



To: Applicant
From: AEOA Housing Services

Re: Application for Silver Bay Small Cities Development Program (SCDP)

Dear Applicant,

Thank you for your interest in the Silver Bay SCDP. Eligible homeowners can receive a deferred loan to make important home improvements. Loans are forgiven if you stay in your home for the length of the loan. Enclosed is a program brochure, fair housing brochure, renovate right pamphlet and application.

Please return the following items:

- ☐ Borrower Application
- ☐ Conflict of Interest Interview form
- ☐ Household Demographic Information
- ☐ Servicing Disclosure Statement
- ☐ Combined Tennessen Warning and Privacy Act Notice
- ☐ Authorization to Release Information & Certifications
- ☐ Walk Away Policy

In addition, obtain and submit the items below to determine eligibility:

- ☐ Proof of all household income for past 30 days
- ☐ Three (3) months of bank statements
- ☐ Copy of deed or title indicating you own your home
- ☐ Proof of homeowner's insurance
- ☐ Most recent mortgage statement, if applicable

Please call with questions or for assistance in completing your application.

Beth Davies | Housing Rehabilitation Manager | (218) 735-6819 | beth.davies@aeoa.org

We encourage you to promptly return the required materials, as funds are limited.

Again, thank you for your interest; we look forward to working with you.

Sincerely,

AEOA Housing Services





SMALL CITIES DEVELOPMENT PROGRAM SILVER BAY, MINNESOTA

Improve the livability, energy efficiency, safety and accessibility of your home with the Small Cities Development Program (SCDP) funded by DEED.

- Improvements may include replacing:
 - ✓ Defective plumbing, heating and electrical systems
 - ✓ Roofing, windows, doors and siding
 - ✓ Ramp and bathroom accessibility conversions
- The maximum funding available per property is **\$24,750**.
- This assistance to homeowners is in the form of a **0% interest, deferred loan with no monthly payment**. Loans are forgiven if you stay in your home for the length of the loan. The SCDP loan will cover 70% of the rehabilitation; 30% must come from another funding source or homeowner funds. Additional funding available for eligible homeowners.
- To qualify –
 - ✓ You must live within the **Silver Bay target area**. Contact AEOA for details.
 - ✓ You must own your home, either free of debt, through a mortgage or a recorded Contract for Deed. If you are buying your home on a Contract for Deed, all named parties on the contract must sign off on the loan.
 - ✓ You must be current on all property tax, insurance and mortgage payments.
 - ✓ Your gross annual income (including Social Security, wages and all regular sources) must be within the following limits, as determined by HUD.

2018 Lake County Income Limits for Small Cities Development Program

Household size	1	2	3	4	5	6	7	8
Gross Annual Income	\$38,950	\$44,500	\$50,050	\$55,600	\$60,050	\$64,500	\$68,950	\$73,400

Funds are limited. Contact AEOA to apply.

Beth Davies | Housing Rehabilitation Manager | (218) 735-6819 | beth.davies@aeoa.org



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

Borrower Information

Last Name

First Name

MI

Social Security

Date of Birth

Dependents under
18Other
Dependents☐ Yes ☐ No

Disabled Household

Household Size

Move in Date

Years Employed

()

Business Phone

Extension

()

Home Phone

Mailing Address

Mailing Address 2

City

State

Zip Code

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

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

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

Last Name

First Name

MI

Social Security

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

Household Information

Income

List all household members, their ages, and their estimated income (even if it is zero). 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.

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	Investment Property, etc. (Rental Income, Contract for Deed Payment Income)
Housing Car/Allowance	Roommate Rent
Child/Spousal Support	Income from retirement, 401(k) and Keogh accounts
Other	

Name of ALL Household Member(s), including minor children	Age	Type of Income	Annual Income
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Annual Household Income \$			0.00

Note: Household Size listed on page 1 and the number of members listed above should match.

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.

Total cash on hand, in checking and savings accounts:	\$	<input type="button" value="Clear"/>
Bank Name #1	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name #2	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name #3	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name #4	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Cash value of life insurance policies.		\$
Securities or U.S. Savings Bonds.		\$
Market value of all interests in real estate, exclusive of the structure to be improved and a parcel of real property of not more than two contiguous platted lots or 160 continuous acres on which such structure is located.		\$
Recreational vehicles such as golf carts, snowmobiles, boats, or motorcycles.		\$
All other property, excluding household furnishings, clothing, one automobile, and real estate, equipment, supplies, and inventory used in a business.		\$
All land in which any resident of the household holds title and is selling on a contract-for-deed. Value in this case is defined as the outstanding principal balance expected to exist on the contract one year from the date of application.		\$
Total cash value of retirement, 401(k), Keogh and pension fund accounts	\$	
Institution Name #1		
Institution Name #2		
Institution Name #3		
Life estate value on a property other than the subject property.		\$
Other (e.g. additional land holdings, etc.)		\$
Total Assets \$		0.00

