



Dayton's Bluff Neighborhood Housing Services
823 7th Street East, Saint Paul, MN 55106
Main (651) 774-6995 | Fax (651) 774-0445
www.dbnhs.org

Senior Homeownership Preservation Programs Grant Application

Thank you for your interest in the Senior Homeownership Preservation Programs Grant. Please review the attached guidelines for details about the program. Funds for the grant will be reserved for eligible and complete applications on a first come, first served basis.

Please provide copies of the following information with your application:

- Most recent mortgage statement
- Homeowner's Insurance Declaration Page
- Copy of photo ID for all applicants
- Most recent statements for all financial accounts including checking, savings, stocks, bonds, and life insurance policies with cash value
- Documentation of all other assets owned – see attached guidelines for detailed list of assets included in the asset limit.
- Proof of matching funds or completed loan application if applying for loan from Dayton's Bluff NHS for matching funds

AN APPLICATION WILL NOT BE CONSIDERED COMPLETE UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.

Work completed prior to the loan closing is not eligible. Do not sign any contracts prior to a grant approval and closing.

Please submit your application and supporting documents to:

**Dayton's Bluff NHS
823 East 7th Street
St. Paul, MN 55106**



Dayton's Bluff Neighborhood Housing Services
Senior Homeownership Preservation Programs
Guidelines

I. Program Purpose:

To provide matching grant funds and construction inspection and management services to enable senior citizens to make simple home improvements/modifications that will allow them to remain in their homes/age in place.

II. Boundaries:

The program is available to any eligible applicant residing in an owner-occupied property located in the City of St. Paul, MN.

III. Administration:

- A. The Senior Homeownership Preservation Program will be administered by Dayton's Bluff Neighborhood Housing Services (DBNHS).
- B. The DBNHS Loan Committee will review and approve grant applications. Loan Committee members will not be eligible to receive a grant.
- C. All contracts and construction will be performed under the provisions of DBNHS' Contracting Policies and Procedures Manual.

IV. Matching Grant Terms and Conditions:

- A. The maximum grant amount shall not exceed \$7,500.00
- B. Applicant(s) must match the amount of the grant at a minimum ratio of 1:1, meaning that for every dollar of grant money, the applicant must match it with a dollar from private resources, a Minnesota Housing Finance Agency home improvement loan, a conventional loan or other source approved by DBNHS. Matching improvements may be interior or exterior.
- C. Matching funds, for improvements, must be verified prior to grant approval. The matching funds must be expended before the grant money is released to the project.

V. Eligibility Criteria

- A. The applicant or at least one household member, must be 62 years of age or older. The property being improved must be owner-occupied and the owner must be current on the mortgage(s).
- B. There are no household income restrictions, but the total assets of all of the residents living in the household may not exceed \$50,000.00 after deducting any outstanding indebtedness pertaining to the assets. Assets include, but are not limited to the following:
 - Cash on hand or in checking or savings accounts;
 - Securities or United States 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.

- 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 principal balance expected to exist on the contract one year from the date of application;
 - Life estate value on a property other than the subject property; and
 - All other property, excluding household furnishings, clothing, and one automobile, and real estate, equipment, supplies, and inventory used in a business.
- C. Eligible improvements may include: increased lighting, accessible switches, additional stair railings, grab bars, non-skid floors, handheld flexible shower heads, ramps for accessible entry and exit, walk-in showers, sliding shelves, stair lifts and/or other improvements specified by a doctor or certified aging –in-place specialist and approved by DBNHS.
- D. Ineligible improvements using grant funds include: furnishings, equipment, professional fees, luxury improvements or other improvements deemed ineligible by DBNHS.



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SENIOR HOMEOWNERSHIP PRESERVATION PROGRAMS GRANT APPLICATION

I. Applicant(s) Information

Applicant's Full Legal Name (please print):	Co-Applicant's Full Legal Name (Please Print):
Social Security Number:	Social Security Number:
Date of Birth: Years of School:	Date of Birth: Years of School:
Number of Dependents:	Number of Dependents:
Ages of Dependents:	Ages of Dependents:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Widowed, Single or Divorced)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Widowed, Single or Divorced)
Address:	Address:
Phone Number (Day):	Phone Number (Day):
Alternate Phone Number:	Alternate Phone Number:
E-mail address:	E-mail address:

