



**South Central Minnesota Multi-County H.R.A.  
(SCMMCHRA)  
Homeownership Program  
General Information**

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Dear Applicant,

The Homeownership Program allows qualified families to convert their Housing Choice Vouchers (Section 8) into Homeownership Assistance for use toward the purchase of a single-family home, town house or condominium.

Under the program Housing Choice Voucher families who are eligible to purchase a home can apply their rent and housing subsidy, called Housing Assistance Payment (HAP), to mortgage payments.

Please read the following items to see if you have an interest in the program and to see if you meet the program general guidelines:

Program Eligibility

1. Must be a qualified applicant or participant in the South Central MN Multi-County HRA Section 8 (HCV) program.
2. Be in full compliance with rental lease and Section 8 program requirements.
3. Terminate lease arrangement in compliance with current lease.
4. Have no prior default on mortgage through a homeownership program.
5. Successfully complete the Home Stretch Program.
6. Have no outstanding debt to SCMMCHRA or any Housing Authority for previous damages or unpaid rent.
7. Submit to and pass a criminal background check for all adult household members 18 and older.
8. Be a first time homebuyer as defined by HUD. (HUD defines a first time homebuyer as a family that has not owned or had ownership interest in the past 3 years.)
9. Live in the home they purchase and comply with mortgage requirements.
10. Comply with annual re-certificating requirements and appointments.

### Program Employment & Income Requirements

1. 1 or more adults in the family who will own the home must be employed on a full-time basis and have been continuously employed on a full-time basis for at least one year before the commencement of homeownership assistance (except in the case of elderly and disabled families).
2. Eligible households must demonstrate a monthly gross income sufficient to meet homeownership and other family expenses.
3. Qualified annual income of the adult family members who will own the home must not be less than the Federal minimum hourly wage multiplied by 2,000 hours ( $\$7.25 \times 2,000 = \$14,500$ ).
4. For disabled families, the qualified annual income of the adult family members who will own the home must not be less than the monthly Federal Supplemental Security Income (SSI) benefit for an individual living alone multiplied by 12 ( $\$674 \times 12 = \$8088$ ).
5. Public assistance cannot be counted when qualifying for the minimum income requirement.

If you are interested in the Homeownership Program and believe you qualify for a home according to the above guidelines, we encourage you to fill out and return an application. If you have any questions please call Nicole Cunningham at (507) 345-1977 or via email at [nicolec@hickorytech.net](mailto:nicolec@hickorytech.net).

Sincerely,

Nicole Cunningham  
Family Self-Sufficiency/Homeownership Associate





**South Central Minnesota Multi-County H.R.A.  
(SCMMCHRA)  
Homeownership Program  
Information Assessment**

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**Personal Information**

**APPLICANT'S NAME:** \_\_\_\_\_

Phone Number:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apt # City State Zip*

How long have you lived at the above address? \_\_\_\_\_ If less than two years, list previous address:

Address: \_\_\_\_\_  
*Street Address Apt # City State Zip*

**CO-APPLICANT'S NAME:** \_\_\_\_\_

Phone Number:

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apt # City State Zip*

How long have you lived at the above address? \_\_\_\_\_ If less than two years, list previous address:

Address: \_\_\_\_\_  
*Street Address Apt # City State Zip*

**Household Information**

List below the names of all people living in the applicant's home, including the applicant.

Name	Age	Relationship to Applicant
		(Applicant)

**Present Housing Situation**

The applicant's present housing: \_\_\_\_\_ Apartment    \_\_\_\_\_ Mobile Home    \_\_\_\_\_ House  
 \_\_\_\_\_ Other (Please describe: \_\_\_\_\_)

Circle the number of bedrooms: 1    2    3    4    5

Other rooms: \_\_\_\_\_ Kitchen    \_\_\_\_\_ Bathroom    \_\_\_\_\_ Living room    \_\_\_\_\_ Dining room

Other (please describe): \_\_\_\_\_

Are you in good standing with your landlord? \_\_\_\_\_ This means that you have paid your rent on time and have not caused damage to your unit beyond normal wear and tear. *I understand that the SCMMCHRA will be contacting my landlord for verification.*

**Applicant Employment History**

Current Employment Status: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired

*List name, address and phone number of the last three employers of applicant*

Company/Supervisor	Monthly Income	Phone Number	Dates of Employment

**Co-Applicant Employment History**

Current Employment Status: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired

*List name, address and phone number of the last three employers of applicant*

Company/Supervisor	Monthly Income	Phone Number	Dates of Employment

**Financial Information**

*List the value of the assets owned by the applicant AND Co-Applicant*

Checking account balance \$ \_\_\_\_\_ Savings account balance \$ \_\_\_\_\_

Stocks, Bonds,IRA's balance \$ \_\_\_\_\_

Car \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Value \_\_\_\_\_

Car \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Value \_\_\_\_\_

List any major appliances you own: \_\_\_\_\_

Other Assets: \_\_\_\_\_

**Applicant Credit Information**

To whom does the applicant or co-applicant owe money (Include car loans and credit cards)

Company or Person	Purpose of Loan	Number of Payments Remaining	Present Balance	Monthly Payment
			\$	\$
			\$	\$
			\$	\$
		<b>TOTAL:</b>	\$	\$

List other information that will help the Homeownership Program staff better understand your debt load (Uninsured medical expenses, temporary unemployment, etc.). Feel free to use additional paper for this question.

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**Declarations**

Please check the box that best answers the following questions for both the applicant and the co-applicant.

	<b>Applicant</b>	<b>Co-Applicant</b>
1. Do you have any debt because of a court decision against you?	___ Yes ___ No	___ Yes ___ No
2. Have you been declared bankrupt within the past 7 years?	___ Yes ___ No	___ Yes ___ No
3. Have you had property foreclosed on in the last 7 years?	___ Yes ___ No	___ Yes ___ No
4. Are you currently involved in a lawsuit?	___ Yes ___ No	___ Yes ___ No
5. Are you paying alimony or child support?	___ Yes ___ No	___ Yes ___ No
6. Are you a US citizen or permanent resident?	___ Yes ___ No	___ Yes ___ No

Answering "Yes" to these does not automatically disqualify you. If you answered "Yes" to any questions, however, please explain on a separate piece of paper.

**Monthly Income and Expenses**

**MONTHLY INCOME:** If your income varies from month to month, take your annual income as reflected on your tax returns and divide by 12.

Applicant's Monthly Income	\$ _____
Co-Applicant's Monthly Income	\$ _____
Additional Sources of Monthly Income	
AFDC	\$ _____
Section 8 Housing	\$ _____
Food Stamp	\$ _____
Child Support	\$ _____
Energy Assistance	\$ _____
Disability and Social Security (S.S.I.)	\$ _____
W.I.C.	\$ _____
Other Monthly Income (Please list source)	
_____	\$ _____
_____	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>

**MONTHLY EXPENSES:** How much does your family spend on each item below in a MONTH? Where expenses may vary, give an average.

Housing (Including rent & Section 8)	\$ _____
Utilities (Electricity, T.V., Phone, Water, etc.)	\$ _____
Child Care	\$ _____
Child Support (That YOU pay)	\$ _____
Car Insurance	\$ _____
Home/Renters Insurance	\$ _____
Medical Insurance	\$ _____
Food (Including school lunches)	\$ _____
Clothing (Including diapers)	\$ _____
Transportation (Gas, Oil, Maintenance, etc.)	\$ _____
Loans (Car payments, Credit cards, etc.)	\$ _____
Other Monthly Expenses	
_____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>

**Applicant History**

Has anyone in your family owned a home in the last three years? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has anyone in the household defaulted on a mortgage? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has anyone in your household ever participated in the homeownership classes offered (i.e. Home Stretch or 1<sup>st</sup> Home)? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Have any household members over the age of 16 ever been convicted of a felony? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has anyone in your household ever received Section 8 or Public Housing from any other Housing authority? \_\_\_\_\_

If yes, where:

\_\_\_\_\_  
\_\_\_\_\_

**I understand that as a result of this application for homeownership assistance, the SCMMCHRA will be checking into information to determine if I am eligible for homeownership. This may include but is not limited to credit checks, criminal background, rental history and/or previous homeownership history.**

**I also give permission for the SCMMCHRA to obtain information necessary to verify any and all information related to this homeownership application.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date