Loan History

I/We currently have a Minnesota Homes Rehabilitation Loan

Borrower Name _____

Date of Loan _____

List the outstanding balance of all loans/Mortgages/Contract for Deed on the property, including any deferred loans:

Bank Name _____

Outstanding Balance _____

Current

\$ _____

☐ Yes ☐ No

\$ _____

☐ Yes ☐ No

\$ _____

☐ Yes ☐ No

Total Combined Balances: \$ 0.00 _____

Property Information

Address _____

Address 2 _____

City _____

County _____

MN

State _____

Zip Code _____

Building
Type

- ☐ Single Family
- ☐ Manufactured Home Real Property
- ☐ Townhome
- ☐ Duplex
- ☐ Manufactured Home Personal Property
- ☐ Twinhome
- ☐ Condominium with common areas
- ☐ Condominium without common areas

Manufactured Home
Park

☐ Yes ☐ No

Year Built _____

Number of Units _____

Property Value _____

☐ New ☐ Existing

Category _____

Number of
Bedrooms _____

Other Funding Sources

Please list any other Funding Sources and amounts that will be used to complete this project:
(Other Loans, Grants, Local Government Incentives, etc.)

\$

\$

\$

\$

\$

Total Other Funding Source Amount

\$

0.00

Disclosures:

- Minnesota Housing Finance Agency, United States Department of Housing and Urban Development or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Rehabilitation Loan, 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 Minnesota Housing program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statute 462A.065. Use of data obtained is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, 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 this Minnesota Housing program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes). Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of obligations.
- Under the Minnesota Criminal Code a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- 15 year Mortgage (taxed as real property): If the property ceases to be your principal residence or is sold, title is transferred or conveyed, then the full amount of the loan will be due and payable.
- 10 year Manufactured Home Note and Security Agreement (taxed as personal property): If, prior to the maturity of the Note, the home ceases to be your principal residence, or is sold, title is transferred or conveyed, the full amount of the loan will be due and payable.
- Your ability to use any potential equity in the property will be severely restricted. Subordinations are granted only under strictly limited circumstances.

Certifications:

- I/We understand loan funds may not be used to pay existing debt or improvements begun or completed before the date of the loan.
- I/We understand that all work contained in the Scope of Work must be completed within nine months from the date of the loan commitment.
- I/We certify that I/We have not received a Minnesota Housing Rehabilitation Loan within the last five years. I/We understand that for the next five years, I/We will be ineligible to receive further financing through this program (with the possible exception for an emergency situation as determined by Minnesota Housing.)
- I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief. If any of the information included in this Borrower Application changes prior to the loan closing date, I/We agree to notify the lender of these changes within 5 business days of the loan closing date.

Verifications:

I/We certify that I/We have received, read, and understand the booklet "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools."

Borrower/Co-Borrower
Initials

I/We understand that I/We will be provided with any and all lead-based paint inspections, risk assessments and/or clearance examination results.

Borrower/Co-Borrower
Initials

I/We understand that I/We must apply for the Energy Assistance Program prior to receiving Rehabilitation Loan Program funding. If after application to the Energy Assistance Program it is determined that I/We qualify for a Weatherization loan, I/We will use these funds in conjunction with Rehabilitation Loan Program funds.

Borrower/Co-Borrower
Initials

Each of the undersigned hereby acknowledge that any owner of this loan, 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 or a consumer reporting agency.

Signatures: All residents age 18 or over must sign this application.

Signature ☐ Borrower ☐ Co-Borrower ☐ Other Adult Date of Application

Signature ☐ Borrower ☐ Co-Borrower ☐ Other Adult Date of Application

Signature ☐ Borrower ☐ Co-Borrower ☐ Other Adult Date of Application

Signature ☐ Borrower ☐ Co-Borrower ☐ Other Adult Date of Application

Lender \$ 27,000.00
Estimated Loan Amount

TIL and NMLSR ID

Arrowhead Economic Opportunity Agency Inc.

Loan Originator Company Name

480961

Loan Originator Individual Name
(as name appears on NMLSR)

Loan Originator Company NMLSR ID

Loan Originator Individual NMLSR ID
(if applicable)



Minnesota Housing does not discriminate on the basis of race, color, creed, national origin, sex, religion, marital status, status with regard to public assistance, disability, familial status, or sexual or affectional orientation in the provision of services.

<hr/> Borrower Last Name	<hr/> Borrower First Name	<hr/> MI
<hr/> Co-Borrower Last Name	<hr/> Co-Borrower First Name	<hr/> MI
<hr/> Subject Property Address	<hr/> City, State and Zip Code	

Whereas the above-named Borrower (and Co-Borrower, if applicable) (collectively, "you") wish to rehabilitate an eligible home with assistance provided by the Minnesota Housing Finance Agency (Minnesota Housing) through the Lender identified below:

Arrowhead Economic Opportunity Agency Inc.

