

Required Documentation Checklist

Documents supplied by the City of Morton:

Document Checklist

- Grant Application
- Intake Form (front side only)
- Information & Picture Release
- Lead-Based Paint & Fair Housing sign-off *pamphlet included
- Non-Discrimination Notice
- What to Expect from the Home Improvement Program
- Walk Away Policy
- Lien Verification
- Combined Tennessee Warning and Privacy Act Notice
- Verification of Employment Forms (2 included) - *Fill out if applicable*
- Privacy Notice

Documents supplied by applicant:

- Recorded** Warranty Deed (**NOT** the abstract. Obtain from County Recorder)
(If Contract for Deed or Life Estate please contact our office for additional forms)
- Most recent Monthly Mortgage Statement, showing current balance –*if applicable*
- Most Recent Real Estate Tax Statement
- Property Liability Insurance - Declaration Page (Lists owners' name and address, policy number and policy period)
- Previous 2 Years Federal Income Taxes
(1040 Forms and copies of W-2 Forms and 1099 Forms)
- Current Social Security Benefit Letter - *If Applicable*
(check stubs and bank statements will NOT work)
- Letter/Statement from agency where pension is received, which indicates the amount of your yearly Distribution - *If Applicable*
(check stubs and bank statements will NOT work)
- Statement from county for any Child Support, MFIP, GA, etc. being received for the previous 12 months - *If Applicable*

Please provide all of the above required documents along with your application or you may be denied for insufficient information. This grant is processed on a first-come, first-served basis. Your application will be completed as we receive all required documents, you are deemed eligible, we have open slots, and there are remaining funds.

Income documentation is required for anyone living in the home, over the age of 18, receiving any form of income.

Please return all forms to:

Morton City Hall
P.O. Box 127
Morton, MN 56270
(507) 697-6912



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is Illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

In the sale or rental of housing or
estate residential lots

In the provision of real
brokerage services

In advertising the sale or rental
housing of housing

In the appraisal of

In the financing of housing

Blockbusting is also illegal

Anyone who feels he or she has been
discriminated against may file a complaint of
housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

www.hud.gov/fairhousing

**U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing
and Equal Opportunity
Washington, D.C. 20410**

MORTON DEVELOPMENT PROGRAM APPLICATION

OWNER – OCCUPIED

APPLICANT: Full Name (Last, First, M.I.)			CO-APPLICANT: Full Name (Last, First, M.I.)		
Social Security Number	Birth Date (mm/dd/yy)		Social Security Number	Birth Date (mm/dd/yy)	
Gender: M / F	Disability: Yes / No	Income: Yes / No	Gender: M / F	Disability: Yes / No	Income: Yes / No
Marital Status: ___Married ___Separated ___Not Married (S, D, W)			Marital Status: ___Married ___Separated ___Not Married (S, D, W)		
Street Address	PO Box	City	Zip	County	How Long (years)

Phone Number	Alternate Phone Number
Email address:	Best contact method: Phone or Email
	Best contact time: _____ AM / PM

Education – Level: <input type="checkbox"/> 8 th Grade or Less <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other _____	Education – Level: <input type="checkbox"/> 8 th Grade or Less <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other _____
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Household Information:
 Number in Household _____ Number of Children under 18 _____ Number over 18 employed _____
 Adults with Children _____ Single Female Head of Household _____ Single Male Head of Household _____
 Have you previously received funds from a Small Cities Development Program? _____ If yes, when? _____

Additional Household Members (Last, First, M)	Social Security Number	Birth Date	Gender M / F	Disabled Y / N	Race	Income Y / N	Income Source

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the Rural Development, the Federal law prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual on the basis of visual observation or surname.

The following information is requested solely for the purpose of determining compliance with Federal Civil Rights Law. Your response will not affect consideration of your application.

