



CITY OF CRYSTAL, MN

Rehab Incentive Program Application Process Application deadline: Monday August 7, 2017, 5:00pm

Applications submitted must contain all of the following documents in order for you to be eligible for consideration in this program:

1. Application Form (attached)
2. Government Monitoring Addendum (attached)
3. Data Privacy Act Statement (attached)
4. Authorization to Release Information (attached) to be signed by each applicant
5. Copy of bid proposals for the work to be performed
6. Copy of Driver's license or other government issued ID from all applicants
7. Copy of most recent Federal Income Tax Return.
8. If you do not or have not filed taxes, Copy of 2 most recent pay stubs or other income verification.

After the above documents are received and approved, the Housing Resource Center (HRC) will verify if the applicant meets the ownership and income requirements as established by the City of Crystal. The applicant will be notified of their eligibility (or ineligibility) for this program or if documents are missing, incomplete, or not approved.

CONTRACTS - (also called bids, proposals or estimates). It is the homeowner's responsibility to call licensed contractors, give them the Scope of Work and obtain written **Contracts**. If assistance is needed, please contact a Housing Resource Center Construction Manager. In order to approve a contract it must be written by a licensed contractor and contain the following items;

1. The contractor's name, address, telephone and fax numbers and the date.
2. The homeowner's name and project address.
3. A detailed description of the work to be done, including brand names, quantities and all costs.
4. The contractor's signature.
5. A space for the homeowner's dated signature. Do not sign the contract until the closing.

SWEAT EQUITY - Work performed by the homeowner is not eligible.

REBATE CLOSING- The homeowner must sign a Participation Agreement at the Housing Resource Center before the proposed work may begin. The homeowner is not officially a part of this program until the participation agreement is signed.

DO NOT SIGN ANY CONTRACTS, OR START YOUR PROJECT UNTIL A REBATE CLOSING HAS TAKEN PLACE. ANY PROJECT BEGUN BEFORE THE CLOSING WILL BE INELIGIBLE!

All applications will be reviewed on a first-come, first-served basis. The Housing Resource Center is the program administrator. Construction and loan consultants are available to advise and answer any questions about the program and your project.

SUBMIT COMPLETED DOCUMENTS TO:
Housing Resource Center, 2148 44th Ave North, Minneapolis, MN 55412
612-588-3033



CITY OF CRYSTAL, MN

Rehab Incentive Program Guidelines

The Crystal Rehab Incentive Program is designed to assist homeowners in the City of Crystal maintain and improve their current housing in order to foster stabilization and revitalization by providing a rebate to homeowners after an improvement has been completed.

Important Note: Do not purchase any project materials or let your contractor(s) begin any work until you have signed a Participation Agreement in our office. We must review all of your documents, including contractor bids before we can schedule your Participation Agreement appointment.

Income Limits: Adjusted gross income from your most recent federal tax return must be within the following categories. If you do not file taxes or have not filed taxes, your annual income from all sources will be used to determine eligibility:

Up to	\$45,200	= 20% rebate payment
\$45,201 -	\$72,320	= 15% rebate payment
\$72,321 -	\$108,480	= 10% rebate payment

Rebate Payment: The rebate payment will be 20%, 15%, or 10% of project cost depending upon household income (see above income limits) with a maximum payment of \$10,000 per household. PROJECT COST MUST BE AT LEAST \$5,000 TO BE ELIGIBLE FOR A REBATE. Exceptions to the minimum project cost are:

1. There is no minimum project size for driveway work completed concurrent with and related to a street reconstruction project initiated by the city.
2. There is no minimum project size for sanitary sewer service line repair or replacement.
3. There is no minimum project size for qualifying Last Resort Grant projects. Home improvements done under a deferred loan or grant program will not be eligible for inclusion in the program.