Lender

Whereas the above-named Lender ("Lender") is authorized by Minnesota Housing to provide such assistance to qualified borrowers in the form of a zero percent interest rate, deferred loan with the following term (indicate one):

- ☐ 15-year term (subject property taxed as real estate)
- ☐ 15-year term (manufactured home taxed as real estate)
- ☐ 10-year term (manufactured home taxed as personal property and located in a manufactured home park)

Now therefore, you and Lender agree to the following:

- The property to be rehabilitated must be your principal residence until the loan term ends or until the loan is repaid, whichever occurs first.
- If you sell the property within the loan term, either voluntarily or involuntarily, such as in a foreclosure, you must immediately repay the balance owing on the loan to Minnesota Housing, but in no case will you be required to repay more than the lesser of the balance owing, or the amount of sales proceeds remaining, if any, after payment of superior liens and any closing costs.
- If the property is not sold but it ceases to be your principal residence during the term of the loan, you must immediately repay to Minnesota Housing the loan balance owing at the time the property ceased to be your principal residence.
- Unless an event occurs that requires you to repay the loan, the loan balance will be reduced to \$0.00 at the end of the loan term.
- The assistance provided by the loan is for rehabilitation, in whole or in part, of the subject property.
- If the subject property is taxed as real property:
 - You must have at least a one-third ownership interest in the subject property.
 - You and the Accommodation Parties, if any, must have, in the aggregate, at least a 100% ownership interest in the subject property.
- If the subject property is a manufactured home, taxed as personal property and located within a manufactured home park, you must have a 100% ownership interest in the property to qualify for this program.

- Your property will be subject to an inspection using Minnesota Housing's Rehabilitation Standard to determine the deficiencies in your home.
- You will select the deficiencies to be cured with your loan, but at a minimum, you understand that the following items must be addressed:
 - All lead-based paint hazards;
 - Smoke and carbon monoxide alarms installed to State Building Code;
 - Any radon issues;
 - Any outstanding recommendations from the most recent energy audit; and,
 - Any other deficiencies identified in the inspection, which if left undone will pose an ongoing safety risk or cause further damage to your home.
- You will select a contractor licensed by the Minnesota Department of Labor and Industry.
- All rehabilitation must be completed and all funds disbursed by the Lender, in accordance with the Procedural Manual, within 9 months of the date that the Lender commits the loan with Minnesota Housing.

Maximum Loan Amount

The maximum loan amount may not exceed \$27,000.

Lender and Homeowner Responsibilities

1. You must certify that loan funds will be used only for eligible improvements and shall not be applied toward any work begun or completed before the date of the loan.
2. You and your Lender must identify the deficiencies in the subject property and prepare a Scope of Work with detailed specifications based on the following:
 - Minnesota Housing's Rehabilitation Standard inspection;
 - Lead-based paint inspection/risk assessment (for subject properties constructed prior to 1978);
 - Results of radon testing;
 - Minnesota Housing Overlay to Green Communities Criteria; and,
 - All applicable state, county and municipal health, housing, building, fire prevention and housing maintenance codes or other public standards.

You understand the rehabilitation undertaken with this assistance will not make your home new. The intent of the assistance is to make your home safer, increase its habitability, and increase its energy efficiency.

3. You must find a Minnesota-state licensed contractor to perform the work required.
 - Ask for recommendations from neighbors who have had work done. Neighborhood groups may have a list of contractors who have done good work in the past.
 - Major utilities are required to provide their customers with a list of contractors who have agreed to follow certain standards for energy improvements. Ask your utility supplier for a copy of the list.
 - Building supply stores, hardware stores, lumberyards and other suppliers may be able to provide names of good contractors.
 - Trade associations can usually offer good referrals because their members must maintain good reputations.
 - A local directory or newspaper ads may provide information on contractors to contact as well as information about their specific improvement specialization.

4. You should investigate the contractor before you hire him/her. Here are a few places to consult before you sign a contract:
 - Minnesota Department of Labor and Industry provides an online license lookup tool where a contractor's license status and any enforcement actions against a contractor can be found and verified.
 - Contractor's references (former customers);
 - Better Business Bureau;
 - Your City Hall;
 - Minnesota Attorney General's Office; and,
 - Materials dealers and trade associations.
5. You must obtain at least 3 written bids from different contractors. Bids should be dated and signed by the contractor. Do not accept verbal bids even for small jobs.
6. You, and only you, will choose the contractor to perform the work on your home. Select the contractor based on bids and investigational outcomes. The program requires the lowest, reasonable bid to be selected. If you choose not to select the lowest bid, you should provide your Lender with a written justification and should not proceed until written consent is received from your Lender. Approval is at the sole discretion of Lender and Minnesota Housing.

Once you find a contractor and are satisfied that he/she is reputable and licensed to do business in the state of Minnesota, do not sign a contract until your Lender receives a loan commitment from Minnesota Housing and gives you permission to do so.

