WEST CENTRAL MINNESOTA
Communities Action

1910 AGA DRIVE, Suite 206, Alexandria, MN 56308
Office Phone: 320-304-3458, Ext. 7214 Fax: 320-335-2463

Minnesota Housing Finance Agency (MHFA) Rehabilitation Loan Program (RLP)

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

Step 1: Complete and sign the following enclosed forms: (all are required)

- MHFA Rehabilitation Loan Program Borrower Application
- A copy of all borrower's Driver's License (or state ID)
- Rehabilitation Loan Program Homeowner Agreement
- Asset Verification Form
- Tax Payer Request Form
- Form 4504-T Request for Transcript of Tax Return
- Authority to Release Information and Certification
- Rehabilitation Loan Programs Acknowledgement Form
- Your Privacy Rights: The Tennessen Warning
- 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 ○ Verfication of Employment form completed by the employer (enclosed)
Assistance (Public assistance, MFIP, AFDC, TANF, GA/Work Readiness, MSA, Child Support)	○ 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	○ 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, OR ○ Written statement from tenant

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

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Step 3: Gather the following documents and provide copies:

- Copy of the recorded Warranty Deed or Certificate of Title from the County Recorder (REQUIRED)
- Copy of your current property tax statement (REQUIRED)
- 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)
- Copy of most recent mortgage statement. (REQUIRED IF APPLICABLE)

Step 4: Send 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 $27,000.
* 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
2021 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 May 1, 2021.**

FAMILY SIZE	YEARLY INCOME LIMIT
1	$22,100
2	$25,200
3	$28,400
4	$31,500
5	$34,000

For larger family sizes please contact staff.

MINNESOTA HOUSING

Rehabilitation Loan Program
Borrower Application

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

Borrower Information

Last Name | First Name | MI

Social Security or Individual Taxpayer Identification Number | Date of Birth | Dependents under 18 | Other 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

MCLOANAPPL

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	

* M C L O A N A P P L *

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:	$	Clear
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 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.

Identification: All Borrowers must provide a valid Minnesota Driver's License, United States Passport, or Minnesota State issued ID card.

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

$ _____ Estimated Loan Amount

TIL and NMLSR ID

Loan Originator Company Name

Loan Originator Individual Name (as name appears on NMLSR)

Loan Originator Company NMLSR ID

Loan Originator Individual NMLSR ID (if applicable)

EQUAL HOUSING OPPORTUNITY

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.

* M C L O A N A P P L *

MINNESOTA HOUSING

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-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:

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: 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.	☐ Yes ☐ No

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 _____

Helping People. Changing Lives.
Community Action PARTNERSHIP
WEST CENTRAL MN COMMUNITIES ACTION, INC.

www.wcmca.org

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	
Cash value of life insurance policies	
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 calculation.

I/we certify that the information provided in this Asset Verification Form provided to West Central Minnesota Community Action, Inc. is true and correct as of the date of this signed form and understand that intentional misrepresentation of the information may result in disqualification of rehabilitation assistance or civil liability.

_____ _____

Signature Date

Printed Name: _____

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WEST CENTRAL MN COMMUNITIES ACTION, INC.

www.wcmca.org

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: _____

Revised August 2020

Form **4506-T** (March 2021)

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.

1a Name shown on tax return. If a joint return, enter the name shown first.	**1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)**
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, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 Customer file number (if applicable) (see instructions)

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript,** which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

b **Account Transcript,** which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . ☐

c **Record of Account,** which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

7 **Verification of Nonfiling,** which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . ☐

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. | / / | / / | / / | / /

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

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ **Signature** (see instructions) — Date

▶ **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

CERTIFICATION

I/we certify that the statements contained in this application are true, accurate, and complete to the best of my knowledge and belief. **If you provide any false information or engage in deception during any part of the application process, you will be eliminated from further consideration immediately.**

Each of the undersigned herby acknowledge that any owner of this loan, its services, successors and assigns, may verify or reverify 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 names in this application or a consumer reporting agency.

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

Borrower Signature: _____ Date of Application: _____

Co-Borrower Signature: _____ Date of Application: _____

Co-Borrower Signature: _____ Date of Application: _____

Rehabilitation Loan Programs
Acknowledgment Form

Client Initials

Confirmation of Receipt of Lead Pamphlet

___ ___ I/we have received a copy of the publication Renovate Right, informing of the potential risk of the lead hazard exposure from renovation activity to be performed in the subject property. I received this pamphlet before the work began.

Permission for Risk Assessment

___ ___ I/we understand that if my home is built prior to 1978, 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, public debts, or tax liens on my property. I also certify that, if applicable, I am current with any mortgage payments and that my property is not subject of pending mortgage foreclosure. Finally, I certify that I have homeowner's insurance that would be adequate amount to provide collateral for this Rehabilitation Loan Program.

Picture Release

___ ___ I/we give authorization for digital pictures or photos of my home to be taken by West Central MN Community Action, Inc. These may be used in publications or displays. I authorize pictures of my house to be used in the Annual Report.

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 Community Action is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. In accordance with Federal Law and U.S. Department of Agricultural policy.

I/we have read and understood all the statements initialed above:

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

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: _____ Date: _____

Verbal Consent from Client Received by:

Staff Signature: _____ Date: _____

☐ Copy of signed form sent to client

West Central MN Communities Action, Inc.
Discrimination Policy

West Central MN Communities Action, Inc. will not discriminate. Our services will not discriminate against persons based on:

- Race
- Color
- Creed
- Religion
- National origin
- Marital status
- Status with regard to public assistance
- Sexual orientation
- Age
- Gender
- Disability

If you need some type of assistance or accommodation in order to fully use our services, please tell any staff member. If you believe West Central MN Communities Action, Inc. has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with:

Missy Becker-Cook, Chief Executive Director
1-218-685-4486 or 1-800-492-4805, Ext. 112

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:

_____ Date: _____

Verbal Consent from Client Received by:

Staff Signature: _____ Date: _____

☐ Copy of signed form sent to client