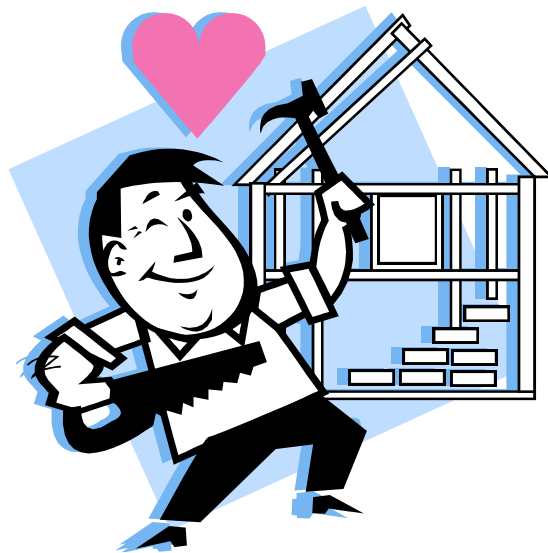


**MANUFACTURED HOME REHABILITATION
GRANT PROGRAM**

Application

**A program of the City of Northfield
Funded through the
Community Development Block Grant Program**



Northfield Manufactured Home Rehabilitation Program

The purpose of the Manufactured Home Rehabilitation Program ("Rehab Program") is to provide owners of Manufactured Homes in Northfield with a grant of up to \$4,000 to increase the safety, security and energy efficiency of their manufactured home. The Rehab Program is available to all persons owning and living in manufactured homes in the City of Northfield and eligible under the income guidelines outlined on page 5. These incomes represent 80% of the area median income (AMI) and are updated annually.

Eligibility

- A. Property must be located in one of the two manufactured home parks located in the City of Northfield and in need of eligible repairs or improvements.
- B. Manufactured homes are eligible for assistance regardless of the age of the structure, provided they are in need of eligible repairs or improvements and meet all other criteria for eligibility as outlined in this application.
- C. The recipient of funds under this program should have at least one-third interest in one of the following types of ownership in the property to be improved:
 - 1. A certificate of title for a manufactured home; or
 - 2. A mutually binding contract for the purchase of the property where the borrower is rightfully in possession and the purchase price is payable in installments.
- D. An applicant is income eligible if the applicant's gross income is within the current income limits annually published by HUD (*see Page 5 for income limits*).
- E. Applicants residing in manufactured home parks must be current on their lot rent at the time of grant award.
- F. Applicants must be current on property taxes.

Eligible Work Items and Conditions

The Applicant will list the improvements that they would prefer to complete on the application. The improvements must fit within the following guidelines:

- A. Eligible Improvements

1. Improvements that remove and/or repair various health and safety issues, or increase energy efficiency.
 2. Improvements that will bring the manufactured home up to building code and/or increase compliance with local housing regulations.
 3. Improvements that will add to the structural soundness of the home.
 4. Modifications or improvements to the housing unit to make it accessible for a handicapped or disabled member of the household.
 5. Improvements necessary to eliminate or reduce lead-based paint hazards or significant mold problems.
 6. Repairs that address roofs, windows, doors, floor supports or faulty plumbing.
 7. Cosmetic improvements shall only be included in the loan if they, and all the above items, can be accomplished within the \$4,000 limit.
- B. Improvements Not Eligible (except as necessary to remove health and safety deficiencies):
1. Free-standing or built-in appliances.
 2. Landscaping.
 3. Work begun or completed before the date of the Proceed to Work Order, or reimbursement of an Applicant's personal labor.
 4. New construction of sheds, outbuildings or fences.
 5. Construction alterations on manufactured homes, such as decks and entry-ways.
 6. Greenhouses, kennels, swimming pools, hot tubs, spas, outdoor fireplaces, basketball/tennis courts, and other luxury items as determined by staff.
 7. Purchase, installation or repair of furniture and personal items.
 8. Replacement of new or like-new items, unless staff determines that replacement is necessary for reasons other than cosmetic.

Grants must be used to finance improvements that can be completed within twelve (12) months from the date of the issuance of a Proceed to Work order.

All work completed with grant funds must be in compliance with all applicable building and housing codes and standards.

Procedures for Processing Grants

- A. The Applicant requests an application from the City of Northfield Housing Manager. Once completed, the application is sent to Dakota County Community Development Agency (CDA), attn Mark Hanson. Eligible Applicants will be placed on a waiting list and handled in the order they are received.
- B. The CDA will send a Rehab Specialist to inspect the property and prepare a cost estimate of the proposed improvements. The Rehab Specialist will prepare a detailed work write-up which outlines the work and the materials to be used.
- C. The work write-up is returned to the Applicant, who is responsible for obtaining the necessary bids. HUD regulations state that two bids should be acquired. Participating contractors must be insured and licensed as required by State and/or local ordinance.
- D. A Grant Agreement is executed between the Applicant and the CDA to reserve the funds necessary for the project.
- E. A Work Agreement is executed by the Applicant and selected contractor, along with approval by the CDA. Under certain conditions, the Applicant may be allowed to perform the work themselves, whereby program funds shall be used for the cost of materials only.
- F. During construction, the Rehab Specialist monitors the work. A Completion Certificate is signed by the Applicant authorizing a payment to be made to the contractor. Payments are made directly to the contractor by the CDA after lien waivers are obtained from all general and sub contractors. The work must also pass city inspection(s).