7. Lender commits loan with Minnesota Housing.
8. Loan is closed with Lender.
9. Prior to signing the contract with the contractor:
 - Obtain the Lender's permission to sign the contract;
 - Get clear answers to all your questions before you sign the contract;
 - Items covered in the contract should include, but are not limited to, the following:
 - Complete cost breakdown;
 - Specifications;
 - Start and completion dates;
 - Change order clauses;
 - Schedule of payments;
 - Liability;
 - Contractor responsible for work performed by Subcontractors;
 - Dispute resolution;
 - Permits;
 - Cancellation rights;
 - Protection against liens;
 - Cleanup of site; and,
 - Guarantees and warranties.
10. Complete contract between you and the contractor and hold the pre-construction conference, if necessary, with the Lender and the contractor. **The contractor will be working for you and not for the Lender or Minnesota Housing.**
11. Lender issues Proceed to Work Order.

12. Contractor Payment:

- The Lender will inspect the work for completion, conformity to specifications and workmanship and will require correction or completion, if necessary;
- Lien waivers must be obtained from the contractor(s); and,
- The Lender will prepare and deliver payment to the contractor(s).

13. Change Orders:

- All rehabilitation work must be completed as outlined in the contract with the contractor.
- You understand that you may not ask the contractor to deviate from the original Scope of Work agreed to in the contract without executing the required Change Order form with the Lender and Minnesota Housing.
- Change Orders will only be allowed if unanticipated deficiencies are found during rehabilitation where, if left undone, will cause further damage to your home.
- Modify Note and Mortgage, if required.

14. All rehabilitation must be completed and funds disbursed by the Lender for the project, in accordance with the Procedural Manual, within 9 months of the date that the Lender commits the loan with Minnesota Housing.

15. The Lender and the Borrower execute the Completion Certificate.

Contractor Warranty

You should refer to Minnesota Statute Chapter 327A. If you have any questions regarding this statute or have any problems with the contractor after completion of the work, consult an attorney, a legal aid society, or your city or county complaint department.

Your Rights as the Homeowner

1. You have the right to be treated respectfully and fairly by the Lender and the contractor.
2. If you don't understand something you have the right to ask questions.
3. You have the right to expect that the rehabilitation work will be completed in accordance with acceptable professional standards.

Borrower Disclosures and Acknowledgements

The Lender has read or given me a copy of the Combined Tennessen Warning and Privacy Act Notice. ☐ Yes ☐ No

The property I intend to rehabilitate was built prior to 1978. ☐ Yes ☐ No

If my property was built prior to 1978 as indicated by a "yes" being checked above: The Lender has provided me with a pamphlet called "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools" and I understand that: ☐ Yes ☐ No

1. I do not have the option of using a lead test kit from a hardware store as suggested on page five of the pamphlet. The other two options listed on that page are available.
2. I do not have the option of having my contractor conduct a "clean-up check" as indicated on page ten of the pamphlet. A clearance test will be required by a licensed professional who was not involved in the lead hazard reduction.

I have read and understand all the information contained in this agreement.

Borrower Signature

Date of Signature

Co-Borrower Signature

Date of Signature

Lender Signature

Date of Signature

CONFLICT OF INTEREST INTERVIEW FORM
Small Cities Development Program

City of Silver Bay

Interest of Members of City: No member of the governing body, officer, employee or agent of the City who exercises any function or responsibilities in connection with carrying out of the project or program to which this proposal pertains, shall have any personal interest, financial or otherwise, direct or indirect, in the property or the loan agreement.

Are you or have you been in one of the following positions, during the last 12 months:

- ✓ Employee _____
- ✓ Consultant _____
- ✓ Officer _____
- ✓ Elected official _____
- ✓ Appointed official _____

Provide the name of the organization you had a position with:

State _____ Name of Agency: _____

Local government/its agents: _____

Name and Position: _____

Managing/Consulting Agency: _____

Name and Position: _____

Are you and/or have you any family member with a business relationship with any of the above named businesses or persons?

If yes, describe:

Note: If a conflict exists, it may be possible for the grantee and its agents to request an exception of the conflict from the funding agency.