II. Property Information

Title Owner Name(s): _____			
Purchase Date: _____	Year Built: _____	No. of Units: _____	No. of Bedrooms: _____
1 st Mortgage Lender: _____	Monthly Payment: _____	Balance: _____	
2 nd Mortgage Lender: _____	Monthly Payment: _____	Balance: _____	
Homeowner's Insurance Carrier: _____	Agent: _____	Policy #: _____	



III. Asset Information

Please list all assets for all household members below including cash on hand or in checking or savings accounts, securities or US Savings Bonds, all interests in real estate except property to be improved, life insurance policies with cash value, recreational vehicles, property being sold on a contract-for-deed, life estate value on a property, and all other property **excluding** household furnishings, clothing, one automobile, and assets used in a business.

Asset Type	Bank Name	Current Value	Debt Secured by Asset

IV. Matching Funds

All grant funds must be matched dollar-for-dollar with another source of funds. Please specify source of matching funds:

___ Private Resources (checking, savings, etc.)

___ Loan or grant from organization other than Dayton's Bluff NHS – Please specify: _____

___ Loan from Dayton's Bluff NHS – Please attach completed loan application and supporting documents.

V. Acknowledgement & 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 have read and understand the Program Guidelines.

I/We occupy the home as my/our principal place of residence.

I/We authorize Dayton's Bluff Neighborhood Housing Services to verify any information listed on this form.

Applicant's Signature

Date

Co-applicant's signature

Date



Applicant's Certification & Authorization

Certification

The undersigned certify the following:

1. I/We have applied for a mortgage loan or a special program from **Dayton's Bluff Neighborhood Housing Services**. In applying for the loan or program, I/We agree to provide various information on the purposes of the loan or program, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application with the employer and/or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that **Dayton's Bluff Neighborhood Housing Services** reserves the right to change the mortgage loan or program review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage or program, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a mortgage loan or program from **Dayton's Bluff Neighborhood Housing Services**. As part of the application process, **Dayton's Bluff Neighborhood Housing Services** may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We understand and agree that **Dayton's Bluff Neighborhood Housing Services** reserves the right to change the mortgage loan or program review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. **Dayton's Bluff Neighborhood Housing Services** or any investor that purchases the mortgage may address this authorization to any party names in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to **Dayton's Bluff Neighborhood Housing Services** or the investor that purchased the mortgage is appreciated.

Applicant

Date

Co-Applicant

Date

Social Security Number:

Social Security Number:



INCOME AFFIDAVIT

This program is being assisted with funds provided through the City of Saint Paul and NeighborWorks America. A requirement of this assistance is that we collect income data from persons who apply for assistance. This information will not be disclosed or released by this office without your consent, except to the City of Saint Paul and NeighborWorks America, and except as required or permitted by law.

Is your household headed by a female (for statistical purposes) Yes No

Is your family Hispanic? (for statistical purposes) Yes No

Please check the race(s) appropriate for your family: (for statistical purposes)

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

What is the total number of adult and child family members living in your household? (including yourself)

What will the total income for all family members be for the next 12 months? Please check the income range below that corresponds with the number of people in your family.

- | | | | | |
|------------|---|--|--|---|
| 1 member: | <input type="checkbox"/> \$17,300 or less | <input type="checkbox"/> \$17,301 - 28,850 | <input type="checkbox"/> \$28,851 - 45,100 | <input type="checkbox"/> \$45,101 or more |
| 2 members: | <input type="checkbox"/> \$19,800 or less | <input type="checkbox"/> \$19,801 - 32,950 | <input type="checkbox"/> \$32,951 - 51,550 | <input type="checkbox"/> \$51,551 or more |
| 3 members: | <input type="checkbox"/> \$22,250 or less | <input type="checkbox"/> \$22,251 - 37,050 | <input type="checkbox"/> \$37,051 - 58,000 | <input type="checkbox"/> \$58,001 or more |
| 4 members: | <input type="checkbox"/> \$24,700 or less | <input type="checkbox"/> \$24,701 - 41,150 | <input type="checkbox"/> \$41,151 - 64,400 | <input type="checkbox"/> \$64,401 or more |
| 5 members: | <input type="checkbox"/> \$26,700 or less | <input type="checkbox"/> \$26,701 - 44,450 | <input type="checkbox"/> \$44,451 - 69,600 | <input type="checkbox"/> \$69,601 or more |
| 6 members: | <input type="checkbox"/> \$28,700 or less | <input type="checkbox"/> \$28,701 - 47,750 | <input type="checkbox"/> \$47,751 - 74,750 | <input type="checkbox"/> \$74,751 or more |
| 7 members: | <input type="checkbox"/> \$30,650 or less | <input type="checkbox"/> \$30,651 - 51,050 | <input type="checkbox"/> \$51,051 - 79,900 | <input type="checkbox"/> \$79,901 or more |
| 8 members: | <input type="checkbox"/> \$32,650 or less | <input type="checkbox"/> \$32,651 - 54,350 | <input type="checkbox"/> \$54,351 - 85,050 | <input type="checkbox"/> \$85,051 or more |

