

HOME MATTERS RESIDENTIAL REHAB PROGRAM

Aging in Place Adaptations Grant

Application Instructions

Sponsored by Northfield Housing & Redevelopment Authority (HRA) and Dakota County Community Development Agency (CDA), the Home Matters Residential Rehab Program is offering a pilot grant program for Aging in Place Adaptations up to \$7,000 to income qualified homeowners, 62 years of age and older, for certain home adaptations. Qualified improvements or adaptations include, but are not limited to:

- **Exterior/interior walkway modifications- ramps, railings, etc.**
- **Grab bars**
- **Kitchen modifications- lowering of countertops, cabinets, etc.**
- **Bathroom modifications- ADA toilets, walk-in showers, etc.**
- **Widening doors**
- **Relocating of laundry facility from basement to main level**
- **Relocating of light switches**

Income must be at or under the following household income guidelines:

Household Size	Annual Income (gross)
1	\$55,950
2	\$63,950
3	\$71,950
4	\$79,900

Note that funds are limited.

If additional items are identified as needing replacement or repair above and beyond this grant, HRA allows the homeowner to also apply for and utilize the Home Matters Residential Rehab Program loan in conjunction with this grant opportunity.

Application Procedure

Complete Home Matters Application. Completed applications will be accepted until funds are depleted. All members of the household must be represented on the form. Please make sure that all owners **sign** the forms.

Submit the following additional documents:

- Income verification for all household members ages 18 years and older will be required (as applicable):
 - Wages: copies of six (6) most recent consecutive pay stubs.
 - Social Security: most recent Social Security benefit letter.
 - Child Support/Spousal Maintenance: statement showing last 12 months support received.
 - Self-Employment/Miscellaneous Income: Please call for instructions.

Submit completed application to:

Melissa Hanson

Email: Melissa.hanson@ci.northfield.mn.us

Community Development Department

City of Northfield

801 Washington St S

Northfield, MN 55057

Fax: 507.645.3055



HOME MATTERS APPLICATION

Instructions: Complete all information on this application and sign final page. Use ink.

Applicant: _____ Co-Applicant: _____
 Marital Status: Married Separated Unmarried (Divorced Never Married)
 Marital Status: Married Separated Unmarried (Divorced Never Married)

Address: _____ Address: _____

Social Security #: _____ Social Security #: _____

Date of Birth: _____ Date of Birth: _____

Years of School Completed: _____ Years of School Completed: _____

Home Phone #: _____ Home Phone #: _____

Work Phone #: _____ Work Phone #: _____

Employer: _____ Employer: _____
 Address: _____ Address: _____

Gross Monthly Income: _____ Gross Monthly Income: _____
 (Attach most recent pay stubs for past 12 weeks) Gross income is BEFORE taxes and other deductions

Other Monthly Income: _____ Other Monthly Income: _____
 Please specify source of income (Includes MFIP, food stamps, Social Security, MSA, Child Support, Alimony, Unemployment, disability, pension, etc.)

Dependent's Name	Date of Birth	Years of School
_____	_____	_____
_____	_____	_____

Assets: Checking Account Balance: _____ Savings Account Balance: _____
 Stocks, Bonds, CDs, IRA, 401K, annuity, pension or other retirement accounts. _____
 (Please specify type)

Income Self-Certification Form – 2021 (effective June 1, 2021)

Dakota County CDBG Program

Information on annual family income and race is required to determine eligibility for public services funded with federal Community Development Block Grant (CDBG) funds. Each participant must indicate the number of persons in their household, and then **CHECK THE BOX** that contains the amount of annual family income.

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

Please check your Income Range based on your Family Size (for example if there are 5 people in your household, go to HH of 5; if there are 8 or more in your household go to HH of 8):

