

Growing Affordable Inclusive Neighborhoods (GAIN) Program Application

Applicant Information			
Full Name:	Social Security 1	Number:	
Current Address:			
City:	State:	Zip:	County:
Phone Number:	Phone Type:]Cell 🗌 Home	Work
Email:	Marital Status:	Married 🗌 Divo	rced 🗌 Widowed

Co-Applicant Information

Full Name:	Social Security Number:		
Current Address:			
City:	State:	Zip:	County:
Phone Number:	Phone Type: Cell Home Work		
Email:	Marital Status:		

Household Information

List the head of household and all other individual(s) who will be residing in the home. Include the relationship of each family member to the head of household. You are not required to provide race and ethnicity information but supplying it will help with monitoring and determining compliance with civil rights laws.

Full Name	Relation to Head	Birth Date	Gender	Race	Hispanic Y/N
	Head				

Income Information

Answer the following questions regarding household income and list all income sources for all household members. This includes all income which can be reasonably expected to be received during the next 12 months.

1. Are you or any other household member employed or self-employed full time, part time, or seasonally and receive income from wages? Gross monthly income means the amount of income received before taxes or other deductions occur. \Box No \Box Yes – Fill in below

Household Member	Employer Name	Gross Monthly Amount
		\$
		\$
		\$
		\$

2. Are you or any household member receiving or expecting to receive money from sources other than work? This may include, but is not limited to, social security, Veteran's benefits, child support, unemployment, retirement or pension payments, MFIP, Minnesota Supplemental Aid (MSA), General Assistance (GA) and workers compensation. \square No \square Yes – Fill in below

Household Member	Income Source	Gross Monthly Amount
		\$
		\$
		\$
		\$

3. Do you own any real estate, mobile home, rental property, contract for deed or other capital investment? \square No \square Yes – Fill in below

Type of Asset	Address	Total Value
		\$
		\$

New Construction Information

1.	Are you planning or	building or p	ourchasing new	construction?
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Build

	Purchase
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Undecided

2. In which City or Township is the prope	rty located?
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	Rochester
\square	Dover

- Byron
- Stewartville

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- Oronoco

Pine Island* Undecided

Chatfield*

Township (Please spe	ecify):
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*The property must be located on the Olmsted County side of the city.

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3.	Have you been pre-approved by a lender? If yes, please provide the name of the lending agency, contact for agency, email, and phone number:	Yes No
	If yes, please specify approval amount:	
4.	Have you signed a contract with a realtor? If yes, please provide the name of the company, agent name, email, and phone number:	🗌 Yes 🗌 No
5.	Please list all household members that will be on the mortgage documents.	
Ans	swer the questions 6-8 only if you plan on building.	
	Have you signed a contract with a builder? If yes, please provide builder company and contact information:	Yes No
7.	Have you entered into a contract for the parcel of land? If yes, please provide the address of the lot:	🗌 Yes 🗌 No
8.	Has construction started? If yes, provide the estimated date of completion:	Yes No

Applicant Certification

This application must be filled out completely and signed by all parties that will be on the mortgage. By signing below, I/We certify that the information given to the Olmsted County Housing and Redevelopment Authority on this application is true, accurate and complete to the best of my/our knowledge and belief and understand that legal action may be taken against me/us for knowingly making false or fraudulent statements.

Applicant's Signature

Co-applicant's Signature

For Office Use Only

Date Application Received:	Complete: Yes No	
Date Application Complete:	Eligible: Yes No	
Date Eligibility Notice Provided:	Anticipated Closing Date:	
Notes:		

Date

Date