Signature of Applicant: _____

Date: _____

AEOA Housing Services

Household Demographic Information

Applicant Name	
Applicant Address	

Gender	# of Persons
Male	
Female	

Age	# of Persons
0-5	
6-11	
12-17	
18-23	
24-44	
45-54	
55-69	
70+	

Ethnicity	# of Persons
Hispanic, Latino or Spanish origins	
Not Hispanic, Latino or Spanish origins	

Race	# of Persons
White	
Black or African American	
American Indian or Alaska Native	
Asian	
Native Hawaiian and Pacific Islander	
Other	
Multi-Race (two or more of the above)	

Education Levels	# of Adults 24 Years +
0-8	
9-12/Non-Graduate	
High School Graduate/GED	
12+ Some Post Secondary	
2 or 4 Year College Graduate	

Other Characteristics	# of Persons
Health Insurance	
Disabled	

Family Type	Check One
Single Parent Female	
Single Parent Male	
Two Parent Household	
Single Person	
Two Adults NO Children	
Other	

Family Size	Check One
One	
Two	
Three	
Four	
Five	
Six	
Seven	
Eight +	

Source of Family Income	Check All That Apply
TANF	
SSI	
Social Security	
Pension	
General Assistance	
Unemployment Insurance	
Employment + Other	
Employment Only	
Other	



SERVICING DISCLOSURE STATEMENT

Lender: Arrowhead Economic Opportunity Agency, Inc

NOTICE TO MORTGAGE LOAN APPLICANTS: THE RIGHT TO COLLECT YOUR MORTGAGE PAYMENTS MAY BE TRANSFERRED.

You are applying for a mortgage loan covered by the Real Estate Settlement Procedures Act (RESPA) (12 U.S.C. 2601 et. seq.) RESPA gives you certain rights under Federal law. This statement describes whether the servicing for this loan may be transferred to a different loan servicer. "Servicing" refers to collecting your principal, interest and escrow payments, if any, as well as sending any monthly or annual statements, tracking account balances, and handling other aspects of your loan. You will be given advance notice before a transfer occurs.

Servicing Transfer Information

- ☐ We may assign, sell or transfer the servicing of your loan while the loan is outstanding
- ☒ We do not service mortgage loans of the type for which you applied. We intend to assign, sell or transfer servicing of your mortgage loan.
- ☐ The loan for which you have applied will be serviced at Arrowhead Economic Opportunity Agency, Inc. and we do not intend to sell, transfer or assign the servicing of the loan.

By signing below, I/we acknowledge receiving a copy of this disclosure.

Applicant

Applicant

Date

Date



Combined Tennessen Warning and Privacy Act Notice

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in AEOA's program and to help AEOA manage the program. Financial information, such as credit reports, financial statements and net worth calculations, is classified as private data on individuals by Minnesota Statutes 462A.065. You are not required to provide this information, but if you refuse to provide it, we will be unable to determine your eligibility for this program and approve your application. The information will be shared with AEOA, St. Louis County Development Office and Minnesota Housing staff, its loan servicers and contractors 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 Social Security Number (SSN) is classified as private data by Minnesota Statutes 13.355. However, disclosure of your SSN is mandatory, as provided by the following authorities: (1) Title 42 of the United States Code, Section 405(c)(2)(C)(i), which permits the state to require disclosure of your social security number to establish your identity for purposes of administering tax laws of the state; and, (2) Minnesota Statutes, Sections 270A.01 to 270A.12, which established the Revenue Recapture Act, enables the state to collect delinquent debts owed to it by capturing tax refunds and other payments that you may otherwise be entitled. Section 270A.04, subdivisions 3 and 4; require the disclosure of a debtor's social security number for this purpose. If you disclose your SSN, Minnesota Housing may share it with the Commissioner of the Minnesota Department of Revenue and the Minnesota Attorney General for the purposes of debt collection under the Revenue Recapture Act. If you do not disclose your SSN, you will not be eligible for this assistance. Disclosure of your SSN for the purposes of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility. If you apply for a loan, your name, address, and amount of assistance you apply for and receive are classified as public data under Minnesota Statutes 13.462 subdivision 2.

1. Why the data is being collected?
The purposes and uses of this information are to help us determine whether you are eligible to participate in this housing rehabilitation program.
2. How the data will be used by the A.E.O.A.?
The information will be used by A.E.O.A. staff to determine eligibility and, if you receive benefits, to assist in providing you with benefits.

3. Can you refuse to supply the data?

Collection of this information is authorized by the Federal Housing Act of 1937, as amended, and by the Minnesota Housing and Redevelopment Authority Act M.S. 469.001 et. seq.

4. Who else has access to this information?

Depending upon the program and as authorized by state, local, or federal law, the information we maintain may be shared with:

- a. U.S. Department of Housing and Urban Development
- b. A.E.O.A. employees and contractors (including those who make repairs) and A.E.O.A. selected volunteer agencies serving you.
- c. St. Louis County Social Services.
- d. Other A.E.O.A. programs, i.e. Weatherization and Energy Assistance Repair Programs.
- e. Police departments, Fire departments and paramedics when an emergency situation or investigation requires the sharing of information.
- f. City Housing Inspection Department to ensure that housing code violation corrections are identified and included in rehabilitation financing.
- g. U.S. Census Bureau
- h. A.E.O.A. Department of Planning and Development and the Minnesota Housing Finance Agency.
- i. Federal, state, county and local auditors.
- j. Researchers who are granted access to the data for the purposes of preparing summary data.
- k. Other state and federal agencies that may be required by law.

