

LOAN APPLICATION FOR EDEN PRAIRIE DOWNPAYMENT ASSISTANCE

-bo	applying to the First-Generation lorrower, nor my nor any co-borro			
	uestions regarding the First-Time 949-8486 or <u>jkarschnia@edenprai</u>		ogram, please contact	Jeanne Karschnia at
	uestions regarding the First-Gene 949-8439 or <u>jstanley@edenprairie</u>		er Program, please co	ontact Jonathan Stanley at
,	APPLICANT INFORMATI	ON		
	Applicant	First Name	Middle Initial	Last Name
		Date of Birth		
	Co-Applicant	First Name	Middle Initial	Last Name
	Marital Status:	Date of Birth Married	Unmarried (Unmarri	ed includes: Single, Divorced, Wido
	Other Household Members:	Married	Cimilariou (Cimilari	ea merado. Single, Brioloda, Wide
	outer frougehold fremoets.	Name		Age
		Name		Age
		Name		Age
		Name		Age
	Current Address	Street Address		
		City	State	Zip Code
	Telephone Numbers:	City		Zip Code

В.	HOUSING INFORMA	TION					
	Present type of housing?						
	Current monthly paymen	nt for housing?					
	Have you ever owned a	home?					
	If yes, when did you se	ll or move out?					
	If yes, were you displaced due to a divorce?						
	If yes, please provide the property address:						
	Street Add	ress					
	City		State	Zip Code			
C.	RACIAL/ETHNICITY INFORMATION						
		Please indicate the race and ethnicity of the Head of Household. HUD requests this information for statistical purposes only. Please check all that apply.					
	Race:WhiteAmerican Indian/Alaskan NativeBlackNative Hawaiian/Other Pacific IslanderAsianAsian Pacific Islander						
	Ethnicity:F	Iispanic	Non-Hispanic				
D.	INCOME INFORMAT	TION					
	Please list all sources of income and gross (before withholding) earnings for the household. Include full- and part-time employment, as well as other income (i.e. social security, alimony, child support, etc.). Attach additional sheets if necessary.						
	Household Member	Source of Income	Gross Earnings	Gross Annual Earnings			
			\$				
			\$				
			\$				
			\$				
		Total Gross Annual Ea	rnings for the Household				

Additional Employer Information: ASSET INFORMATION Please provide all checking and additional sheets if necessary. Name of Banl	Employer Name Street Address City Supervisor's Name Employer Name	State	Zip Code visor's Telephone Number
ASSET INFORMATION Please provide all checking and additional sheets if necessary.	City Supervisor's Name Employer Name Street Address		
ASSET INFORMATION Please provide all checking and additional sheets if necessary.	Supervisor's Name Employer Name Street Address		
ASSET INFORMATION Please provide all checking and additional sheets if necessary.	Employer Name Street Address	Super	visor's Telephone Number
ASSET INFORMATION Please provide all checking and additional sheets if necessary.	Street Address		
Please provide all checking and additional sheets if necessary.			
Please provide all checking and additional sheets if necessary.			
Please provide all checking and additional sheets if necessary.	City	State	Zip Code
Please provide all checking and additional sheets if necessary.	Supervisor's Name	Super	visor's Telephone Number
Please provide all checking and additional sheets if necessary.			
110000 01 2000	k/Credit Union	Accoun	t Balance
HOMEBUYER EDUCATIO	N/LENDER INFOR	MATION	
Please provide the following in	nformation for the hor	nebuyer education	class you attended:
Name of Class (i.e. "Home Stre	etch Workshop" through CAP	SH, etc.)	Date Completed
Please provide the following in			_
Name of Bank/Mortgage Comp	oany		
Name of Loan Officer			

E.

F.

CERTIFICATION	
I/We hereby certify that the foregoing information is true and complete belief and inquiries may be made to verify the statements herein.	e to the best of my knowledge and
I/We understand that applications will be reviewed according to eligibst of Eden Prairie.	lity criteria established by the City
Applicant Signature	Date
Co-Applicant Signature	Date

In addition to the application, please submit the following information to determine eligibility for the loan program:

- Purchase Agreement (signed by both buyer and seller)
- Complete tax returns with W2's from the last 2 years
- 2 months of paycheck stubs for all household members
- 2 most recent bank statements (checking and savings)
- Any additional income verification such as SSI, child support payments, dividends, etc
- Certificate for participating in Homebuyer training (must be submitted prior to closing)
- Release of Information (attached, see Pages 5-6)
- For First-Generation Homebuyers only signed & notarized First-Generation Homebuyer Affidavit (attached, see Page 7)

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department of Agency of the U.S. as to matters within its jurisdiction.



