



Washington County Homeowner Stabilization Fund Application

Application Checklist

This application is not complete until all items are received. Incomplete applications will not be approved, unless due to circumstances beyond the applicant's control and an exception is provided in writing by the Washington County CDA.

Questions? Call 651-202-2822 or email homeownership@washingtoncountycda.org

Required Documents

- Completed Application Form. **Review, sign, and date all release forms**
- Documentation of All Household Income
 - Copy of filed 2019 Income Tax Return (or most recent year filed if in extension)
 - Pay stubs covering last 45 days
 - Benefit Statement/Letter: Examples: Unemployment, Social Security, Disability, Pension, Food Support, etc.
 - If self-employed (full-time or part-time), Profit & Loss Statement for year to date and most recently filed quarterly tax return, if filed quarterly
 - Documentation of other household income (child support, pension payments, etc.)
- Most recent statement for all bank accounts, investment accounts, post-tax (e.g. Roth) retirement accounts, Certificates of Deposit (CDs), Trust accounts, or other accounts.
- Most recent home mortgage or loan statement, Homeowners' Association Dues statement, and/or lot or land rent statement, as applicable.
- Documentation that property is homesteaded (e.g. most recent property tax assessment)
- Documentation not listed above that supports COVID-19 related financial impact.
- Documentation of other COVID relief assistance received, including mortgage loan forbearance (*NOTE: receipt of other assistance does not exclude household from eligibility*)
- Other documentation, as requested, to determine eligibility and financial hardship.

Please Note: Updated documentation may be required during application review.

How to Submit Your Application (choose one):

Email completed application to homeownership@washingtoncountycda.org. Save application attachment as homebuyer "Last Name HO assistance" Email is encrypted to promote data security.

- Fax completed application to 651-458-1696
Attn: Homeownership Department
- Mail completed application or drop off in Dropbox at exterior of office building:

Homeowners Assistance Fund
Washington County CDA
7645 Currell Blvd.
Woodbury, MN 55125



**Do you need an interpreter when communicating with CDA staff? No Yes _____ (language)

Instructions: Please fill out as completely as possible. If you need additional space, please feel free to use the back side or make additional copies, as necessary.

1. How did you hear about this assistance?

- News article
- Internet (which site: _____)
- Friend or Relative
- Email list (from: _____)
- Property Management Agent
- Other: _____

2.

Applicant #1

Name: _____
(Please print) First MI Last
Address: _____
City: _____ State: _____
Zip: _____ County: _____
SSN/ITIN: _____
Home Phone: _____ Work Phone: _____
Email: _____
Preferred contact method: _____
Preferred Language: _____

Applicant #2

Name: _____
(Please print) First MI Last
SSN/ITIN: _____
Home Phone: _____ Work Phone: _____
Email: _____
Relationship to Applicant #1 _____
Receives any form of income? Yes No
Has any financial accounts separately from Individual #1? Yes No

3. Have you applied for or received financial assistance from another source?

- Yes List type of assistance and expenses it covers: _____
- No

4. Marital Status (select one): Married Partnered Single Divorced Separated Widowed

5. Ethnicity Applicant #1: Hispanic, Latino, or Spanish Non-Hispanic

6. Race Applicant #1: (select one)

Single Race

- American Indian / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Multiple Race

- American Indian / Alaskan Native & White
- American Indian / Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/Other Pacific Islander & Black
- Other race: _____

7. Please check the highest education level you completed:

- Some high school Some college or trade school Bachelor's degree
 High school diploma / GED Associates degree Graduate or professional degree

8. Household Members, Including the Applicant(s):

Name	Relationship to Applicant	Age	Disabled?	Active Military or Veteran?

9. Do you currently have checking/savings account(s)? No

Yes Bank Name(s): _____

10. Do you currently have non-retirement investment account(s)? No

Yes Company Name(s): _____

11. Do you currently have a certificate of deposit account (CD), money market accounts, trust account, or other accounts? No

Yes Company Name(s): _____

12. Do you currently have post-tax retirement investment account(s) (e.g. Roth IRA, etc.)? No

Yes Company Name(s): _____

13. Do you currently have cash on hand not deposited in an account listed above? No

Yes Amount: _____

14. Current household home mortgage/loan payment: \$ _____ / month, if applicable.

15. Current household Homeowners Association Dues: \$ _____ / month, if applicable.

16. Current household home lot/land rent: \$ _____ / month, if applicable.

17. How would financial assistance be applied (check all assistance being requested)?

Delinquent HOA Dues HOA Dues not yet delinquent

Delinquent Home Mortgage/Loan Payment Home Mortgage/Loan Payment not yet delinquent