If any criminal or civil investigation is begun in regard to you or your household, information may also be shared with local, county, state or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

Unless otherwise authorized by statute or federal law, government agencies with which we share private information must also treat the information as private. Other non-government agencies with which we share private information must likewise treat the information as private.

When you are no longer being served by the A.E.O.A., we will keep your file only until state and federal requirements are met.

Signature

Date

Signature

Date



AUTHORIZATION TO RELEASE INFORMATION

Applicant: _____

Co-Applicant: _____

I/We have applied for a deferred loan through Arrowhead Economic Opportunity Agency, Inc. (AEOA). As part of the application process, AEOA must verify information on my application.

I authorize you to provide to AEOA, for verification purposes, the following information:

- Past and present employment or income records
- Bank account, stock holdings, and any other asset balances
- Property ownership and insurance coverage

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., AEOA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to AEOA without further notice or authorization, but will not be disclosed or released by AEOA to another agency or private party or used for another purpose without my consent except as required or permitted by law.

The information AEOA obtains is only to be used in the processing of my request for financial assistance. A copy of this authorization may be accepted as an original.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

CERTIFICATIONS

- ☐ I authorize AEOA Housing Services to distribute photos of my rehabilitation project.
- ☐ I certify the home to be rehabilitated is my primary residence.
- ☐ I certify that I have received a list of programs and services in my area.
- ☐ I certify that a member of my household has special needs in one of the following categories:
 - Chemical Dependency
 - Disability (as defined by the Social Security Administration)
 - AIDS or HIV
 - Elderly (age 61 or above)

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____





REHABILITATION LOAN PROGRAM WALK AWAY POLICY

This walk away policy shall be instituted by AEOA staff for one or more of the following reasons.

1. When it is determined that the property 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 inspector confirms that the property cannot feasibly be rehabilitated to basic standards, within the maximum allowable funding level, AEOA may elect to walk away from that property and take no further action regarding its renovation. The property owner will be notified in writing within two (2) weeks of the determination to walk away.
3. If the property to be inspected or rehabilitated is in an unkempt state which could present health or safety hazards to AEOA staff or a rehabilitation contractor who would be performing the work, the property owner will be notified in writing and given thirty (30) days to bring the property up to an acceptable standard of cleanliness as determined by the inspector. If, within that thirty (30) day period, the property is not brought up to an acceptable standard, AEOA reserves the right to walk away from that property and take no further action regarding its inspection or rehabilitation. The property owner will be notified in writing within two (2) weeks of this decision. 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.
5. If the AEOA 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.

Should AEOA exercise the right to walk away, the property owner may appeal that decision in writing to AEOA within 14 days of receipt of the notification of determination to walk away.

Property Address: _____

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____





Programs and Services Available

Arrowhead Transit – 800-862-0175 or 218-741-0724

- Anyone, most anywhere! Arrowhead Transit is public transportation in Northeastern MN. Our services can accommodate many transportation needs including getting to and from work, appointments and shopping. Our goal is to reduce the transportation barriers to find and retain employment, independent living and simply getting you where you need to go.

Employment & Training – 800-662-5711 or 218-749-2912, ext 7353

- Career Resources, Educational Programs, Self Sufficiency programs, Senior Community Service Employment Programs and Youth Programs.

Head Start – 800-662-5711 or 218-749-2912, ext 7329

- Provides a comprehensive early childhood program for low income families, serves pregnant mothers, children birth to 5 years old and their families. Provides services to children who may have special needs or disabilities and offers limited opportunities for families who are over income.

Housing Services – 800-662-5711 or 218-749-2912, ext 7308

- Energy Assistance & Weatherization
- Homeless Services, Foreclosure Prevention, Refinance Counseling
- Homeownership Financial Assistance and Education & Housing Development
- Housing Rehabilitation & Community Revitalization

Senior and Nutrition Services – 800-662-5711 or 218-749-2912, ext 7323

- Nutrition Services, Food Service, Senior Dining Meals and Meals on Wheels
- Northland Volunteer Center – Tax Assistance and Cruisin' to Wellness
- Arrowhead RSVP
- Northeast Minnesota Food Shelf Network
- Relatives as Parents Program (Formerly the ROCK Program)
- St Louis County Coordinator on Aging: Annual Carnival Fair, YouthDo Chore Service Referrals, Bus Trips, Senior Circuit Newsletter

For an office location near you, call -800-662-5711 or locally - 218-749-2912

LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
SCDP BUSINESS APPLICATION

Application Information

Date: _____

Applicant Name (business name) _____

Phone Number: _____

Cell Number: _____

Property Address: _____

City, State, Zip: _____

Email: _____

Contact Person: _____ Phone Number: _____

Contact person address: _____

City, State, Zip: _____

Federal ID Number or Social Security Number: _____

Property Information:

Occupancy of Building: ☐ Tenant occupied ☐ Owner Occupied ☐ Vacant

Name of Businesses Located in Building (Please indicate if any space/units are vacant):

Business Name	Name of Business Owner	DUNS # (Federal Requirement)*

*The Federal Government asks for DUNS #'s for every business located in a building that receives Federal funds. If a business does not have a DUNS number, please call 1-866-705-5711 and have one assigned to the business.

