

Minnesota Housing Finance Agency (MHFA) Rehabilitation Loan Program (RLP) AND Emergency Rehabilitation Loan Program (ELP)

Application Instructions

Here is the application packet for the Rehabilitation Loan Program offered through MHFA for which WCMCA is an approved lender. Behind this letter will be an outline of the program and qualifications. The rest of the documents follow. Please read below and follow instructions carefully.

Call Janelle at 320-304-3458, Extension 7214 if you have any questions.

Please note, we cannot process applications without ALL the required documentation.

REVIEW AND KEEP FOR YOUR RECORDS:

- MHFA REHABILITION LOAN PROGRAM OUTLINE, INCOME LIMITS, Fair Housing Hand Out<u>Step 1:</u>
 Complete and sign the following enclosed forms: (all are required)
- o MHFA Rehabilitation Loan Program Borrower Application
- o A copy of all borrower's Driver's License (or state ID)
- Rehabilitation Loan Program Homeowner Agreement
- o Asset Verification Form
- o Tax Payer Request Form
- o Form 4504-T Request for Transcript of Tax Return
- o Authority to Release Information and Certification
- Rehabilitation Loan Programs Acknowledgement Form
- o Your Privacy Rights: The Tennessen Warning
- o WCMCA Discrimination Policy

Step 2: Find the type of income you and your household members have or receive and ensure you send back the proper documentation to verify and/or fill out the corresponding forms that match the income received:

Type of Income:

Forms/Documents to complete or submit:

Employment (wages or salary)	 3 + months current paystubs; or Verification of Employment form completed by the employer (enclosed)
Assistance (Public assistance, MFIP, AFDC, TANF, GA/Work Readiness, MSA, Child Support)	o Verification of Assistance (enclosed)
Self-Employment	 Copies of the past 3 years of IRS Federal Tax Forms, including all required schedules. Net worth statement (enclosed) for your business, signed by a third party
Social Security	o Copy of this year's reward letter
Child Support or Alimony	 Verification of Assistance (enclosed), OR Copy of court award notice
Pension, Annuity, or Retirement	 Verification of Pension and Annuity (enclosed)
Rental Property Income	Copy of IRS Federal Tax Schedule E, ORWritten statement from tenant

SEE NEXT PAGE FOR MORE INSTRUCTIONS ----->



Step 3: Gather the following documents and provide copies:

- o Copy of the recorded Warranty Deed or Certificate of Title from the County Recorder (REQUIRED)
- Copy of your current property tax statement (REQUIRED)
- O Copy of your current property insurance declarations page(s). (REQUIRED)
- Copies of three (3) most recent consecutive months of bank statements for all accounts and other assets.
 (REQUIRED)
- o Copy of most recent mortgage statement. (REQUIRED IF APPLICABLE)

Step 4: Send or drop off all the paperwork from Steps 1-3 to:

West Central Minnesota Community Action ATTN: Rehab Loan Program 1910 Aga Drive, Suite 206 Alexandria, MN 56308.

OR drop off at our Elbow Lake Location:

411 Industrial Park BLVD, Elbow Lake



MHFA Rehabilitation Loan Program -- KEEP FOR YOUR RECORDS

Program Outline

The Rehabilitation Loan Program offered in partnership with MHFA assists those on a fixed income financing basic home improvements that directly affect the safety and accessibility of the home.

Eligibility Requirements for the Rehabilitation Loan Program (RLP):

- * Owner Occupies the property to be rehabilitated
- * Owner does not have assets that exceed \$25,000
- * Owner must have property insurance for the full term of the loan
- * Owner must be current with property taxes
- * Owner must be current with mortgage payments
- * Owner must have owned and resided in the property for at least 6 months
- * Trust are NOT eligible
- * Owner's income falls under the current program year income guidelines (SEE NEXT PAGE FOR INCOME LIMITS)

Loan Features

- * Maximum loan amount for RLP is \$37,500.
- * Maximum loan term is 15 years for properties taxed as real property and 10 years maximum for mobile/manufactured homes taxed as personal property located in a manufactured home park.
- * Can be used for rehabilitation of: single family homes, PUD, townhomes, condos, duplexes, manufactured housing taxed as real or personal property
- * No Payments during the loan term and loan is forgiven at the end of the loan term as long as owner does not sell, transfer title, or cease to occupy the property during the loan term.

