



CDBG Home Rehabilitation Loan Pre-Application

If you determine you are eligible,
please complete and return to:

City of Moorhead
CDBG Home Rehabilitation
403 Center Avenue
Moorhead MN 56561-0779

Receipt Date

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OWNER NAME(S):

PROPERTY ADDRESS: _____ **MOORHEAD, MN**
56560

PHONE: (_____) _____

EMAIL: _____

Carefully read and answer each statement listed below. If you do not understand the statement, contact our office at **218.299.5363** for clarification. (Incomplete applications may be returned.)

If you answer false to any of these statements, you are ineligible for a Home Rehabilitation Loan; however, if emergency repairs are needed to your home to protect the safety of your life or health, contact the Planning and Neighborhood Services Department; if you have insufficient equity or your home is newer than 15 years old, you may still be granted an emergency loan. If you are eligible, your application may receive priority on the waiting list.

We will notify you if your name has been placed on the waiting list. When your name comes up on the waiting list, we will send you an application packet, which will need to be completed at that time. **NOTE:** The waiting list for this program is typically 6-12 months.

<input type="checkbox"/> True <input type="checkbox"/> False	1. I have <u>never</u> had a rehabilitation loan from the City of Moorhead or Housing & Redevelopment Authority on this property.
<input type="checkbox"/> True <input type="checkbox"/> False	2. The property contains <u>no more</u> than two dwelling units AND one of them <u>is</u> owner-occupied.
<input type="checkbox"/> True <input type="checkbox"/> False	3. The property is <u>not</u> a mobile home.
<input type="checkbox"/> True <input type="checkbox"/> False	4. The property is <u>not</u> on or eligible for the National Register of Historic Places.
<input type="checkbox"/> True <input type="checkbox"/> False	5. The property is <u>not</u> located in the flood plain.
<input type="checkbox"/> True <input type="checkbox"/> False	6. The property <u>is</u> located in a residentially zoned district.
<input type="checkbox"/> True <input type="checkbox"/> False	7. The property <u>is</u> located in the City Limits of Moorhead.
<input type="checkbox"/> True <input type="checkbox"/> False	8. The home <u>is</u> at least 15 years old.

True False 9. All mortgage payments, contract-for-deed payments, and any other obligations on my property are current.

True False 10. I have no outstanding liens on my property, other than the above mortgages.

True False 11. The property taxes and special assessments are paid up to date.

True False 12. The total gross annual income earned by residents of my household, age 18 and over, is equal to or less than the amount listed in the chart below. (Note: Self-employment income is "net profit", subtract foster care payments, IRS reported childcare expenses and extraordinary medical expenses for the handicapped or elderly.)

<u>No. in Family</u>	<u>Maximum Income</u>
Household Size	Maximum Household Income
1	\$64,750
2	\$74,000
3	\$83,250
4	\$92,500
5	\$99,900
6	\$107,300
7	\$114,700
8	\$122,100

True False 13. I have adequate equity in my home as per the after rehab equity calculation worksheet on page 3.

True False 14. All owners of record for this property consent to execute a promissory note and mortgage in the amount of the rehabilitation loan. For contract for deeds, include a letter of consent from the warranty deed owner(s). Letter must include their acknowledgement of co-signing mortgage documents.

Yes No 15. Is this property being purchased contract for deed?

I certify that the above statements are true, accurate and complete to the best of my knowledge and belief. This checklist shall remain the property of the City of Moorhead for the purpose of screening my eligibility for a home rehabilitation loan.

Signature

Date

Signature

Date

EQUITY CALCULATION WORKSHEET

Return this sheet with your application. If you have any questions, please call 218.299.5363.

Section 1. After-Rehab Estimated Market Value:

1. Estimated Market Value (www.moorheadproperty.org or call 218.299.5310)

\$ _____

2. Divided by 95% (0.95)

\$ _____

3. Plus: One-half of the Total Rehab Cost (half of line 5)

+ _____

4. Equals: After-rehab Estimated Market Value (add lines 2 & 3)

= \$ _____

Section 2. Total Of All Mortgages On The Property:

5. Proposed CDBG Loan/Mortgage (How much do you want to borrow? Between \$5,000-\$20,000)

\$ _____

6. Plus: 1st Mortgage Balance Owing (If any)

+ _____ -

7. 2nd Mortgage Balance Owing (If any)

+ _____

8. Equals: Total of All Mortgages

= \$ _____

Section 3. After-Rehab Equity:

9. Line 4

\$ _____

10. Subtract Line 8

- _____

11. Equals: Total After-Rehab Equity (Use this total to answer question #13 on page 2)

= \$ _____



\$0 ELIGIBLE at \$0 or above for full loan (\$20,000)