Estimated Age of Building: _____

Estimated Market Value: _____

Number of Stories: _____

Current Property Taxes: _____

Number of Units: _____

Square Footage: _____

Within Flood Plain: Y N (circle one)

Current use of building: _____

Proposed use of building: _____

(NOTE: Attach a copy of the most recent Property Tax Statement from the County Assessor's Office and Proof of Insurance on Building)

Please provide the following information if known:

1. Is the building within the correct zoning classification? _____
2. Is the building in a historical district? _____
3. Is the building on the National/State Historical Register? _____
4. Do you want your building on the Historic Register? _____
5. Is the building in a regulatory flood plain? _____

Ownership Information:

Please provide the following information:

Ownership of property is:

- ☐ Free & Clear ☐ Buying Mortgage ☐ Contract for Deed ☐ Other

List Name/ Address/ Phone # of Owner on Title/Deed:

Ownership Interest %

_____	_____
_____	_____
_____	_____

Outstanding principal owned on building: \$ _____

Lending Institution/Mortgage Company (List name, address, phone number & email):

Estimated Rehabilitation Costs & Required Loan Information

Please select the improvements you would like to have done:

System Improvements

- ☐ Heating/Cooling System Updates
- ☐ Plumbing Updates
- ☐ Electrical Updates
- ☐ Window Replacement
- ☐ Door Replacement

Structural Improvements

- ☐ Roofing
- ☐ Siding
- ☐ Beams
- ☐ Posts
- ☐ Basement Concrete Floor
- ☐ Partial (less than 30%) basement
- ☐ Wall Repair

Other

- ☐ Exterior Improvements
- ☐ Awnings
- ☐ Foundation
- ☐ Fix Code Violations
- ☐ Insulation
- ☐ Asbestos/Lead Removal
- ☐ Fire Escape
- ☐ Energy Improvements
- ☐ Accessibility Improvement

Please list any other improvements you would like to do:

Please provide the following information if known:

Estimated Cost of Project: _____

Estimated Amount of SCDP Funds Needed: _____

Estimated Amount of Owner Funds Needed: _____

Source of Owner Funds: ☐ Savings ☐ Bank Loan ☐ Other: _____

Impact of Project on Jobs: # of Jobs existing: _____ # of Jobs created: _____

I (we) the undersigned, certify subject to penalty of law, that by signing this application, the information above is true and correct to the best of my (our) knowledge. I (we) realize that giving false information will result in disqualification from the program, and/or I (we) may be subject to a fine or imprisonment, or both, under provisions of the Minnesota Criminal Code, and/or I (we) may be required to return all or part of the rehabilitation funds to the entity in which they were borrowed from. I (we) hereby authorize AEOA staff to enter my (our) property to identify work items necessary for the rehabilitation of my (our) building, to take photographs and to inspect work in progress while construction is occurring, during regular business hours. NOTE: the information requested in this application is legally required to determine if you qualify for participation in this rehabilitation program. A portion of the data is classified as "private data on individuals" under Minnesota Statutes 462.065. Use of data obtained is limited to the United States Department of Housing and Urban Development.

Your name, address, and amount of assistance you receive are considered public data under the Minnesota Data Practices Act. The disclosure of your Social Security Number or Minnesota Tax Identification Number is mandatory for participation in this program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01-270A.12 of MN Statutes), as well as Section 270.66 of said Statutes. Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness to the entity lending the funds to us, resulting from this or other Small Cities Development Program. These numbers may be made available to state tax authorities and state personnel involved with the collection of state obligation.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature _____

Date: _____

I/We certify that I/we have received information on the Fair Housing Act and that I/we read and understand the information. (if applicable)

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____

I/We certify that I/we have received the publication "Protect Your Family from Lead in Your Home" (EPA 747-K-99-001) and that I/we have read and understand the information.

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____

I/We authorize the photographing of the rehabilitation property. I/we understand that the photographs will be used by AEOA /Lake County or its representatives as documentation of property conditions before and after rehabilitation. The photographs may also be used in presentations or in other manner for demonstrating various styles and services.

Signature of Applicant: _____

Date: _____

Signature of Co-Applicant: _____

Date: _____

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746



LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
BANK VERIFICATION

Applicant Only:

Date of Request: _____

Name of Applicant: _____

Address: _____

Name of Lender: _____

Address of Lender: _____

Phone Number: _____

To the Lender named above, I hereby grant the release of information regarding my income, assets, and/or mortgage (to Arrowhead Economic Opportunity Agency Inc.) I understand that this information will be treated as private data. This verification request is required to establish my program eligibility and I would appreciate your prompt completion of this form.

