



Washington County CDA Home Improvement Pre-Application

The information requested in your application is required to determine if you qualify for participation in this program. Some of the information requested is classified as "private data on individuals" under Minnesota law. Use of this information is limited to that necessary for the administration and management of this program. Where authorized by the state or federal law, this information may be made available to other government entities.

APPLICANT INFORMATION

Name:		Name of co-applicant:	
Phone:		Co-applicant phone:	
Street address:			
City:	State:	ZIP Code:	
Email address:		How did you hear about this program?	
U.S. Citizen and/or Lawfully within the U.S.: <input type="radio"/> YES <input type="radio"/> NO		Is anyone living in the home disabled: <input type="radio"/> Yes <input checked="" type="radio"/> No	

HOUSEHOLD MEMBERS

Total number of household members (include yourself and children):
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INCOME (PLEASE SUBMIT 2 MOST RECENT PAY STUBS FOR ALL INCOME)

Total household income (include income sources from ALL persons residing in your home): \$
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PROPERTY INFORMATION (PLEASE SUBMIT 2 MOST RECENT MORTGAGE STATEMENTS)

Type of property: <input type="radio"/> Single family <input type="radio"/> Duplex <input type="radio"/> Townhouse <input type="radio"/> Twin/ quad Monthly association dues: \$		
Name of all persons listed on your title as owners of the property:		
The property is: <input type="radio"/> Completely paid off <input type="radio"/> Subject to mortgage <input type="radio"/> Purchasing on a contract for deed		
Name of mortgage company:	Current balance:	Payments current: <input type="radio"/> YES <input type="radio"/> NO
Do you have a second mortgage or Home Equity Line of Credit on your property: <input type="radio"/> YES <input type="radio"/> NO	Current balance:	Payments current: <input type="radio"/> YES <input type="radio"/> NO
Do you have home owners insurance: <input type="radio"/> YES <input type="radio"/> NO		
Have you received a Home Improvement Loan previously: <input type="radio"/> YES <input type="radio"/> NO If yes, Name of loan program _____ Date Received _____		

BRIEFLY DESCRIBE THE PROPOSED IMPROVEMENTS

SIGNATURES

- We certify that the statements contained in this application are true, accurate and complete to the best of our knowledge and belief.
- We hereby authorize the release of any information necessary for the lending institution to process this application.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date