CERTIFICATION APPLICATION

Equal Housing Opportunity

HOUSEHOLD ADDRESS				
CURRENT Address:				
City:		State:	Zip:	
Daytime Phone: () Cell Phone: ()			·	
E-mail:				
Address of property to be PURCHASED (if known):				
City:		State:	Zip:	
Estimated Purchase / Closing Date (if known):				

HOUSEHOLD COMPOSITION

Applicant, complete in your own handwriting. List the Head of Household and all other people who will live in the property purchased giving the relationship of each household member to the Head. Attach additional sheets, if necessary.

Each household member 18 years and older <u>must</u> sign this application.

	Household Member's full name (First, Middle, Last)	Relationship to HEAD of Household	Date of Birth	Sex M / F	Will this Member be a Full Time Student in the next 12 months? Yes / No	Social Security Number
1		HEAD				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

	YES	NO
Are the household members citizens or legal residents of the United States? If no , explain:		
Will any household member, including children, live in the unit on a less than full time basis? If yes , explain:		
Do you anticipate any change in your household (someone moving in or out) during the next 12 months? If yes , explain:		
Are you currently living in a subsidized housing unit or receiving rental assistance subsidy? If yes , where or from what program/agency:		
Has any member of your household owned a home in the last three years? If yes, who? AND When? From to		

The Department of Housing and Urban Development (HUD) requires that, for statistical purposes only, we report the **ethnicity AND** race of the **Head of the Household**. You are not required to answer, nor does your answer affect your eligibility for housing.

ETHNICITY of the Head of Household Please circle ONE.	NON Hispanic or Latino			Hispanic or Latino		
Please circle ALL that are needed to give the best representation of the Head of the Household.	White	Black/African American	Asian	American Indian/Alaska Native	Native Hawaiian/Other Pacific Islander	

HOUSEHOLD INCOME INFORMATION

For each household member age 18 or older (including family member temporarily absent), list current and anticipated income for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include <u>ALL</u> full time, part time, sporadic and/or seasonal income even if completing this application in the off season. Check **YES** or **NO** to each item, as applicable, and include the **total** gross (before deductions) monthly amount.

	YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO	Gross MONTHLY
1	Wages, salaries (includes overtime, tips, bonuses, commissions)?			\$
2	Does any member have self employment?			\$
3	Does any member work for someone who pays them in cash?			\$
4	Regular pay for a member of the armed forces?			\$
5	Public Assistance (MFIP, GA, MSA)?			\$
6	Workers Compensation			\$
7	Unemployment benefits or severance pay?			\$
8	Alimony or Spousal Support?			\$
9	Child Support? (check yes if you are supposed to receive support, even if you are receiving less than the full amount that is due each month)			\$
10	Social Security payments (SS, SSI, RSDI) (including unearned income of minor children)?			\$
11	Student Financial Assistance (education grants, scholarships or VA student Benefits public or private, not including student loans)?			\$
12	Regular payments from Pensions (PERA, railroad, etc.)?			\$
13	Regular payments from Retirement Benefits?			\$
14	Death Benefits payments?			\$
15	Regular payments from Annuities or life insurance dividends?			\$
16	Regular payments from inheritance, insurance settlements, lottery winning, etc.)?			\$
17	Net income from rental property?			\$
18	Regular cash or non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)?			\$
19	Other? (list)			\$
20	Other? (list)			\$
	ou anticipate an increase(s) in your income in the next twelve months? If yes , please ne anticipated amount(s) and approximated date(s) of the increase(s):			œ.
	any of the ADULT member(s) of the household have zero income? If yes , please list aber(s):			\$

	For the previous INCOME items1-20, provide further information for <u>all</u> "YES" checked items. If a household member has more than one source of income, use a separate line for each source. Attach additional sheets, if necessary.							
ITEM	ITEM HH NAME AND MAILING ADDRESS (STREET ADDRESS/CITY/ZIP) CONTACT NAME &							
# #	MEMBER	OF COMPANY or SOURCE	PHONE/FAX NUMBER					
#	MICIMIDER	OF COMPANY OF SOURCE	PHONE/FAX NUMBER					