Homeowner's Responsibility

It is the Applicant's responsibility to:

- Submit a complete application with all required documentation;
- Obtain contractor bids and submit them to the CDA;
- A Work Agreement must be signed by the Applicant and the Contractor within 120 days from application approval.

If the Applicant does not comply with these regulations, the project may be terminated and he/she would have to reapply for assistance.

INCOME GUIDELINES FOR CDBG PROGRAMS

Effective June 1, 2011

1	\$44,950
2	\$52,960
3	\$57,800
4	\$64,200
5	\$69,350
6	\$74,500
7	\$79,650
8	\$84,750

Median Family Income: \$82,700 (2010=\$84,000)

- Gross Annual Household Income: 80% or less of the Median Income (family size) for Dakota County.



Documentation Requirements

Thank you for requesting an application for a Northfield Manufactured Home Rehabilitation Grant Program through the Dakota County Community Development Agency (CDA). To speed the processing of your application, please do the following:

1. Complete the application. Please do not leave any questions unanswered.
2. Submit copies of the following with your completed application:

Verification of your income:

1. If you are employed, we will need copies of your four most recent pay stubs from each of your places of employment.
2. If you are self-employed, or if you receive rent from another property, please submit copies of the past two year's Federal tax forms and all related schedules.
3. If you receive Social Security, please send a copy of the award letter that you received at the beginning of the year.
4. If you receive child support, please submit a six-month printout from Support and Collections. If you have other sources of income, please call Mark Hanson at (651)675-4469 about needed documentation.

Assets

1. A copy of your most recent bank statement from each of your accounts.
2. If you have other financial assets (i.e. stocks, bonds, equity in a life insurance policy), please call (651)675-4469 about needed documentation.

Manufactured Home

1. A copy of your Certificate of Title.
2. A signed statement from your manufactured home park indicating the amount you pay per month in lot rent, and that you are current on your payments.
3. Please read, sign and return the enclosed Information and Privacy Form.
4. **Return all the information, with a completed application, to the following address:**

**Dakota County CDA
1228 Town Centre Drive
Eagan, MN 55123
Attn: Mark Hanson**

If you have any questions, please call Mark Hanson at (651)675-4469. Thank you for your cooperation.



THERE ARE LAWS TO PROTECT YOUR RIGHTS TO
INFORMATION AND PRIVACY

PLEASE READ, SIGN, AND RETURN WITH APPLICATION.

Under the Minnesota Government Practices Act (M.S. CH. 13.) you have the right to know:

A. WHAT IS THE PURPOSE AND INTENDED USE OF THE INFORMATION THE CDA COLLECTS?

Within the context of the Northfield Manufactured Home Rehabilitation Grant Program, the information we collect from you or about you (or from other individuals or agencies authorized by you) is collected, used and disseminated for the administration and management of legally authorized programs. The information we collect about you is classified under Minnesota law as: (1) Public - anyone can see the information; (2) Private - only you and those authorized by law or by you can see the information; or (3) Confidential - you cannot see the information although those persons authorized by law can. The Private classification applies to most of the information we collect about you.

The purposes and uses of this information are for one or more of the following reasons:

1. To help us determine if you are income eligible to participate in the Northfield Manufactured Home Rehabilitation Grant Program.
2. To enable the CDA to comply with legal requirements governing its and other agencies' legislative mandates.

B. YOUR RIGHTS WHEN SUPPLYING INFORMATION.

The information you are asked to provide to the CDA is information necessary for our determination of your eligibility for this program. While you have the right to refuse to supply the information we request, the CDA may not be able to provide the rehab assistance. If you feel that certain information we request is an unwarranted invasion of your privacy, contact the CDA's Responsible Authority.

1228 Town Centre Drive * Eagan, MN 55123
tel 651-675-4400 fax 651-675-4444

C. WHO HAS ACCESS TO THE PRIVATE INFORMATION WE COLLECT ABOUT YOU?

Depending upon the program and as authorized by state, local or federal law, the information we maintain may be shared with:

1. U.S. Department of Housing and Urban Development.
2. CDA employees and contractors serving you or your dwelling unit.
3. Dakota/Rice County Department of Human Services.
4. Dakota/Rice County Department of Economic Assistance.
5. U.S. Census Bureau.
6. Federal, state or local auditors.
7. Researchers who are granted access to the data for the purpose of preparing summary data.
8. Other local, state and federal agencies as may be required by law.
9. The city/township and its' various departments (those needing access to information) in which you live.