REHABILITATION / EMERGENCY LOAN PROGRAM **2022 INCOME LIMITS**

Rehabilitation Loan Program income limits are based on HUD median family income estimates and calculated at 30% of the Minneapolis/St. Paul area median income and are applicable in all Rehabilitation Program areas of the state.

The following income limits are effective for any loans locked under the Rehabilitation Loan Program/Emergency & Accessibility Loan Program on or after June 1, 2022.

FAMILYSIZE	YEARLY INCOME LIMIT
1	\$24,700
2	\$28,200
3	\$31,700
4	\$35,200
5	\$38,100

For larger family sizes please contact staff.



Rehabilitation Loan Program Borrower Application

INSTRUCTIONS: Complete all information on this application. Please print. Use ink. **Borrower Information** Last Name First Name МІ Yes No Social Security or Date of Birth Dependents under Disabled Household Other Individual Taxpayer 18 Dependents Identification Number 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	
☐ 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	

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l do not wish to furnish this information

Marital Status

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Co-Borrower I	nformation (Repeat for	r all Co-Borrowers)		
				(M).
Last Name		First Na	nme	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 Nati Native Hawaiian or Other Pacific	
I do not wish	to furnish this informatio	n		
Relationship to E	Sorrower	Co-Head of H	lousehold ☐ Other Adult ☐ Spouse	
Household Inf	ormation			
income which car	members, their ages, and be reasonably expected but is not limited to, the	to be received du	ncome (even if it is zero). Income listering the next 12 months.	ed should include all
Base Pay			Educational Grants	
Self-Employment			Transfer Payment Income (Unemplo Public Assistance, Worker's Compen Pensions, Social Security Benefits)	
Variable Income Tips, Seasonal)	(Bonus, Overtime, Shift Pa	ay, Commissions,	Interest/Dividend	
Flexible Benefit C	ash		Investment Property, etc. (Rental In Deed Payment Income)	come, Contract for
Housing Car/Allo	wance		Roommate Rent	
Child/Spousal Su	pport		Income from retirement, 401(k) and	Keogh accounts
Other				

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Name of ALL Household Member(s), including minor children	Age	Type of Income	Annual Income
			\$
		8	\$
			\$
			\$
		3	\$
		·	\$
			\$
			\$
Note: Household Size listed on page 1 and the	e number o	Total Annual Household Income \$ of members listed above should match.	0.00
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:	\$	Clea
Bank Name #1	Checking	Savings
Bank Name #2	Checking	Savings
Bank Name #3	Checking	Savings
Bank Name #4	Checking	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 impreal property of not more than two contiguous platted lots or 160 continuous structure is located.	proved and a parcel of acres on which such	\$
Recreational vehicles such as golf carts, snowmobiles, boats, or motorcycles.		\$
All other property, excluding household furnishings, clothing, one automobile equipment, supplies, and inventory used in a business.	, and real estate,	\$
All land in which any resident of the household holds title and is selling on a coin this case is defined as the outstanding principal balance expected to exist of 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 \$

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Loan History			
I/We currently have a Minnes	ota Homes Rehabilitation Loan		
Borrower Name			Date of Loan
List the outstanding balance o	f all loans/Mortgages/Contract for	Deed on the property, i	ncluding any deferred loans
Bank Name	Ou	standing Balance	Current
	\$		Yes No
	\$		Yes No
	\$		Yes No
Property Information	1		
Property Information Address		Address 2	
		Address 2	
	County		Zip Code
City Building Type Single Fam Duplex	County ily Manufactured Home Real Manufactured Home Person ium with common areas Cond	MN State Property Townho	ome ome
Address City Building Type Single Fam Duplex Condomin	ily Manufactured Home Real	MN State Property Townho	ome ome
Address City Building Type Single Fam Duplex Condomin Manufactured Home	ily Manufactured Home Real Manufactured Home Person ium with common areas Cond	MN State Property Townho nal Property Twinho ominium without common	ome ome