	HOUSEHOLD ASSETS					
Doe	es ANY Household Member (Including Children) have money held in:	YES	NO	Current Balance		
1	Checking Accounts? (Average six month balance)			\$		
2	Savings Accounts?			\$		
3	Stocks?			\$		
4	Certificates of Deposits?			\$		
5	Bonds? (Savings bonds, etc.)			\$		
6	Trusts**? Securities? Capital Investments?			\$		
7	Whole Life Insurance Policy? (do not list term life insurance)			\$		
8	401K**?			\$		
9	IRA/KEOGH Accounts?			\$		
10	Pension / Retirement/Annuity accounts**?			\$		
11	Money Market funds?			\$		
12	Treasury Bills?			\$		
13	Lump Sum Payments (i.e. inheritance, insurance settlement, lottery winnings, capital gains)?			\$		
14	Other? (list)			\$		
	**Include Trusts, 401k, etc. ONLY if the accounts are accessible to the household to convert to cash or borrow against (even if there is a penalty) PRIOR to termination of employment, retirement, or death. If you are not sure, list the account and provide the required verification documentation.					

	Fe		us ASSET items 1-14, provide f sehold member has more than on Attach additional s				
ITEM	HH	١	NAME AND MAILING ADDRESS (ST	REET ADDRESS/CITY/ZIP)			CONTACT NAME &
#	MEMBER		OF FINANCIAL INSTITUT	ION or SOURCE			PHONE/FAX NUMBER
YES NO Current Value							
Do yo	u currently ov	wn Real Estat	e for occupancy, rental or under a	a Contract for Deed?			\$
			, number of acres owned, any exprequired documentation when you		gage, ta	xes, ins	surance) and any income
Do you	u have any c	oin collections	s, antique cars, gems/jewelry, sta	mps or any other items			
held for investment purposes (do not consider wedding rings or personal jewelry)? \$ If yes, please list the items and include the required documentation when you submit your application.							I \$
If yes,	please list tl	• • •			application	on.	\$
If yes,	please list the	• • •			application	on.	\$
		he items and	include the required documentation	on when you submit your a		on.	
		he items and		on when you submit your a		on.	
		he items and	include the required documentation	on when you submit your a		on.	
Are ar	ny assets hel	that I/We (_alue during th	include the required documentation	t the person(s) and the as not) (check one) sold or eceding the date of this ap	set(s).	d of any	y asset(s) for less than below any asset(s) sold or
Are ar	ny assets hel	that I/We (_alue during the preceding	include the required documentation another person? If yes , please lise have OR have have two year (24 months) period pro-	t the person(s) and the as not) (check one) sold or eceding the date of this ap	set(s). dispose- plication e docum	d of any	y asset(s) for less than below any asset(s) sold or
Are ar	ny assets hel nereby certify air Market V ned of during ation.	that I/We (_alue during the preceding	have OR have be two years for less than their Fair	t the person(s) and the as not) (check one) sold or ecceding the date of this ap Market Value and provide	set(s). dispose- plication e docum	d of any	y asset(s) for less than below any asset(s) sold or n when you submit your
Are ar	ny assets hel nereby certify air Market V ned of during ation.	that I/We (_alue during the preceding	have OR have be two years for less than their Fair	t the person(s) and the as not) (check one) sold or ecceding the date of this ap Market Value and provide	set(s). dispose- plication e docum	d of any	y asset(s) for less than below any asset(s) sold or n when you submit your

City of Minneapolis



TENNESSEN WARNING AND DATA PRIVACY ACT NOTICE

Minneapolis Homes Program

THIS FORM MUST BE SIGNED AND RETURNED WITH THE APPLICATION

Private data requested to enable the processing of your application under the Minneapolis Homes Program is required to determine if you qualify for participation in the program described above and to help the City of Minneapolis manage the program.

Other than your name and address, all other data collected by the City to evaluate your application is classified as private data on individuals by Minnesota Statutes 13.462. You are not required to provide this information, but if you refuse to provide it, we will be unable to determine your eligibility for this program and approve your application (unless the information is specifically identified in the application materials as optional). The information will be shared with City of Minneapolis staff and contractors whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

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