Applicant <input type="checkbox"/> I do not wish to furnish this information Ethnicity: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: (Select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Co-Applicant <input type="checkbox"/> I do not wish to furnish this information Ethnicity: (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: (Select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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Property Information

___Single Family___Duplex ___Multi- Family ___Mobile Home Year Property Built _____ Number of Bedrooms: _____

Purchase price of Property: \$_____ Date of Purchase: _____ Estimated Market Value: \$_____

The Real Estate Taxes are current? Yes or No City Utilities are current? Yes or No

Current Homeowner Insurance carrier: _____ Expiration Date: _____

Is the Property within 300 feet of a railroad? Yes or No

Is the property within 100 feet of a major U.S. Highway? Yes or No

Is the property located within a Floodway, river or stream? Yes or No If yes, Flood Insurance Carrier: _____

Ownership Information

Do you have an outstanding mortgage on the property? Yes or No

If yes, what is the outstanding balance? \$_____

Is your property held in a trust? Yes or No **Trusts are not eligible for funds from the City of Morton**

Is property being purchased on a Contract for Deed? Yes* or No

If purchasing on Contract for Deed, Name and address of seller: _____

Is the property listed in a Life Estate? Yes* or No **Life Estates have no descending forgiveness**

If yes, names and addresses of Remaindermen listed:

Reminder: Contract for Deed Vendors and Life Estate Remaindermen must all be income eligible.

*If Contract for Deed or Life Estate ownership contact us for additional application forms to be completed.

Mortgage Information (All debts secured by home)

To whom Indebted to:	Name of Mortgage Company	Date Incurred	Original Amount	Present Balance	Monthly Payment	Mortgage Status (Current/delinquent)	Terms of Financing (% , term, fixed, or adjustable)
First Mortgage							
Second Mortgage							
Contract for Deed							
Other Debts secured by home							

Conflict of Interest

Have you or any member of your household been (during the last 12 months) an employee, consultant, officer, elected official, or appointed Official of this City, State of Minnesota, or United Community Action Partnership? Yes No

Or, do you or have you had immediate family ties or a business relationship with any of the above named persons? Yes No

If yes, describe: _____

Note: If a conflict exists, it may be possible for the grantee and its agents to request an exception to the conflict from the funding agency.

Credit Information:

Are there any outstanding judgments or liens against any of you? Yes No Have any of you been declared or are declaring bankruptcy in the last 36 months? Yes No Have any of you had any property foreclosed upon or given title or deed in lieu therefore? Yes No Are you a Co-signer or co-endorser on a note? Yes No

Income Information (Circle all Sources of Income):

Wages MFIP Social Security SSI Self Employment Annuities Pension
 Retirement VA Benefits Child Support Alimony Unemployment SSDI Armed Forces
 Tips Rental Income Interest Other _____

Provide the following as proof of income:

1. Third Party Verification on all Employment sources (forms enclosed)
2. Last two years of income tax statements required on all applications – Federal Tax Return
3. Third Party verification on all public assistance benefits (unearned income)

Other Programs:

Weatherization: Property weatherized before? Yes or No
 If yes, when? _____
 Have you applied for the Energy Assistance Program (EAP) this season? Yes or No
 If no, are you interested in an EAP Application Yes or No

Proposed Improvements / Accessibility Issues / Needed Repairs:

I/we certify that the information provided in this application and all information provided to Morton City Hall is true and correct to the best of my knowledge and understand that intentional misrepresentation of the information will result in disqualification of housing rehabilitation assistance or civil liability. I/we authorize the Housing Rehabilitation staff to enter my home to identify rehabilitation necessary work items, to take photographs, and to inspect work in progress while construction is occurring. Furthermore, I/we authorize the City of Morton to share the information collected in this application with either housing professionals, funders, potential lenders and other reputable organizations related to the project.

Applicant #1

Date

Applicant #2

Date

FOR ADMINISTRATIVE USE ONLY

I hereby certify that the above applicant has met the income, credit, equity and ownership requirements for the Loan Program:

Certifying Coordinator Signature

Date

Expiration Date of Income Verification: (90 days from date of return verifications)



EQUAL HOUSING OPPORTUNITY

We Do Business in Accordance With the Federal Fair Housing Law

(The Fair Housing Amendments Act of 1988)

Version 12/2023

Initial Update Continuation **CITY OF MORTON INTAKE FORM**

Physical Address: _____ **Unit:** _____ **City:** _____ **State:** MN **Zip Code:** _____

Mailing Address is the same as the physical address **Mailing Address:** _____ **City:** _____ **State:** MN **Zip Code:** _____

E-Mail Address: _____ **Primary Phone:** _____ **Secondary Phone:** _____

Housing: Rent Own Homeless Other: _____ **Family Type:** Single Parent Female Single Parent Male 2 Parent Multi Gen. Single Person 2 Adults No Children Non-Related Adults w/Children Other _____ **Primary Language:** _____

Education: 0 - 0-8th grade 9 - 9-12 grade **HSD** - High school diploma/GED **12+** - 12 plus some Post-Secondary Education **2** - 2-4 year college grad. **T** –Tech School Grad.

