



**Moorhead Neighborhood Services Division
Home Improvement Programs**
PO Box 779, Moorhead, MN 56561-0779
(218) 299-5434

Thank you for your interest in applying for a Moorhead Home Improvement Loan. We look forward to working with you on a project that will improve your home and help to enhance the neighborhood in which you live.

Please submit your completed application and \$50 processing fee*, made payable to the City of Moorhead, to the following address:

Loretta Szweduik
Neighborhood Services Division
City of Moorhead
111 12th Street North
Moorhead MN 56560

Phone: 218-299-5434
Fax: 218-299-5072

Once city staff has reviewed your application, you will be contacted to set up an inspection time. Applications and inspections are processed in the order in which they are received.

For additional information, you can visit the Housing section of the City's website: www.cityofmoorhead.com

SPECIAL ACCOMMODATIONS

Do you need this application to be **translated** into another language?
If so, what language? _____

Do you have a **disability** that requires a special accommodation?
If so, what accommodation? _____

Call 299-5434 or send this page to the above address and we will make the necessary arrangements as quickly as possible.

*If household qualifies for HUD sponsored program, the processing fee will be returned to applicant.



APPLICATION
MOORHEAD HOME IMPROVEMENT LOANS

Date Received: _____

Time Received: _____

Please complete all questions.

SECTION A: General Information

NAME - APPLICANT #1: _____
NAME - APPLICANT #2: * _____
ADDRESS: _____
NUMBER OF DEPENDENTS: _____ **AGES:** _____
PHONE: Home: _____ Work: _____ Other: _____
E-MAIL: _____

**Include name of individual to be listed on legal documents with applicant, if applicable.*

SECTION B: Race/Ethnicity

<p>Applicant #1: (Check one)</p> <p><input type="checkbox"/> a. White <input type="checkbox"/> b. Black/African American <input type="checkbox"/> c. Asian <input type="checkbox"/> d. American Indian/Alaskan Native <input type="checkbox"/> e. Native Hawaiian/Other Pacific Islander <input type="checkbox"/> f. American Indian/Alaskan Native & White <input type="checkbox"/> g. Asian & White <input type="checkbox"/> h. Black/African American & White <input type="checkbox"/> i. American Indian/Alaskan Native & Black <input type="checkbox"/> j. Other Multi-Racial</p>	<p>Applicant #2: (Check one)</p> <p><input type="checkbox"/> a. White <input type="checkbox"/> b. Black/African American <input type="checkbox"/> c. Asian <input type="checkbox"/> d. American Indian/Alaskan Native <input type="checkbox"/> e. Native Hawaiian/Other Pacific Islander <input type="checkbox"/> f. American Indian/Alaskan Native & White <input type="checkbox"/> g. Asian & White <input type="checkbox"/> h. Black/African American & White <input type="checkbox"/> i. American Indian/Alaskan Native & Black <input type="checkbox"/> j. Other Multi-Racial</p>
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Ethnicity: Hispanic Non-Hispanic
Gender: Male Female
Disabled: Yes No

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NOTE: Racial/ethnic group data and disability information is obtained for statistical purposes only. Data will not be considered by any local or federal official in determining the applicant's eligibility.

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SECTION C: Property to be Improved

Do you currently own your home or are you intending to purchase a home that needs rehab?
 Own Purchase

CURRENT ADDRESS: _____
Date Purchased (approx): _____
Purchase Price: \$ _____
Year Built: _____

Is the property in the 100-year flood plain? Yes No

Was the home purchased using downpayment assistance (Minnesota Housing Finance Agency or other)?
 Yes No

SECTION D: Income and Credit Information

Please complete the attached "Loan Application" to assist with application processing. Also note here if you have income from: Social Security Veterans Benefits Railroad Retirement Employment

The following information will help us match you to the most appropriate program:

What is your gross annual household income: \$_____

SECTION E: Property Information

Please answer the following questions ONLY if certain:

Heating: Oil Gas Electric Other _____

Square Footage: 1st Floor: _____ 2nd Floor: _____ # of Bedrooms: 1st Floor: _____ 2nd Floor: _____

Is house insulated? Ceilings: Yes No Walls: Yes No Floor: Yes No
Storm Windows/Doors: Yes No

What types of work are you interested in completing? (Please check and describe.)