Limit on Number of Rebates: No property shall receive more than ONE REBATE WITHIN A 12 MONTH PERIOD. Homeowners with multiple projects within a twelve month period will need to group them into a single application in order to receive a rebate amount based on the total cost of all projects

Eligible Properties: Owner-occupied single family homes in the City of Crystal, including owner occupied townhouses. Two family dwellings in the City of Crystal, provided that (1) the owner occupies one of the units and the property is homesteaded according to the Hennepin County Assessor, (2) the rental unit has a current rental license from the City of Crystal, and (3) the use of the property as a two family dwelling is listed as a permitted use in the zoning district in which it is located. Before approving such a request, GMHC staff shall contact EDA staff to ensure that these requirements have been met. Rental property is not eligible, except for the aforementioned qualifying two family dwellings subject to pre-approval by EDA staff. Property which is not the owner's principal residence is not eligible. PROPERTY TAXES MUST BE CURRENT AT TIME OF APPLICATION TO REMAIN ELIGIBLE.

Eligible Improvements: Contractor expenditures for materials, labor and related expenditures for home improvement work including mechanical, plumbing, electrical, exterior (roofing, siding, windows and doors), general remodeling and additions to the principal building. Eligible site improvements are limited to essential utilities, detached accessory buildings, retaining walls, fences, driveways, sidewalks and patios, decks, removal or trimming of diseased or otherwise hazardous trees, and treatment of trees to protect from Dutch Elm Disease or the Emerald Ash Borer. DO-IT-YOURSELF PROJECTS ARE NOT ELIGIBLE FOR INCENTIVE REBATES.

Ineligible Improvements: This includes recreational or luxury improvements, projects not permanent in nature, working capital, payment for owner's labor, debt service or refinancing existing debts, and other expenses determined by the Housing *Resource* Center (HRC).

Contractors and Permits: Contractors must be currently licensed with the State of Minnesota. Permits must be obtained when required by city ordinance. Failure to comply with this regulation will disqualify the applicant from receiving program funds.

Work By Owner: Work performed on a "sweat equity" basis by the homeowner or immediate family is not eligible.

GENERAL CONDITIONS AND PROCEDURES

Rehabilitation Consulting: A Housing *Resource* Center's Construction Manager is available, at no cost, to homeowners for advise about their proposed projects prior to obtaining bids and review bids for reasonableness.

Work Completion: Weather permitting, all work must be completed within 120 days of signing the Participation Agreement.

Rebate Payment Disbursement Process:

1. Payment to the homeowner will be made, **only**, after final inspection and approval of the work by the Housing *Resource* Center's Construction Manager. When the work is completed submit items 1 – 5, listed below. Upon receipt and approval of these items an inspection will be scheduled and preformed by the HRC Construction Manager.
2. The following items must be received in the HRC office before the funds can be released:
 - a) Final Invoice from each contractor showing all amounts paid.
 - b) Lien Waiver. Original from each contractor.
 - c) Completion Certificate signed by each contractor and the homeowner.
 - d) Permits Closed. Confirmation must be received by the Housing *Resource* Center from the City Inspections Department.
 - e) Final Inspection and approval by the HRC Construction Manager.

Payment is only made for work completed and approved.



CITY OF CRYSTAL, MN

Rehab Incentive Program

BORROWER INFORMATION

Applicant Name: _____ Soc. Sec. # _____ - _____ - _____ D.O.B. ____ / ____ / ____

Marital Status: Married Unmarried Separated

Home Phone: _____ Alternate Phone: _____ Email: _____

Co-Applicant Name: _____ Soc. Sec. # _____ - _____ - _____ D.O.B. ____ / ____ / ____

Marital Status: Married Unmarried Separated

Home Phone: _____ Alternate Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Number of Residents: 18 and older _____ under 18 _____

Have you previously participated in the Crystal Rehab Incentive Program (Rebate)? Yes No

Are you receiving a deferred loan for this home improvement project? Yes No

PROPERTY INFORMATION

Address to be improved: _____

Property Type (check one) Single family Duplex Townhome # of bedrooms: _____

Owner -Occupied? Yes No

IMPROVEMENTS

Please enclose copies of the contractor bid(s) for the work that is being proposed.

Work by owner (Sweat Equity) is not eligible.