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Other Funding Sources		
Please list any other Funding Sources and amounts that will be used to complete this projection (Other Loans, Grants, Local Government Incentives, etc.)	ect:	
	\$	
	\$	
	\$	
	\$	
	\$	
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 had Important Lead Hazard In		Borrower/Co-Borrower Initials			
I/We understand that I/W	e 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/W Rehabilitation Loan Progr determined that I/We qua conjunction with Rehabili	am funding. If aft alify for a Weathe	er application to the E rization loan, I/We will	nergy Assistance Progra		Borrower/Co-Borrower Initials
re-verify any information	contained in this a	application or obtain a	ny information or data :	elating	s and assigns, may verify or to the loan, for any consumer reporting agency
Identification: All Borrow issued ID card.	ers must provide a	a valid Minnesota Drive	er's License, United Stat	es Passp	oort, or Minnesota State
Signatures: All residents age	2 18 or over must sig	n this application.			
Signature	Borrower	Co-Borrower	Cother Adult	Date	e of Application
					, ,
Signature	☐ Borrower	Co-Borrower	C Other Adult	Date	e of Application
Signature	☐ Borrower	Co-Borrower	C Other Adult	Date	e of Application
Signature	☐ Borrower	Co-Borrower	☐ Other Adult	Date	e of Application
Lender			\$ Estima	ted Loar	Amount
TIL and NMLSR ID					
TIL AILU IVIVILSK ID					
Loan Originator Compan	y Name		Loan Originator Ind		
Loan Originator Compan	y NMLSR ID		Loan Originator Ind (if applicable)	dividual	NMLSR ID



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.

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Rehabilitation Loan Program Homeowner Agreement

Borrower Last Name	Borrower First Name	MI
Co-Borrower Last Name	Co-Borrower First Name	MI
Subject Property Address	City, State and Zip Code	
Whereas the above-named Borrower (and Co-Borrow an eligible home with assistance provided by the Minthrough the Lender identified below:		
Lender		
Whereas the above-named Lender ("Lender") is auth qualified borrowers in the form of a zero percent int one):	norized by Minnesota Housing to provide such erest rate, deferred loan with the following ter	assistance to m (indicate
15-year term (subject property taxed as real esta	ate)	
15-year term (manufactured home taxed as real	estate)	
10-year term (manufactured home taxed as pers with an approved tribal residential lease locate		nome park or

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:
 - O 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;
 - O 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 closes the loan with Minnesota Housing.

Maximum Loan Amount

The maximum loan amount may not exceed \$37,500.

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);
 - 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 solicit at least 2 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.

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- 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 closes 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.
- 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.



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Borrower Disclosures and Acknowledgements				
The Lender has read or given me a copy of the Combine Notice.	ed Tennessen Warning and Privacy Act	Yes No		
The property I intend to rehabilitate was built prior to 1	.978.	Yes No		
If my property was built prior to 1978 as indicated by a Lender has provided me with a pamphlet called "Renov Information for Families, Child Care Providers and School	ate Right: Important Lead Hazard	Yes No		
 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. 				
 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	d in this agreement.			
Borrower Signature	Date of Signature			
Co-Borrower Signature Date of Signature				
Lender Signature	Date of Signature			



Asset Verification Form – MHFA Rehabilitation Loan Program

The total assets of all residents in the household may not exceed \$25,000 after deducting any outstanding indebtedness pertaining to the assets. Assets include, but are not limited to, the following:

Amount:

Cash on hand or saving's accounts	
Securities or United State's Saving's 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 the such structure is located	
	Ť
Cash value of life insurance policies	
	T.
Recreational vehicles such as golf carts, snowmobiles, boats or motorcycles	
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 principle	
balance expected to exist on the contract one year from the date of the application	
Life estate value on a property other than subject property	
All other property, excluding household furnishings, clothing, and one automobile,	
and real estate, equipment, supplies and inventory used in a business	
Note: Dividends produced by the Borrower's assets may be included in the income ca	culation.
I/we certify that the information provided in this Asset Verification Form provided to V	West Central Minnesota
Community Action, Inc. is true and correct as of the date of this signed form and unde	
misrepresentation of the information may result in disqualification of rehabilitation as	sistance or civil liability.
Signature Date	
Printed Name:	



Taxpayer Consent Form

I understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share my tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; or (iii) as otherwise permitted by applicable laws, including state and federal privacy and data security laws.

The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

Signature	Date
Printed Name:	

West Central Minnesota Community Action | 504 Hawthorne St., Suite 45, Alexandria, MN 56308 | www.wcmca.org

Form 4506-T

Department of the Treasury Internal Revenue Service Request for Transcript of Tax Return

▶ Do not sign this form unless all applicable lines have been completed.

▶ Request may be rejected if the form is incomplete or illegible.