Race: **A** – Asian **B** – Black **M** – Multi-racial /Bi-racial **N** – Native Hawaiian/Pacific Islander **AI** – American Indian/Alaskan Native **W** – White **O** - Other:

Health Insurance Type: **MA**-Medicaid **MC**-Medicare **MNC**-MNCare **VA**-Military **PRI**-Private **EMP**-Employer

Work Status: **FT**- Full Time **PT**- Part Time **MW**- Migrant Worker **ST**-Unemployed Less than 6 mo. **LT**- Unemployed More than 6 mo. **U**- Not in Labor Force **R**-Retired

First Name:	Last Name:	Relation-ship	Birth Date (MM/DD/YY)	Social Security Number	Gender	Ed Level	Disabled	Race	Ethnicity Hispanic	Health Ins.	Vet	Work Status
		HOH	/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y/ N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y/ N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y/ N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y/ N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y/ N Active	
			/ /		M / F / O		Y / N		Y / N	Type: <input type="checkbox"/> None	Y/ N Active	

Y / N - Youth age 14-24 who are neither working or in school? Name(s):

INCOME: Check Box if the Household Income is \$0

First Name:	Income Source:	Income:	Interval:
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
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NON CASH BENEFITS:

Child Care Assistance
 Energy Assistance
 SNAP
 WIC
 Health Care Tax Credit
 Subsidized Housing Type:

Signatures: I hereby certify that the information reported above is, to the best of my knowledge, accurate and true. I have been informed of the appeals procedure and my data privacy rights. OR Verbal information was received and appeals procedures and data privacy rights were reviewed over the phone. Staff initials: _____

Applicant Signature	Date	City of Morton, Staff	Date
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MORTON

“The Oldest Story in North America”

220 West Second Street – P.O. Box 127 – Morton, MN 56270-0127

Phone: (507) 697-6912

E-Mail: mortoncityhall@mchsi.com

INFORMATION & PICTURE RELEASE

This is your authorization to release information regarding my home ownership status, income, employment, bank accounts, outstanding debts including mortgages, to order a consumer credit report (if necessary), that is necessary to support my application for a housing improvement loan from the Morton Development Grant.

My signature also serves as my authorization for digital pictures or photos of my home to be taken by the City of Morton. These may be used in publications or displays. I authorize pictures of my house to be used in the Annual Report, which may be distributed throughout the State of Minnesota, and surrounding areas.

Signature of Applicant

Date



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REHABILITATION LOAN PROGRAMS

Confirmation of Receipt of Lead Pamphlet

I (we) have received a copy of the publication, *Renovate Right*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Signature _____ Date _____

Signature _____ Date _____

Permission for Risk Assessment

I understand that if my home is built prior to 1978, participation in the program will require that a lead-based paint hazard risk assessment will be conducted on my property.

Signature _____ Date _____

Signature _____ Date _____

Fair Housing Certification

I (we) certify that I (we) have received information on the Fair Housing Civil Right Act of 1968 and that I have read and understood the information.

Signature _____ Date _____

Signature _____ Date _____



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NONDISCRIMINATION NOTICE

“In accordance with Federal law and U.S. Department of Agriculture policy this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Officer of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272(voice) or (202) 720-6382 (TDD).”

This institution is an equal opportunity provider and employer.

Borrower: _____ Date: _____

Borrower: _____ Date: _____



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WHAT TO EXPECT AND WHAT NOT TO EXPECT FROM THE HOME IMPROVEMENT PROGRAM

Things that Homeowners Do in the Home Improvement Program

The Housing Program Staff will help homeowners during the home improvement process, but homeowners are responsible for making the choices and doing the work listed below.