- Electrical _____
- Plumbing _____
- Heating _____
- Foundation _____
- Roof _____
- Windows and/or Doors _____
- Siding/Exterior Paint _____
- Garage _____
- Finish basement _____
- Landscaping/Deck _____
- Addition _____
- Kitchen remodel _____
- Bathroom remodel _____
- Interior Finishes _____
- Accessibility Changes _____
- Convert property from rental _____
- Other (describe) _____

Estimated Loan Amount: \$_____

SPECIAL NEEDS OR OTHER REQUIREMENTS:



CITY OF MOORHEAD

HOME IMPROVEMENT LOAN APPLICATION

CITY USE ONLY: _____ DATE APPLICATION RECEIVED _____ FACE TO FACE _____ BY MAIL _____ BY TELEPHONE

I AM APPLYING: _____ INDIVIDUALLY _____ WITH CO-APPLICANT _____ AS CO-SIGNER FOR:

Applicant # 1

Applicant #2

FULL NAME		FULL NAME	
SSN	DATE OF BIRTH	SSN	DATE OF BIRTH
STREET ADDRESS		STREET ADDRESS	
CITY / STATE / ZIP		CITY / STATE / ZIP	
HOW LONG? ___ YRS ___ MTHS _____ OWN _____ RENTED		HOW LONG? ___ YRS ___ MTHS _____ OWN _____ RENTED	
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)		PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)	
HOW LONG? ___ YRS ___ MTHS _____ OWN _____ RENTED		HOW LONG? ___ YRS ___ MTHS _____ OWN _____ RENTED	
HOME PHONE	WORK PHONE	HOME PHONE	WORK PHONE
EMPLOYER (INCLUDE ADDRESS)		EMPLOYER (INCLUDE ADDRESS)	
HOW LONG? ___ YRS ___ MTHS		HOW LONG? ___ YRS ___ MTHS	
POSITION TITLE	MO. SALARY (GROSS)	MO. SALARY (NET)	POSITION TITLE
PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS)		PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS)	
HOW LONG? ___ YRS ___ MTHS		HOW LONG? ___ YRS ___ MTHS	
NUMBER OF DEPENDENTS (INCLUDE SELF)		NUMBER OF DEPENDENTS (INCLUDE SELF)	
MARITAL STATUS _____ UNMARRIED _____ MARRIED _____ SEPARATED		MARITAL STATUS _____ UNMARRIED _____ MARRIED _____ SEPARATED	
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	
RELATIONSHIP	PHONE NO. (WITH AREA CODE)	RELATIONSHIP	PHONE NO. (WITH AREA CODE)
OTHER INCOME, ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.		OTHER INCOME, ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.	
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE RECEIVED UNDER _____ COURT ORDER _____ WRITTEN AGREEMENT _____ ORAL UNDERSTANDING		ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE RECEIVED UNDER _____ COURT ORDER _____ WRITTEN AGREEMENT _____ ORAL UNDERSTANDING	
NATURE OF ADDT. INCOME / MONTHLY AMOUNT / DURATION OF INCOME		NATURE OF ADDT. INCOME / MONTHLY AMOUNT / DURATION OF INCOME	
IS ANY INCOME LISTED IN THIS SECTION LIKELY TO BE REDUCED BEFORE THE CREDIT REQUEST IS TO BE PAID OFF? _____ NO _____ YES (EXPLAIN)		IS ANY INCOME LISTED IN THIS SECTION LIKELY TO BE REDUCED BEFORE THE CREDIT REQUEST IS TO BE PAID OFF? _____ NO _____ YES (EXPLAIN)	