Briefly describe the proposed improvements: _____

Estimated project cost: \$ _____

INCOME: Please enclose a copy of your most recent Federal Tax return

If you do not or have not filed taxes, please provide copies of all source of income that apply to your household:

- Employment:.....two recent consecutive pay stubs & Federal income tax return including W2's & schedules
- Self-employment:.....two years of Federal Income Tax Statements including Schedules C, E, or F and completed interim financial statement for year to date.
- Social Security:.....current year's benefit statement,
- Pension & Annuity:.....award letter monthly pension or annuity amount
- Rental Income:.....two years of Federal Income Tax returns including Schedule E
- AFDC/MFIP:.....benefit statement
- Child Support:.....divorce decree and/or statement of benefits from applicable County.
- Foster Care:.....Statement of income from Hennepin County

SIGNATURES

√ I/We certify that all information contained in this application is true, accurate and complete to the best of my/our knowledge and belief.

√ I/We hereby authorize the release of any information necessary for the Housing *Resource* Center to process this application.

√ I/We have read and understand the Program Overview and Guidelines.

√ **Contractors must be licensed. Do not start the work, sign contracts, purchase materials nor give down payments prior to closing.**

Applicant's Signature	Date	Co-Applicant's Signature	Date
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Please return completed application and other required materials to:

Housing Resource Center, 2148 44th Avenue North, Minneapolis, MN 55412

For information on additional programs offered in your community, please call 612-588-3033 or visit www.gmhchousing.org

ADDENDUM TO APPLICATION

Crystal Rehab Incentive Program

Information for Government Monitoring Purposes

The information being requested below is for determining compliance with federal equal credit opportunity, fair housing and home mortgage disclosure law. 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 the information. If you choose not to furnish this information and you have made the application in person, we are required to note ethnicity, race and sex on the basis of visual observation or surname. Please check below if you choose not to furnish the information.

DATE OF APPLICATION: _____

APPLICANT	CO-APPLICANT
APPLICANT NAME:	CO-APPLICANT NAME:
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
ETHNICITY: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	ETHNICITY: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male
RACE: (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi Racial	RACE: (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American <input type="checkbox"/> Other Multi Racial

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

This Section For Lender Use	
<u>Greater Metropolitan Housing Corporation</u>	
Application received by: ___ mail ___ face-to-face interview ___ telephone	
Staff Name: _____	Date _____

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

DATA PRIVACY ACT

In accordance with Minnesota Government Data Practices Act the Greater Metropolitan Housing Corporation (GMHC) is required to inform you of your rights regarding the private data collected from you.

Private data, collected from you or from other organizations authorized by you, is used to determine your eligibility for programs administered by GMHC. The use of private data we collect is limited to that necessary for administering programs and providing our services.

You may refuse to provide the requested information. If you do not provide the requested information, you may not be eligible for specific loans, grants or services.

Unless authorized by state or federal law, other government agencies using the reported private data must also treat the information as private. You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- 1) The right to see and obtain copies of the data maintained on you
- 2) The right to be told the contents and meaning of data
- 3) The right to contest the accuracy and completeness of the data

I have read and understand the above information regarding my rights as a subject of government data.

Print Name _____	Print Name _____
Date: _____ Signature _____	Date: _____ Signature _____
Print Name _____	Print Name _____
Date: _____ Signature _____	Date: _____ Signature _____

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

AUTHORIZATION TO RELEASE INFORMATION

I have applied for a loan or grant through the Greater Metropolitan Housing Corporation (GMHC), at the HousingResource Center™. As part of the application process, employees of GMHC may verify information contained in my/our loan or grant application and in other documents required in connection with the loan. This verification process can be conducted either prior to closing or subsequent to closing, and may be performed either by employees of GMHC or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of GMHC.

I authorize you to provide to GMHC and to any investor to whom GMHC may sell my loan, to any servicer or any funder of the program for which I have applied, any and all information and documentation that they request. Such information includes, but is not limited to employment history, income; bank, money market and other financial account balances; credit history; copies of income tax returns and property information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you

Print Name

Social Security Number

Date

Signature

NOTE: Use a separate form for each individual who is an applicant, guarantor or other individual whose information is considered in the application. Only one person signs each form.

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