1. Homeowners provide the program staff with necessary information promptly.
2. Homeowners, not the program staff, choose licensed contractors to put together bids.
3. Homeowners, not the program staff, select the licensed contractor to do the work on the house.
4. Homeowners sign home improvement contracts with the selected licensed contractor.
5. Homeowners request and approve payments to their licensed contractors.
6. Homeowners are part of inspecting and approving work performed by their licensed contractors.
7. Homeowners work with licensed contractors to settle disagreements during the job.
8. Homeowners contact their licensed contractors to ask them to correct problems covered by contractor warranties during the first two years after the job has been completed.

Things Owners Should Think About Before Taking out A Home Improvement Loan

1. Not all the work that homeowners want to be done can always be done.
2. Repairs will correct all health and safety problems but they will not solve all problems.
3. Don't expect the house to be completely new after the work is done.
4. Don't expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level, and square when work is done.
5. It can be stressful living in a house while a contractor is performing the work.
6. Very few times in life is anyone completely satisfied with things they buy or have repaired. Buying a house or having a house repaired is no different.
7. Houses always need improvements. It would be a good idea to save \$25 a month to help cover the cost of future repairs and maintenance.
8. Finally, the program staff is not the contractor and cannot guarantee that homeowners will be satisfied with the work done by the contractors.

Owner's Signature

Date

Date

Intake Reviewer's Signature

Date



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Rehabilitation Loan Program Walk Away Policy

This walk-away policy will be instituted by the City of Morton staff for one or more of the following reasons.

1. When it is determined that the unit is not suitable for rehabilitation.
2. If a property is offered for bid on two separate occasions and no financially acceptable bid is received, or if the Housing Rehab Coordinator confirms that the property cannot feasibly be rehabilitated to HQS and lead based paint standards, within the maximum allowable funding level.
3. If the property to be inspected or rehabilitated is in an “unkempt” state which could present health or safety hazards to the City of Morton personnel or a Rehabilitation Contractor who would be performing the work, the property owner will be notified in writing and given **30 (thirty) days** to bring the property up to an acceptable standard of cleanliness as determined by the Rehabilitation Coordinator.
 - o “Unkempt” may include, but would not be limited to, unsanitary conditions, the presence of general clutter or undisposed household garbage, either inside or outside of the property to be rehabilitated.
4. If it becomes apparent that the property owner, or tenants in the case of rental rehabilitation, at any phase of the project are not willing to comply or accept standard practices of the rehabilitation program that are outlined in the “Owners Responsibilities and Expectations” and the “What Can a Property Owner Expect” information sheets provided.
5. If the City of Morton Staff or the Rehabilitation Contractor decides that continued presence on the job site may constitute a liability to their company due to the owner, or tenants, personal behavior or threatening manner.

If any of the above listed problems persist, the City of Morton reserves the right to “walk-away” from that property and take no further action regarding its renovation. The property owner will be notified in writing within two weeks of the determination to “walk-away.”

If the project is cancelled due to items number 3, 4 or 5, or if you choose to withdraw from the program after either the initial inspection or lead risk assessment/inspection has been conducted, a fee of \$500.00 per inspection, up to \$1,000.00, will be charged to the owner of the property if inspections have occurred. If you continue with the home repairs the costs of the initial inspection will be charged to the program and the cost of the lead testing will be part of the program costs or loan, depending on the program.

Payments shall be made to the City of Morton no later than thirty (30) days following the action that requires the repayment. If such payment is not made within 30 days, collection proceedings will begin to recapture these funds.

Property Address: _____

Owner/Occupant Signature: _____

Date: _____

Owner/Occupant Signature: _____

Date: _____



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Lien Verification Form

Applicant: _____

Property Address: _____

I certify that there are no past due assessments, public debts, or tax liens on my property. I also certify that, if applicable, I am current with any mortgage payments and that my property is not the subject of a pending mortgage foreclosure. Finally, I certify that I have homeowners' insurance that would be an adequate amount to provide collateral for a loan.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Combined Tennessen Warning and Privacy Act Notice

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (Minnesota Housing) program and to help Minnesota Housing 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 Minnesota Housing staff, its 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; and, (2) Minnesota Statutes, Sections 270A.01 to 270A.12, which established the Revenue Recapture Act, enables the state to collect delinquent debts owed to it by capturing tax refunds and other payments that you may otherwise be entitled. Section 270A.04, subdivisions 3 and 4; require the disclosure of a debtor's social security number for this purpose.