I agree to make my financial records available to Dayton's Bluff Neighborhood Housing Services for verification of the above information.

I certify that the information above is, to the best of my knowledge and belief, a true, correct and complete statement of my financial condition as of the date stated herein.

Name(s) Address

Applicant Signature Date Co-Applicant Signature Date

Note: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.

YOUR PRIVACY RIGHTS TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, Dayton's Bluff Neighborhood Housing Services is required to inform you of your rights regarding the private data collected from you. Private data is information that is available to you, but not to the public, such as your loan amount, tax return and social security number.

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this program and to help manage the program.

Financial information, such as credit reports, financial statements and net worth calculations, is classified as private data on individuals by Minnesota Statutes 462A.065. 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. The information will be shared with our funders who may include the City of St. Paul, Minnesota Housing Finance Agency, Neighbor Works America, HUD, and/or private funders, our loan servicers 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.

Your Social Security Number (SSN) is classified as private data by Minnesota Statutes 13.355. However, disclosure of your SSN is mandatory, as provided by the following authorities: (1) Title 42 of the United States Code, Section 405(c)(2)(C)(i), which permits the state to require disclosure of your social security number to establish your identity for purposes of administering tax laws of the state.

Disclosure of your SSN for the purposes of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you apply for a loan, your name, address, and amount of assistance you apply for and receive are classified as public data under Minnesota Statutes 13.462 subdivision 2.

Why we ask for this information?

We may ask you for information so we can:

- ❖ Tell you from other person who have the same name or a similar name
- ❖ Decide if you are eligible to receive services from Dayton's Bluff Neighborhood Housing Services
- ❖ Assist you with other housing related 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.

- ❖ City of St. Paul
- ❖ Housing and Urban Development (HUD)
- ❖ Minnesota Housing Finance Agency
- ❖ Anyone else the law requires we must provide information to
- ❖ Neighbor Works America
- ❖ MN Department of Public Health
- ❖ Family Housing Fund
- ❖ Private Funders

You have the right to copies of 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 Dayton's Bluff Neighborhood Housing Services at:

Jim Erchul, Executive Director
Dayton's Bluff Neighborhood Housing Services
823 7th Street East
St. Paul, MN 55106

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, please ask a staff member.

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CONSENT

I have read and understand the above information regarding my rights as a subject of government data and consent to the release of certain information as described above to the parties listed. I have been given a copy for my records.

Applicant's Signature

Date

Co-applicant's signature

Date

**CONTRACT FOR SERVICES
HOLD HARMLESS AGREEMENT &
AUTHORIZATION**

I (we) hereby accept the services of Dayton's Bluff Neighborhood Housing Services of St. Paul, Minnesota, a non-profit corporation, to act as technical assistant and advisor in connection with repair, remodeling or rehabilitation services on the property commonly known as

Property Address _____

St. Paul, MN 551 _____

I (we) understand that the above named corporation will make no charge for its technical services, but in the event that funds for such work must be borrowed, I (we) understand that charges normally associated with such loans (interest, service charges, title charges, recording fees, etc) will be made by the lender.

I (we) further agree to hold harmless and indemnify Dayton's Bluff Neighborhood Housing Services of St. Paul, Minnesota and its employees, members, officers and directors in connection with acts performed by them which would reasonably be associated with consultation, technical advice, financial counseling, loan processing, property inspection and other related activities.

I (we) authorize the staff of Dayton's Bluff Neighborhood Housing Services of St. Paul, Minnesota to obtain specific reports, certificate of occupancy, inspection report, property appraisals, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions.

Applicant's Signature

Date

Co-applicant's signature

Date