If any criminal or civil investigation is begun regarding you or your family's receipt of benefits from this Agency or any other social service agency, information may also be shared with county, state, local or federal staff members who conduct such investigations pursuant to state and federal law. Information may also be shared with the appropriate judicial bodies.

In compliance with the Gramm-Leach-Bliley Act (15 USC, Subchapter I, Sec. 6801-6810), information will not be provided to anyone not mentioned above.

Unless otherwise authorized by statute or federal law, government agencies with whom we share private information must also treat the information as private. Other non-government agencies with whom we share private information must likewise treat that information as private.

When you are no longer being served by the CDA, we will keep your file only until state and federal retention requirements are met.

D. WHO HAS ACCESS TO THE CONFIDENTIAL INFORMATION WE COLLECT ABOUT YOU?

Information collected as part of the CDA's investigation in preparation for actual or potential litigation involving you is confidential information when it is contained in correspondence between the CDA and our attorney. Only the CDA and our attorney and those persons authorized by local, state and federal law may have access to the information. You do, however, have the right to know if information about you has been classified confidential.

E. WHAT INFORMATION DO YOU HAVE ACCESS TO?

You or your authorized representative or guardian may request to be shown information about yourself that is maintained by the CDA and that is classified as private. There is no cost for this service, but there may be a copy charge for copies which you would like to make.

According to Minnesota law, after you have been shown private information about yourself and have been informed of its meaning, the data need not be again shown to you for six months thereafter, unless a dispute or legal action concerning your privacy rights is pending or additional data about you has been collected.

F. HOW CAN YOU CONTEST THE ACCURACY OR COMPLETENESS OF INFORMATION IN YOUR FILE?

Write to us describing the nature of your disagreement. Send information to:

Responsible Authority
Dakota County CDA
1228 Town Centre Drive
Eagan, MN 55123

We will act on your letter within thirty (30) days in accordance with the Minnesota Government Data Practices Act. If you have any other questions about your privacy rights, please contact CDA's Responsible Authority.

This is to acknowledge I have been given the above information.

_____ Signature

_____ Date

NORTHFIELD MANUFACTURED HOME REHABILITATION

GRANT PROGRAM 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 state or federal law, this information may be made available to other governmental entities. Information regarding marital status, household characteristics, and race/ethnicity is needed to comply with statistical and monitoring requirements imposed by the United States Department of Housing and Urban Development (HUD).

A. HOUSEHOLD INFORMATION

Name of Applicant		Name of Co-Applicant	
Social Security Number		Social Security Number	
Street Address, City, State, Zip			
Home Phone Number	Work Phone Number (For whom?)	Cell Phone Number (For Whom?)	
<p>Race **Information collected on Race is for statistical and monitoring purposes only. It is not used for determination of eligibility.</p> <p> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Other _____ </p>			
Ethnicity <input type="checkbox"/> - Non Hispanic <input type="checkbox"/> - Hispanic	U.S. Citizen <input type="checkbox"/> - Yes <input type="checkbox"/> - No		Email

HOUSEHOLD COMPOSITION ****LIST EVERYONE LIVING IN YOUR HOME****

Family / Household Member Name	Relationship	Age*	Gender*	Occupation
	Applicant			
	Co-Applicant			

* For persons other than Applicant or Co-Applicant

B. INCOME

List all income sources from all persons residing in your house. Some examples are: Employment, Welfare, Social Security, S.S.I., Pension, Disability, Armed Forces Reserves, Unemployment Compensation, Alimony or Child Support, Educational Grants, Rental Income, etc.

Employment:

Family/Household Member	Business Name	Position	# of Years Employed	Yearly Rate of Pay

Other Income:

Family/Household Member	Source	Amount	How Often? (i.e. weekly, monthly, etc.)

C. ASSETS

<u>Checking Account</u> Bank:	<u>Savings Account</u> Bank:	<u>Other Account</u> Bank:	<u>Other Account</u> Bank:
Balance:	Balance:	Balance:	Balance:
Tax Assessed Value of Any Additional Real Estate (not including the property in which you live):			
Cash Value / Equity of Life Insurance Policy (not upon death):		Other Financial Assets:	

D. PROPERTY INFORMATION

Name of <u>ALL</u> Person(s) listed on your title as owners of the property:		
Are you current on your lot rent?	Monthly Lot Rent Amount =	Are you current on your Property Taxes?
How long have you lived here?	Are you purchasing the property on a Contract for Deed?	Year built?

E. IMPROVEMENTS - Briefly describe the proposed improvements.

F. **SIGNATURES**

- I/we certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief.
- I/we hereby authorize the release of any information necessary for the Dakota County CDA to process this application.

Applicant

Date

Co-Applicant

Date