If you disclose your SSN, Minnesota Housing may share it with the Commissioner of the Minnesota Department of Revenue and the Minnesota Attorney General for the purposes of debt collection under the Revenue Recapture Act. If you do not disclose your SSN, you will not be eligible for this assistance.

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.

Borrower Signature

Date

Borrower Signature

Date

VERIFICATION OF: Employment

Only use if Applicable- Please complete this form if you are currently employed.

Applicant Section

Name of Applicant:

Name of Employer:

Street Address:

Phone Number:

City, State

Zip

Fax Number (required):

Social Security Number:

Employer Address:

I hereby authorize the release of the requested information.

Signature of Applicant

Date:

Employer Section

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information.

This request for verification of employment and earnings is required to establish eligibility for participation in our housing programs. The information you provide will be private and only used in establishing eligibility for this household.

- | | |
|---|--------------------|
| 1. Gross earnings during the past 12 months: | 1) \$ _____ |
| 2. Is the applicant currently employed with you? | 2) Yes / No _____ |
| 3. How long has the applicant been employed? Months/Years | 3) _____ |
| 4. Current hourly gross pay rate: | 4) \$ _____ |
| 5. Average number of hours per week: | 5) _____ |
| 6. Eligible for tips? Estimated Amount | 6) Y / N \$ _____ |
| 7. Total annual pay periods: | 7) _____ |
| 8. Seasonal Employment? | 8) Yes / No _____ |
| If Yes, How many months of work during the year | |
| 9. Will applicant be receiving a raise in the next 12 months ? | 9) Yes / No _____ |
| If Yes, When and how much? | \$ _____ |
| 10. Will applicant receive any bonus pay in the next 12 months? | 10) Yes / No _____ |
| If Yes, How much? | \$ _____ |
| 11. Overtime rate of pay after 40 hours? | 11) Yes / No _____ |

Signature of Authorized Representative:

Print Name

Title:

Date:

Telephone:

Please Return To:
City of Morton

P.O. Box 127
Morton, MN 56270
Phone: (507) 697-6912

WARNING: Title 18, Section 1001 of the U.S. Code stated that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government

VERIFICATION OF: Employment

Only use if Applicable- Please complete this form if you are currently employed.

Applicant Section

Name of Applicant:

Name of Employer:

Street Address:

Phone Number:

City, State

Zip

Fax Number (required):

Social Security Number:

Employer Address:

I hereby authorize the release of the requested information.

Signature of Applicant

Date:

Employer Section

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information.

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|---|---------------------|
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| 4. Current hourly gross pay rate: | 4) \$ _____ |
| 5. Average number of hours per week: | 5) _____ |
| 6. Eligible for tips? Estimated Amount | 6) <u>Y / N \$</u> |
| 7. Total annual pay periods: | 7) _____ |
| 8. Seasonal Employment? | 8) <u>Yes / No</u> |
| If Yes, How many months of work during the year | _____ |
| 9. Will applicant be receiving a raise in the next 12 months ? | 9) <u>Yes / No</u> |
| If Yes, When and how much? | \$ _____ |
| 10. Will applicant receive any bonus pay in the next 12 months? | 10) <u>Yes / No</u> |
| If Yes, How much? | \$ _____ |
| 11. Overtime rate of pay after 40 hours? | 11) <u>Yes / No</u> |

Signature of Authorized Representative:

Print Name

Title:

Please Return To:
City of Morton

Date: _____

P.O. Box 127
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Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code stated that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government



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IMPORTANT PRIVACY NOTICE

**** Read Before Completing the Application Form****

We are asking that you provide the information on the application form to determine if you are eligible to participate in the program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- Staff and other persons involved in program administration.
- Local loan committee members who approve applications.
- Auditors who perform required audits of this program.
- Authorized personnel from the Minnesota Dept. of Employment and Economic Development, the U.S. Dept of Housing and Urban Development or other local, state and federal agencies providing funding assistance for your loan.
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project’s policy and procedural manual).
- Those persons who you authorize to see it.
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

We cannot release private data to anyone else or use private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order, and in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Minnesota law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you,
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data.

To learn more about these rights, contact [Jeff Gladis](mailto:Jeff.Gladis@mn.gov) at [1-800-658-2448](tel:1-800-658-2448).