Delinquent home lot/land rent Home lot/land rent not yet delinquent

18. Briefly describe the financial hardship you have experienced due to COVID-19: _____

19. Are you also interested in working with a foreclosure advisor about your housing situation?

No

Yes, please send me the foreclosure advising intake packet to complete

APPLICANT CERTIFICATION:

I/We certify that the information provided in this application and any related documentation is complete, accurate, and true to the best of my/our knowledge, as of the date of the signature(s) below. I/we understand that by signing this application I/we are applying for grant assistance, which may be considered taxable income by the Internal Revenue Service (IRS).

_____/_____
Applicant 1 Signature/Date

_____/_____
Applicant 2 Signature/Date

Applicant 1 Printed Name

Applicant 2 Printed Name



Washington County Community Development Agency



Homeownership Programs Disclosure Statement

NOTE: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about homeownership programs, please communicate with CDA staff about arranging alternative accommodations.

The Washington County Community Development Agency (CDA) provides this full disclosure of any potential and actual conflicts of interest so that you are able to make fully informed decisions.

The CDA is a housing and redevelopment authority, economic development authority, and HUD-approved housing counseling agency. We serve all clients without regard of race, color, religion, creed, sex, national origin, age, marital status, familial status, disability, public assistance status, sexual orientation, gender identity, or local human rights commission activity. We administer our programs in conformity with local, state, and federal antidiscrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.), title VIII of the Civil Rights Act, as well as the Human Rights Act.

The powers and duties of the CDA are regulated by State Law, primarily in Chapter 469. The CDA can purchase, lease, or sell land and buildings, undertake redevelopment projects or rehabilitation programs, issue a variety of bonds, construct, own and manage housing development projects, and administer a variety of federal or state housing and/or community development related programs relating to rent assistance, pollution clean-up, or neighborhood revitalization programs.

Homeownership Program Description of Services:

Homeowner Assistance Funds: Grant assistance to homeowners financially impacted by COVID-19.

Home Buyer Counseling: In depth guidance designed to prepare clients for successful mortgage application as well as to develop a plan to meet each client's goals based on the specifics of their situation.

Home Buyer Education: A course designed to educate on the steps of buying a home.

Foreclosure Counseling: To help clients understand the foreclosure timeline and their mortgage options based on the client's needs.

Refinance Counseling: To help clients understand the cost of the loan they are trying to refinance into.

Financial Wellness: In depth, comprehensive program designed to increase successful homeownership and household stability through intensive financial empowerment and homeowner training.

Closing Cost and Down Payment Assistance: A program designed to help clients fulfill the entry cost requirements to home buying.

Reverse Mortgage Counseling: Assist senior by explaining how reverse mortgages work and their implications, the appropriateness of a reverse mortgage for your personal and financial situation, and possible financial alternatives to reverse mortgages.

Home Improvement Loans: Loans to low-income homeowners to make necessary repairs and improvements to their property.

Referrals and Community Resources: You may be provided referral information regarding local and regional services available to meet a variety of needs. You may consider seeking alternative products and services from other entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, Family Means for credit and financial counseling, and the Minnesota Homeownership Center for alternative housing counseling agencies.

Clients who participate in the Homeownership Programs, please note:

The CDA is funded through a variety of sources to support its mission. These funding sources include the US Department of Housing and Urban Development (HUD), Minnesota Housing Finance Agency, Family Housing Fund, Greater Minnesota Housing Fund, Metropolitan Council, Minnesota Homeownership Center, and other public and private organizations including Wells Fargo, and Fannie Mae.



Washington County Community Development Agency

Homeownership Program Disclosure Statement (cont.)



For foreclosure prevention purposes, the CDA may receive financial support from Wells Fargo and Fannie Mae regardless of the assistance outcome. As a homeownership program participant, you are not obligated to use the products and services offered by the CDA or its exclusive funders or partners in order to participate in any of the CDA's programs, including this program. Implementation of any suggestions or information received, participation in programs, or utilization of services provided by or referred by the CDA or their partners are the client's own responsibility and based on decisions made of their own free will and choice.

Quality Assurance:

In order to assess client satisfaction and in compliance with grant funding requirements, the CDA, or a partner of the CDA, may contact you during or after the completion of your homeownership program service. You may be requested to complete a survey asking you to evaluate your experience. Your survey data may be confidentially shared with the CDA's funders.

