SOUTHWEST MINNESOTA HOUSING PARTNERSHIP

Emerging Market Homeownership Initiative
Down Payment Assistance Program
Application Supplement

Instructions: Please fill out as completely as possible. If you need additional space, please feel free to use the back side or make additional copies as necessary.

Borrower

Name: _____
(Please print) First   MI   Last

Address: _____

State: _____

Home Phone: _____

Co-Borrower

Name: _____
(Please print) First   MI   Last

City: _____

Zip: _____ County: _____

Work Phone: _____

Borrower (only) please continue:

1. How did you hear about the EMHI Down Payment Assistance Program?

☐ Agency / Organization ☐ Newspaper ☐ Internet

☐ Mailer / Flyer / Brochure ☐ Friend / Relative ☐ Realtor

☐ Someone who took a workshop ☐ Lender / Mortgage company ☐ Other: _____

2. Your ethnicity: ☐ Hispanic ☐ Non-Hispanic

3. Race: (Please select only one)

Single Race

☐ American Indian / Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Multiple Race

☐ American Indian / Alaskan Native & White

☐ American Indian / Alaskan Native & Black

☐ Asian & White

☐ Black or African American & White

☐ Native Hawaiian/Other Pacific Islander & Black

☐ Other multiple race: _____

4. How many people will live in the house? _____

5. *For immigrants and refugees only:* Please indicate where you were born:

☐ Asia ☐ Africa ☐ Europe ☐ North America ☐ South America

6. Is this a female-headed household? ☐ Yes ☐ No (tax filing status as single female household with dependent children)

7. Please check the highest education level you completed:

☐ 8th grade or less ☐ Some college or trade school ☐ Bachelor's degree

☐ Some high school ☐ Associates degree ☐ Graduate or professional degree

☐ High school diploma / GED

8. Are you a first time home buyer? ☐ Yes ☐ No (You have not owned a home for the past three years.)

Information about Borrower (Continued):

9. Are you a first generation home buyer? ☐ Yes   ☐ No   (Your parents did not own their own home.)

10. Did you complete a Home Stretch Workshop? ☐ No ☐ Yes: Location & Dates:
                (Include a copy of your certificate)

PURCHASE INFORMATION

Purchase property address: _____

City: _____ State: _____ Zip: _____ County: _____

Purchase price: $ _____ Closing date: _____

Loan amount: $_____ Loan interest rate: _____ % Loan Term: _____

Lender (Bank/Mortgage Co.): _____ Loan program: _____

Type of structure:
                  ☐ Single unit detached ☐ Single unit attached
                  ☐ 2 to 4 unit dwelling   ☐ 5+ unit dwelling

Mortgage Insurance Type:
                  ☐ None   ☐ FHA   ☐ VA   ☐ RHS   ☐ PMI   ☐ Other MI

Mortgage Insurance Amount Per Month: $_____Total Monthly Payment: $_____

Disclosure Statement

You have received a deferred loan from the Southwest Minnesota Housing Partnership (SWMHP) to help make your home more affordable. The loan was processed by a local lender on behalf of the SWMHP. The local lender collected financial and demographic information from you at the time of application to determine if you met our program guidelines. The SWMHP used this information to approve your loan.

The SWMHP compiles summary homebuyer information to determine the effectiveness of our loan programs. Any information we share with others about the SWMHP programs is aggregated and does not identify individual borrowers.

The SWMHP is required by federal law to provide you with information on our privacy policy. It describes the information we collect from you and how we safeguard it to protect your privacy.

✓ _____   ✓ _____
    Signature, Individual 1   **Date**   **Signature, Individual 2**   **Date**

Release of Information

This loan program is funded in part by the Minnesota Housing, Greater Minnesota Housing Fund, NeighborWorks America, Otto Bremer Foundation, Southwest Minnesota Housing Partnership and Three Rivers Community Action Agency. We will share this date only with those entities. The date will be used for program review, research and oversight purposes.

All organizations will follow strict rules to protect your confidentiality. You will never be named in any reports. Although your responses may be looked at individually, your name will not be associated with any analysis of the data provided on this form. Only group results will be reported, no individual results will be shared. By signing below, you authorize the release of information on this form.

✓ _____   ✓ _____
    Signature, Individual 1   **Date**   **Signature, Individual 2**   **Date**