Signature of business applicant

Date

Bank Only:

Current Savings Account Balance: \$ _____

Current Checking Account Balance: \$ _____

Saving Certificate Balance(s): \$ _____

Bank Staff Signature

Date

Title

Phone

Return this form via email or fax to:

Arrowhead Economic Opportunity Agency, Inc.

ATTN: Vince Meyer

Email: Vincent.meyer@aeoa.org Fax: 218-748-7333 Office: (218) 735-6828

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746



LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
MORTGAGE VERIFICATION

Date of Request: _____

Name of Applicant: _____

Address: _____

Name of Lender: _____

Address of Lender: _____

Phone Number: _____

To the Lender named above, I hereby grant the release of information regarding my income, assets, and/or mortgage (to Arrowhead Economic Opportunity Agency Inc.) I understand that this information will be treated as private data. This verification request is required to establish my program eligibility and I would appreciate your prompt completion of this form.

Signature of business applicant

Date

Bank Only:

1. Original date of Mortgage: _____
2. Type of loan and loan number: _____
3. Original amount of loan: _____
4. Current mortgage balance: _____
5. Monthly mortgage payment: _____
6. Is this mortgage current? ☐ yes ☐ no
7. How many times has this borrower paid more than 30 days late within the last 12 months? _____

Bank Staff Signature

Date

Title

Phone

Return this form via email or fax to:

Arrowhead Economic Opportunity Agency, Inc.

ATTN: Vince Meyer Email: vincent.meyer@aeoa.org Fax: (218) 748-7333 Office: (218) 735-6828

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746



LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
CONFLICT OF INTEREST SCREENING FORM

(Must be completed where applicable, if applicable, and signed)

Are you or have you been one of the following, during the last 12 months, an:

1. Employee _____
2. Consultant _____
3. Officer _____
4. Elected official _____
5. Appointed official _____

Of the following:

1. State _____ Agency Name: _____
Position: _____
2. Local government/its agents _____ Agency Name: _____
Position: _____
3. Managing/consulting agency _____ Agency Name: _____
Position: _____

Or, do you/have you or any family members had/have relationship with any of the above named persons?

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.

None of the above apply _____

Signature of Applicant

Date

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746



LAKE COUNTY / CITY OF SILVER BAY / ARROWHEAD ECONOMIC OPPORTUNITY AGENCY, INC.
SMALL CITIES DEVELOPMENT PROGRAM - COMMERCIAL
DATA PRIVACY

Certain information you provide to the Arrowhead Economic Opportunity Agency, City of Silver Bay and Lake County about you and your business will be considered **private data** as defined by the Minnesota Government Data Practices Act. The information requested in the application for a Small Cities Development Program loan, if your assistance is approved, could be considered public.

We will use the data requested in the application for administration and management of the program. Persons or agencies with whom this information may be shared include:

- The local loan committee members who approve all applications.
- Staff who is involved in program administration.
- Auditors who perform required audits of our programs.
- Authorized personnel from the Minnesota Department of Employment and Economic Development and the U.S. Department of Housing and Urban Development or other State and Federal agencies providing funding assistance to your loan.
- Law enforcement personnel in the case of suspected fraud.
- Persons requesting public information under the Freedom of Information Act.

You may wish to exercise your rights as contained in the Minnesota Government Practices Act. The rights 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 exercise these rights contact: Vince Meyer, AEOA, at (218) 735-6828

Applicant's Signature: _____ Date: _____

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746





WHAT TO EXPECT AND WHAT NOT TO EXPECT FROM THE LAKE COUNTY / CITY OF SILVER BAY / AEOA COMMERCIAL REHABILITATION PROGRAM

Things that Businesses do in the Commercial Rehabilitation Program

The Rehabilitation Program Staff will help during the property process, but businesses are responsible for making the choices and doing the work listed below.

- Businesses provide the program with necessary information promptly.
- Businesses, not the program, choose contractors to put together bids.
- Businesses, not the program, select the contractor to do the work on the property.
- Businesses sign improvement contracts with the selected contractors.
- Businesses request and approve payments to their contractors.
- Businesses, along with Rehabilitation Program Staff, inspect and approve work performed by their contractors.
- Businesses work with contractors to settle disagreements during the job.
- Businesses contact their contractors to ask them to correct problems covered by contractor warranties during the first year after the job has been completed.

Things you should think about before taking out a Rehabilitation Loan

- 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.
- Don't expect the property to be completely new after the work is done.
- It can be stressful working in a property while a contractor is performing the work.
- Very few times in life is anyone completely satisfied with things they buy or have repaired. Having a property repaired is no different.
- Finally, the Rehabilitation Program Staff is not the contractor and cannot guarantee that businesses will be satisfied with the work done by the contractors.

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

This instrument was drafted by: AEOA Housing Services, 2900 E. Beltline Suite 9, Hibbing, MN 55746

