder. Property is owned free and clear.
- \_\_\_\_\_ Mortgage. Payments with: Name/Address: \_\_\_\_\_
- \_\_\_\_\_ Contract for Deed. From: Name/Address: \_\_\_\_\_
- \_\_\_\_\_ Renting. From: Name/Address: \_\_\_\_\_

Please list any parties (besides yourself) who will need to co-sign legal documents:

- Name/Address: \_\_\_\_\_
- Name/Address: \_\_\_\_\_
- Name/Address: \_\_\_\_\_
- Name/Address: \_\_\_\_\_

Section C – Residential Building Information

When was the home built/approximate age? \_\_\_\_\_

What type of building is your home (circle one)? Single-family house / Duplex / Multi-unit apartment complex / Town house / Mobile home / Mixed residential & commercial building / Other (specify): \_\_\_\_\_

Briefly describe the repairs which you believe your residential building needs. (Note: the actual repairs will be determined by an inspection, working together with you.)

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### Building Condition Self-Survey

To help us understand quickly and concisely what repairs are needed, please fill out this self-survey of the conditions of the building.

Exterior Conditions:	Good	Fair	Poor
Roof	_____	_____	_____
Foundation	_____	_____	_____
Siding	_____	_____	_____
Interior Conditions:			
Ceiling	_____	_____	_____
Walls	_____	_____	_____
Floors/Floor Covering	_____	_____	_____
Vital Systems:			
Electrical System	_____	_____	_____
Plumbing	_____	_____	_____
Heating	_____	_____	_____
Energy Conservation:			
Insulation	_____	_____	_____
Windows	_____	_____	_____
Doors	_____	_____	_____
Furnace	_____	_____	_____
Water Heater	_____	_____	_____
Other Conditions (specify):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section D – Income Tax Filing Status

Do you file federal income tax returns? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If no, why? \_\_\_\_\_

If yes, please provide a copy of the most recent year of your federal income tax return including all attachments, schedules, and W-2's.

Section E – Notices to Applicant

The information requested in this application is classified as private data under the Minnesota Data Practices Act unless otherwise stated below. Under the provisions of this Act, we are hereby notifying you that:

1. This information is being collected in order to determine if you qualify for residential building repair assistance under this program.
2. You are not legally required to provide the information which is requested in this application and you may refuse to do so. If you do not provide the information which is requested, we will not be able to determine your eligibility and you will not receive residential building repair assistance.
3. You have the right to see, receive copies of, and challenge the accuracy and completeness of any and all information relating to you which we have on file relating to your application.
4. To determine your eligibility for residential building repair assistance, or to deliver such assistance, information relating to your application may be made available to governing boards, staff, and other essential personnel involved in the execution of this program.
5. As enacted by the Minnesota State Legislature in 2003: The names and addresses of applicants for and recipients of benefits, aid, or assistance through programs administered by any political subdivision, state agency, or statewide system that are intended to assist with the purchase, rehabilitation, or other purposes related to housing or other real property are classified as public data on individuals. If an applicant or recipient is a corporation, the names and addresses of the officers of the corporation are public data on individuals. If an applicant or recipient is a partnership, the names and addresses of the partners are public data on individuals. The amount or value of benefits, aid, or assistance received is public data.

False Statements: Any person who knowingly makes a false statement or misrepresentation in connection with this application shall be subject to a fine or imprisonment under the provisions of the Minnesota Criminal Code, under provisions of the United States Criminal Code, and/or may be required to return all or part of the repair assistance provided under the terms of the program.

I understand that the rehabilitation program is not a remodeling program although required handicap accessibility improvements are permissible. Rehabilitation is not the same as remodeling. Remodeling is for one's convenience or for cosmetic purposes. Rehabilitation deals with: health issues and safety issues, energy conservation, and long-term preservation of buildings by the repair of existing defects.

I am interested in this program and intend to participate with my house if the Small Cities Revolving Fund Program application is approved. I understand the terms and conditions of assistance which are proposed for

this program. A 50% of total project cost Repayable Loan with a 5-year lien on the property at 2.0% interest with a 5-year amortization; and a 50% of total project cost Deferred Grant with a 5-year forgiveness, each year having 1/5<sup>th</sup> permanently forgiven. If the property is sold prior to the 5-year full forgiveness the remaining Repayable Loan and Deferred Grant amounts become immediately due. The maximum amount of SCDP assistance (Deferred Loan and Repayable Loan combined) is \$20,000. Eligible applicants must meet the following income criteria:

Family Size	1	2	3	4	5	6	7	8
Income Level	\$35,750	\$40,850	\$45,950	\$51,050	\$55,150	\$59,250	\$63,350	\$67,400

**Do not begin any work at this time.** Submitting this application does not mean that you are approved for assistance. This application collects much of the information we need in order to determine if you are eligible. Do not begin any repair work. Do not start talking with contractors about cost estimates. No work can begin until you are approved in writing, an inspection of your house has been conducted, and bids on the work have been obtained. The program cannot pay for work that has already been done.

Applicant’s Statement: I, the undersigned, certify that under penalty of law, the information provided herein is true and accurate to the best of my knowledge, and that I have read, understand, and agree to the terms of the notifications printed above.

I hereby authorize and give permission to any person, corporation, society, organization, government agency, bank, insurance company, or financial institution to disclose to the program administrators any and all information which they may request concerning my application for assistance under the program.

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

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

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

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

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

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

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

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