EDEN PRAIRIE HOUSING PROGRAMS RELEASE OF INFORMATION AND DATA PRIVACY STATEMENT



RELEASE OF INFORMATION

I authorize and direct any Federal, State or local agency, organization, business, or individual to release to Eden Prairie staff any information or material needed to complete and verify my application for benefits under one or more of the programs administered by Eden Prairie, including but not limited to; HOME Investment Partnerships (HOME) Program, Community Development Block Grant (CDBG) or the Lead Hazard Control Program, hereinafter referred to as "the Programs."

I understand and agree that such information and material may be given to and used by Eden Prairie in administering and enforcing the Programs rules and regulations. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and participation in the Programs.

The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but is not limited to:

Mortgage Companies Past and Present Employers		Veterans Administration
Income Assistance Agencies	Retirement Services	Banks and Financial Institutions
Courts and Post Offices	Credit Bureau	State Unemployment Agencies
Schools and Colleges	Social Security Administration	Previous Landlords
Enforcement Agencies	Utility Companies	Child Care Providers
Medical Providers	Support and Alimony Providers	

I acknowledge and agree that:

- A photocopy of this authorization is as valid as the original and may be used for the purposes stated above; and
- I have the right to review the file and the information received using this form (with a person of my choosing to accompany me); and
- I have the right to copy information from the file and to request correction of information I believe inaccurate; and
- This authorization will stay in effect until the Programs have been completed or terminated; and

TENNESSEN WARNING

As an applicant for benefits under one or more of the housing programs administered by Eden Prairie, including but not limited to; the HOME Investment Partnerships (HOME) Program, Community Development Block Grant (CDBG) Program or the Lead Hazard Control Program, hereinafter referred to as ("the Programs") you will be asked to provide information that may be considered private under the Minnesota Government Data Practices Act (the "Act"). The Act requires that you be provided with the following information.

The data that you will be asked to provide to Eden Prairie for the Programs includes, but is not limited to the following data about members of your household:

Income

Applicant(s):

Income verification

- Social security numbers
- Identity of household members

The foregoing information is needed in order to determine your eligibility for the Programs. You may refuse to provide the requested information, but this may result in delay in processing or rejection of your application.

This information may be shared with County and applicable city staff, the U. S. Department of Housing and Urban Development (HUD), the Minnesota Housing Finance Agency (MN Housing), contracted monitoring agencies, contracted community partnership organizations, and internal and independent auditors. It may also be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigations.

PRIVACY ACT NOTICE

As an applicant for the Programs unit, you may be asked to provide your social security number. If it is requested, the federal Privacy Act of 1974 requires that you be provided with the following information:

- Furnishing your social security number is mandatory in order for the Program to determine your eligibility for the Programs.
- The statutory authority for the Program to request disclosure of your social security number is Title 42, Chapter 7, Subchapter II 405(c)(2)(C)(i).

All adult household members, 18 years or older, will sign this form and cooperate with the eligibility process.

I declare that I have read and understood the information given above regarding the Release of Information, the Minnesota Government Data Practices Act, and the Privacy Act of 1974.

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

FIRST-GENERATION HOMEBUYER AFFIDAVIT

(for First-Generation Homebuyer Loan Program Applicants only)

The undersigned, as applicant for a home mortgage loan originated pursuant to the City of Eden Prairie First-Generation Homebuyer Program (the "Loan Program"), being duly sworn, does hereby represent and warrant as follows:

1. which L		-		cation for a mortgage pursuant to the Loan Program n Homebuyers, as that term is defined below.		
2. followin Minnes	ng stree		=	oan sought from the Loan Program is located at the, Eden Prairie,		
3.	I am a	First-Generation Home	ebuyer, meaning th	at each of the following statements are true:		
	a.	I have never owned a home				
	b.	My co-borrower (if a	ny), to the best of r	ny knowledge, has never owned a home		
	C.	My parents have never owned a home				
	d. My co-borrower's (if any) parents, to the best of my knowledge, have never owned a home					
other p	arty to tult in a t	the mortgage lending p	process. I also und	be relied on by a mortgage lender, borrower, or any erstand that committing residential mortgage fraud two years, and a monetary fine of up to \$20,000.00 [Co-Borrower's Name, if any]		
	[Borro	wers Signature]		[Co-Borrower's Signature, if any]		
appeare which who sw	ed was vore or a knowle	affirmed to me that the	, proved to , to be the e contents of the d	e, the undersigned notary public, personally me through satisfactory evidence of identification, person whose name is signed on this document, an ocument are truthful and accurate to the best of that he/she signed it voluntarily for its stated Notary Public Hennepin County, Minnesota My Commission Expires:		