Household of 1:	<input type="checkbox"/> \$0 - \$22,050	<input type="checkbox"/> \$22,051 - \$36,750	<input type="checkbox"/> \$36,751 - \$55,950	<input type="checkbox"/> \$55,951+
Household of 2:	<input type="checkbox"/> \$0 - \$25,200	<input type="checkbox"/> \$25,201 - \$42,000	<input type="checkbox"/> \$42,001 - \$63,950	<input type="checkbox"/> \$63,951+
Household of 3:	<input type="checkbox"/> \$0 - \$28,350	<input type="checkbox"/> \$28,351 - \$47,250	<input type="checkbox"/> \$47,251 - \$71,950	<input type="checkbox"/> \$71,951+
Household of 4:	<input type="checkbox"/> \$0 - \$31,450	<input type="checkbox"/> \$31,451 - \$52,450	<input type="checkbox"/> \$52,451 - \$79,900	<input type="checkbox"/> \$79,901+
Household of 5:	<input type="checkbox"/> \$0 - \$34,000	<input type="checkbox"/> \$34,001 - \$56,650	<input type="checkbox"/> \$56,651 - \$86,300	<input type="checkbox"/> \$86,301+
Household of 6:	<input type="checkbox"/> \$0 - \$36,500	<input type="checkbox"/> \$36,501 - \$60,000	<input type="checkbox"/> \$60,001 - \$91,100	<input type="checkbox"/> \$91,101+
Household of 7:	<input type="checkbox"/> \$0 - \$39,000	<input type="checkbox"/> \$39,001 - \$65,050	<input type="checkbox"/> \$65,051 - \$99,100	<input type="checkbox"/> \$99,101+
Household of 8:	<input type="checkbox"/> \$0 - \$44,550	<input type="checkbox"/> \$44,551 - \$69,250	<input type="checkbox"/> \$69,251 - \$105,500	<input type="checkbox"/> \$105,501+

Please calculate your total assets, including (a) checking, savings and other account balances; (b) tax assessed value of real estate owned **other than** your home; (c) cash value/equity of any Life Insurance Policy; and (d) any other assets. NOTE: a percentage of assets will be calculated by staff as part of income

(example: \$100,000 assets x 2.0% = \$2,000).

Total Assets = \$ _____

Please check your Ethnicity (pick 1 of 2):

Hispanic or Non-Hispanic

Please check your Race (pick 1 of 10 choices):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & Black |

Does your family have a **FEMALE HEAD OF HOUSEHOLD?** Yes No

Program or Activity Aging in Place Grant Dates of Participation _____

Birth Date of Participant _____

APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City, the Dakota County CDA, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Participant or Beneficiary Name (Please Print) Participant Signature (date)



HOME MATTERS APPLICATION

Disclosure:

Information gathered on the application will be used to determine if you meet grant and loan program guidelines and to determine the effectiveness of the programs. We do not disclose any nonpublic personal information about individuals, except as to effect, administer or enforce a transaction you requested or with your prior written consent.

Northfield Housing & Redevelopment Authority (HRA) or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the loan/grant approval, upon giving due notice to the occupants.

The information requested in this application is legally required to determine if you qualify for participation in this program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statute 462.065. Use of data obtained is limited to that necessary for the administration and management of this program by HRA personnel and other governmental agencies when authorized by state statute or federal law.

The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in the program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes). These numbers may be made available to state tax authorities and state personnel involved in the collection of obligations.

Under Minnesota Criminal Code a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.

Certifications:

- I/We understand that all work contained in the Scope of Work must be completed within ninety days from the date of the Proceed to Work or funding will be revoked or required to be re-paid.
- I/We understand that in order to access the Program's funds we are required to stay in our home for a minimum of Five (5) years from the date Grant Acceptance is signed.
- I/We certify that the statements contained in this application are true, accurate and complete to the best of mv/our knowledge and belief.

Each of the undersigned hereby acknowledges the above disclosures and certifications, and acknowledges that any owner of this grant, its servicers, successors and assigns, may verify or re-verify any information contained in this application or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this application of a consumer reporting agency.

Applicant Signature

Date

Co-Applicant Signature

Date

Submit completed application, along with all required attachments, to the address listed on the application cover sheet.



CITY OF NORTHFIELD

TENNESSEN WARNING

Minnesota law requires that you be informed of your rights as they pertain to the Private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Furnishing your social security number and gender is not required, but other information collected from you or from other agencies or individuals authorized by you is required and is used to determine your eligibility for a City of Northfield First Time Homebuyer Program. If you will not supply the required information, the City of Northfield ("City") will not be able to determine your eligibility for the Loan.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the First Time Homebuyer Program. Persons or agencies with whom this information may be shared include:

1. City personnel administering the Housing Assistance Program.
2. The City attorney and support staff in the City attorney's office.
3. Federal, state, local and contracted private auditors.
4. Rice or Dakota County personnel administering the Community Development Block Grant program.
5. Personnel at the financial institution from which you obtain your primary loan.
6. Those individuals or agencies to which you give your express written permission.
7. Law enforcement personnel in the case of suspected fraud.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained about you;
2. The right to be told the contents and meaning of the data; and
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the City of Northfield City Clerk at 801 Washington, Northfield, MN 55057; (507) 645-8833.

I have read and understand the above information regarding my rights as a subject of government data.

Loan Applicant	Date	Co-Applicant	Date