Errors and Omissions and Disclaimer of Liability:

I/we agree the CDA, CDA employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in the CDA's homeownership program; and hereby release and waive all claims of action against the CDA and their affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

I understand the information I have been given above. I understand I may receive information on the services provided by the CDA and alternative services and programs. I am under no obligation to utilize any of these services. By signing below, I/we acknowledge that I/we have received, reviewed, and agree to the Washington County CDA's program disclosure notice.

Applicant's Signature/ Date

Applicant's Signature/ Date

Please print Applicant Name(s)



Washington County Community Development Agency Combined Privacy Act Notice and Tennessean Warning



We at Washington County CDA value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs are funded in part by state, federal and local agencies:

- Homeowner Grant Assistance Funds
- Financial Wellness Homeownership Counseling
- Homebuyer Education (Home Stretch)
- Homebuyer Counseling
- Home Equity Conversion Mortgage (HECM)/Reverse Mortgage Counseling
- Refinance Counseling
- Foreclosure Counseling
- Home Improvement Loans

These agencies may receive the information described below.

Social Security Numbers

Your social security number (SSN) or individual tax identification number (ITIN) are considered private data by Minnesota Statute 13.355. However, disclosure of your SSN/ITIN is mandatory, as provided by Section 42 of the United States Code, which permits the state to require disclosure of your SSN/ITIN to establish your identity for purposes of administering tax laws of the state. As homeownership grant assistance may be considered taxable income by the Internal Revenue Service (IRS), providing your SSN/ITIN is required to be approved for this program. If you do not disclose our SSN/ITIN, you may still be eligible for other programs provided by the Washington County CDA and may apply separately for each program for which you may be eligible.

Other Private Data

Under Minnesota Statutes, your name and address may be public data. All other information we may ask about you is categorized as private data on individuals. Agreeing to share your public data is mandatory for participation in the above referenced programs. You are not required provide your private data (such as income and assets), but if you refuse to provide this information, we will be unable to determine your eligibility for this program and approve your application.

We collect private data for the purposes of service delivery, program management, compliance, monitoring, and program evaluation. We collect your private information from the following sources:

- Information we receive from you on your application or other documents related to your application
- Information about your transactions with us
- Information provided by external entities we have received your written authorization to communicate with on your behalf

We may disclose private information about you which may include your name, address, Social Security number, employer, assets, debts, income, and demographic information.

We may disclose your private information to the following entities or their representatives:

- Staff at this organization whose jobs require access to this information
- Program funding partners, as applicable, including Washington County, the State of Minnesota, and United States Department of Treasury
- Other entities properly authorized under law to review it



Washington County Community Development Agency



Combined Privacy Act Notice and Tennessen Warning (cont.)

By signing below, you agree to allow us to collect and share information as described above; please indicate your approval with your signature, below.

Client Signature _____ Date _____

Client Signature _____ Date _____

Washington County Community Development Agency
Homeowner Stabilization Fund



Authorization for Release of Information

7645 Currell Boulevard, Woodbury, MN 55125-2256
Phone: (651) 202-2822 Fax: (651) 458-1696



I/We hereby authorize **Washington County Community Development Agency** (WCCDA; Federal Tax ID No. 41-xxx8079), its agents or assigns to verify my/our past and present amounts owing for eligible housing expenses, including home loan or mortgage payments, homeowners association dues, lot rent, land rent/ground lease payments, and associated legal or late fees for delinquent amounts owed in order to process my/our application.

I/We further authorize WCCDA to exchange information with all pertinent parties in order to process my/our application and provide financial assistance to make payments for eligible housing expenses on my/our behalf. "Pertinent parties" shall include, but are not limited to, attorneys, loan originators, lender or mortgage servicer(s), homeowners associations, property management agents, manufactured home community agents, community land trust agents, the owner of my/our existing mortgage loan(s) (such as Fannie Mae, Freddie Mac, FHA), and each of their respective successors and assigns. It is understood that a photocopy of this form will also serve as authorization.

Additionally, I/we understand, acknowledge, and agree that, if applicable and allowable, the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) 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 mortgage loan, 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.

The information WCCDA, its agents or assigns obtains is to be used in the processing of my/our application for WCCDA's Homeowner Stabilization Fund, I further allow WCCDA to contact "pertinent parties" for a period of up to 18 months from the date of this application to inquire about the status of my/our eligible housing expenses, allowing Program staff to track the long-term effects of the program.

Applicant Name (*please print*): _____

Social Security Number: _____

Co-Applicant Name (*please print*): _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

Loan No: _____ **Loan No:** _____