► For more information about Form 4506-T, visit www.irs,gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

10	Name of any			
Id	Name shown on tax return. If a joint return, enter the name shown first.	First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)	חי	
2a	If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return	_	
3	Current name, address (including apt., room, or suite no.), city, sta	e, and ZIP code (see instructions)		
4	Previous address shown on the last return filed if different from line	3 (see instructions)	_	
	Customer file number (if applicable) (see instructions)			
Note: Page 2	Effective July 2019, the IRS will mail tax transcript requests only to ? for additional information.	your address of record. See What's New under Future Developments on		
6	Transcript requested. Enter the tax form number here (1040, 10 number per request. ▶	65, 1120, etc.) and check the appropriate box below. Enter only one tax for	m	
а	changes made to the account after the return is processed Tra	ax return as filed with the IRS. A tax return transcript does not reflect inscripts are only available for the following returns: Form 1040 series, L, and Form 1120S. Return transcripts are available for the current year requests will be processed within 10 business days	٦	
b	Account Transcript, which contains information on the financial assessments, and adjustments made by you or the IRS after the	status of the account, such as payments made on the account, penalty aturn was filed. Return information is limited to items such as tax liability nost returns. Most requests will be processed within 10 business days	_	
С	Record of Account, which provides the most detailed information Transcript. Available for current year and 3 prior tax years. Most result in the contract of t	tion as it is a combination of the Return Transcript and the Account equests will be processed within 10 business days		
7	·			
8	Form W-2, Form 1099 series, Form 1098 series, or Form 5498 s these information returns. State or local information is not include transcript information for up to 10 years. Information for the current example, W-2 information for 2016. filed in 2017, will likely not be as	eries transcript. The IRS can provide a transcript that includes data from d with the Form W-2 information. The IRS may be able to provide this rear is generally not available until the year after it is filed with the IRS. For railable from the IRS until 2018, if you need W-2 information for retirement 800-772-1213. Most requests will be processed within 10 business days.	_	
Cautio with yo	n: If you need a copy of Form W-2 or Form 1099, you should first our return, you must use Form 4506 and request a copy of your retu	ontact the payer. To get a copy of the Form W-2 or Form 1000 filed	_	
9	years or periods, you must attach another Form 4506-T. For re	period, using the mm/dd/yyyy format. If you are requesting more than for quests relating to quarterly tax returns, such as Form 941, you must enti-	ur	
Court's	each quarter or tax period separately. / /		_	
Signation of the signature of the signat	atton requested. If the request applies to a joint return, at least older, partner, managing member, quardian, tax matters partner.	name is shown on line 1a or 2a, or a person authorized to obtain the ta one spouse must sign. If signed by a corporate officer, 1 percent or more executor, receiver, administrator, trustee, or party other than the taxpayer, taxpayer. Note: This form must be received by IRS within 120 days of the	re	
☐ Sig has	natory attests that he/she has read the attestation clause and upon the authority to sign the Form 4506-T. See instructions.	n so reading declares that he/she Phone number of taxpayer on line 1a or 2a		
Sign	Signature (see instructions)	Date	_	
lere	Title (if line 1a above is a corporation, partnership, estate, or trust)		-	
	Spouse's signature	Date	_	

AUTHORITY TO RELEASE INFORMATION

This is your authority to release information regarding my income, employment, bank accounts, and to make other inquiries to support my application for a home improvement loan from West Central MN Communities Action, Inc. You may make copies of this letter to distribute to any party with which I have a financial or credit relationship and that party may treat that copy as an original.

Signature of Applicant	(Signature Required)	Date	
Signature of Co-Applicant	(Signature Required)	Date	
	<u>CERTII</u>	FICATION	
knowledge and belief. If you application process, you we Each of the undersigned herby a any information contained in this purpose through any source, income	u provide any false informati vill be eliminated from furtho acknowledge that any owner of this is application or obtain any informa	are true, accurate, and complete to on or engage in deception during er consideration immediately. loan, its services, successors and assignstion or data relating to the loan, for any cation or a consumer reporting agency. ust sign this application.	g any part of the
Borrower Signature:		Date of Application:	
Co-Borrower Signature:		Date of Application:	

Co-Borrower Signature: _____ Date of Application: _____

| www.wcmca.org



Rehabilitation Loan Programs

Acknowledgment Form

lient Initials		
	Confirmation of Receipt of Lead Pa	mphlet
	I/we have received a copy of the publication Renova	te Right, informing of the
	potential risk of the lead hazard exposure from reno	
	performed in the subject property. I received this pa	amphlet before the work
	began.	
	Permission for Risk Assessme	<u>ent</u>
	I/we understand that if my home is built prior to 197	8, participation in the
	program will require that a lead-based paint hazard	risk assessment be
	conducted on the property.	
	Lien Verification	
	I/we certify that there are no past due assessment,	oublic debts, or tax liens on
	my property. Talso certify that, if applicable, I am cu	
	payments and that my property is not subject of per	
	Finally, I certify that I have homeowner's insurance t	
	amount to provide collateral for this Rehabilitation L	oan Program.
	Picture Release	
I/we give authorization for digital pictures or photos of my home to be taken		
	West Central MN Community Action, Inc. These may	y be used in publications or
	displays. I authorize pictures of my house to be used	
	Fair Housing Certification	
	I/we have received information on the Fair Housing	Civil Right Act of 1988.
	Non-Discrimination Notice	
	I/we am/are aware that West Central MN Communit	ty Action is prohibited from
	discriminating on the basis of race, color, national or	
	accordance with Federal Law and U.S. Department of	
, .		ad abayas
/we nave	read and understood all the statements initial	ed above.
Applicant S	ignature	 Date
ipplicatic 3	.0	
	nt Signature	Date

504 Hawthorne St, Suite 45, Alexandria, MN 56308

West Central Minnesota Community Action |

YOUR PRIVACY RIGHTS: THE TENNESSEN WARNING

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you.

Why do we ask for this information?

We may ask you for information so we can:

- Tell you from other persons who have the same name or a similar name
- Decide if you are eligible to receive services from West Central MN Communities Action
- Assist you in getting medical, mental health, financial or social services from outside agencies
- Make reports, do research, audits and evaluate our programs
- Advocate for additional services as determined by your needs

Do you have to answer the questions we ask?

Generally the law does not say you have to give us information. However, without some of the information requested, we may not be able to find the appropriate help for you. Giving us incorrect information or not providing complete information may delay or eliminate some services you would be eligible for.

With whom may we share the information we are requesting?

The following are examples of agencies or organizations we may need to share information with on your behalf and are not intended to provide a complete list. This does not mean we always share information about you with these people.

- Social services
- Mental health centers
- Child support workers
- Medical facilities
- Minnesota Department of Economic Security
- Minnesota Housing
- Minnesota Department of Human Services

- Minnesota Office of Economic Opportunity
- Housing and Urban Development
- Community Food Shelves
- Higher education facilities
- Court Officials
- Anyone else the law says we must provide information to

You have the right to copies of information about you:

You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for these copies. You may give other people permission in writing to see and have copies of private data about you. If you have any questions about the information, you may ask to have it explained to you.

How do you appeal if you think information is not accurate or complete?

Your objection must be in writing and must be sent to the Executive Director of West Central MN Communities Action at:

Missy Becker-Cook, Chief Executive Director

West Central MN Communities Action, Inc.

411 Industrial Park Boulevard

Elbow Lake, MN 56531

You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask a staff member.

If you have any questions about the information on this form, ask a staff person.

I understand my rights and have been given a copy for my records,

Client Signature:		Verbal Consent from Client Received by:		
	Date:	Staff Signature: Copy of signed form sent to client	Date:	

West Central MN Communities Action, Inc.

Discrimination Policy

Race	•	criminate. Our services will not disc National origin	•	Sexual orientation
Color	;•:	Marital status	•	Age
 Creed 	•	Status with regard to public	•	Gender
 Religion 		assistance	•	Disability
If you believe West Central MN (accommodated your need, you m	Communities Action ay file a complaint v		or if you,	believe we have not
Missy Becker-Cook, Chief Executive Director 1-218-685-4486 or 1-800-492-4805, Ext. 112		2 411 Indust	West Central MN Communities Action, Inc. 411 Industrial Park Boulevard Elbow Lake, MN 56531	
I have discussed West Central MN Communities Action, Inc.'s Discrimination Policy and have been given a copy of this policy for my records:				
Client Signature:	Client Signature: Verbal Consent from Client Received by:			<i>7</i> :
Date:	h <u>. =</u>	Staff Signature: Copy of signed for		Date:





We Do Business in Accordance With the Federal Fair Housing Law

(The Fair Housing Amendments Act of 1988)

It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin

In the sale or rental of housing or residential lots

In the provision of real estate brokerage services

In advertising the sale or rental

In the appraisal of housing

of housing

In the financing of housing

Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free) 1-800-927-9275 (TTY) www.hud.gov/fairhousing U.S. Department of Housing and Urban Development Assistant Secretary for Fair Housing and Equal Opportunity Washington, D.C. 20410