



creating homeowners
building community

Main Office:
533 Dale Street North
Saint Paul, MN 55103

Minneapolis Office:
1930 Glenwood Avenue
Minneapolis, MN 55405

P: 651-292-8710
F: 651-292-0473
nwhomepartners.org

Authorization for Release of Personal Information and Release of Customer Information / Permission To Discuss

Applicant Name(s): _____

Address: _____

Phone(s): _____

Email(s): _____

I am applying for a mortgage/program with:

Company name: _____

Representative name: _____

Phone: _____ Email: _____

I hereby authorize the company and representative named above, as well as their agents or assigns, to supply and receive information to/from Community Neighborhood Housing Services dba NeighborWorks Home Partners (NWHP) and their staff, including information about my income, assets, credit and property information. This information includes, but is not limited to, bank statements, employment, income, outstanding debts and other financial information. I also authorize reproduction of any financial records or information in their possession.

I understand that information in this application may be shared with any of NWHP's funding sources for the purpose of meeting funding compliance.

It is understood that a photocopy of this form will also serve as authorization.

Signature(s):

Signature: _____

Date: _____

Print Name : _____

Signature: _____

Date: _____

Print Name: _____

Community Neighborhood Housing Services, dba NeighborWorks Home Partners NMLSR# 363923
Marie Malrick, Lending Advisor NMLS #583291
533 Dale St. N, St. Paul, MN 55103
Main: 651-292-8710



Borrower's Certification & Authorization

Certification

The undersigned certify the following:

1. I/We have applied for a loan from **Community Neighborhood Housing Services, dba NeighborWorks Home Partners (NWHP)**.

In applying for the loan, I/we completed a loan application containing various information including the purposes of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application with the employer and/or other documents, nor did I/we omit any pertinent information.

2. I/We understand and agree that **NWHP, NeighborWorks America (NWA), and/or Northside Residents Redevelopment Council (NRRC)** reserves the right to change the loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014.

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a loan from **NWHP**. As part of the application process, **NWHP and/or NWA and/or NRRC** may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We understand and agree that **NWHP and/or NWA and/or NRRC** reserves the right to change the loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. **NWHP and/or NWA and/or NRRC** or any investor that purchases the loan may address this authorization to any party names in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to **NWHP and/or NWA and/or NRRC**, loan servicer, or mortgagee of the loan is appreciated.

Signature _____

Signature _____

Name (print) _____ Date _____

Name (print) _____ Date _____

Last 4 digits of social security number: _____

Last 4 digits of social security number: _____



NWHOMEPARTNERS.ORG/NRRC

651-292-8710

Consent to Share Information

I/We authorize representatives from NeighborWorks Home Partners, where I/we have requested assistance under the NRRC, Neighborhood Housing Services of Minneapolis Program to supply and receive information to/from NeighborWorks Home Partners, NRRC, Neighborhood Housing Services of Minneapolis Program, and NeighborWorks® America. I/We understand that information in this request may be shared with any of our funding sources for the purpose of meeting funding compliance.

I/We understand that the completion of this request for funding does not guarantee my/our eligibility for the program.

I/We release all representatives of NeighborWorks Home Partners, NRRC, Neighborhood Housing Services of Minneapolis Program, and NeighborWorks® America from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my/our request to participate.

Confidentiality: In order to process this request, NeighborWorks Home Partners may supply and receive information as detailed above. Information may also be released to comply with the auditing requirements of program funding sources. All personal and identifying information related to this request other than the outlined information above remains fully confidential.

Release: I/We hereby give NeighborWorks Home Partners (including, but not limited to NRRC, Neighborhood Housing Services of Minneapolis Program, and NeighborWorks® America permission to use photographs of myself/ourselves and/or my/our house in any medium (electronic or otherwise) to tell my/our story and/or advocate on my/our behalf to potential donors to support my/our needs and the needs of the community.

Borrower Signature

Date

Co-Borrower Signature

Date



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Household Composition Declaration

Full Name	Relationship	Date of Birth	Working (Yes/No)	Legally Married (Yes/No)

I/We acknowledge that I/we have requested down payment assistance funds through the NeighborWorks Home Partners (NWHP). I/We further understand that approval is subject to the truthfulness and accuracy of the documentation and information provided. I/We certify that all supporting documentation and information submitted in connection with my/our application for **NRRC: Northside Neighborhood Residence Redevelopment Counsel Down Payment Assistance** from NWHP is true and correct as of this date. I/We also understand that any intentional or negligent misrepresentation contained in my/our application may result in civil liability and/or criminal penalties for any loss that may be incurred by NWHP due to its reliance upon such documentation or information that I/we have provided.

Borrower's Signature

Date

Co-Borrower's Signature

Date



NWHOMEPARTNERS.ORG/NRRC 651-292-8710

NRRC DOWN PAYMENT ASSISTANCE INTAKE FORM

Borrower Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: (____) _____ - _____ Cell: (____) _____ - _____

Work: (____) _____ - _____ Best time to reach you / preferred form of contact: _____

Email address: _____ Date of Birth: _____

Co-Borrower Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: (____) _____ - _____ Cell: (____) _____ - _____

Work: (____) _____ - _____ Best time to reach you / preferred form of contact: _____

Email address: _____ Date of Birth: _____

What is the total number of people living in your household, including yourself and co-borrower? _____

Are any of the borrowers currently or formerly in the military? Yes No

PROPERTY INFORMATION:

Address: _____

City: _____ MN Zip: _____

Building Type: Single Family Tri-plex Townhome Condominium
 Duplex Four-plex Twin home

Purchase Price \$ _____ Is this property an REO property? Yes No

LOAN INFORMATION:

Lender Company Name: _____ Loan Officer Name: _____

Loan Officer Email: _____ Loan Officer Phone: _____

Loan Type: _____ Pre-Approval Amount: _____

REALTOR INFORMATION:

Name: _____ Company: _____

Email: _____ Phone: _____

HOMEBUYER EDUCATION:

8-hour Homebuyer Education course completed? Yes No If Yes, date completed: _____

Framework online education completed? Yes No If Yes, date completed: _____

If Framework, additional 1-hour in-person provider: _____ Date completed: _____

Homebuyer education provider: _____

DEMOGRAPHIC INFORMATION

The following information is requested for all Clients by the federal government for certain types of loans related to a dwelling in order to monitor the lender’s compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check:

Borrower Full Name: _____

Sex: Male Female **Ethnicity:** Hispanic or Latino Not Hispanic or Latino

Race (select 1 or more): White Asian Black or African American
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

Co-Borrower Full Name: _____

Sex: Male Female **Ethnicity:** Hispanic or Latino Not Hispanic or Latino

Race (select 1 or more): White Asian Black or African American
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

HOW DID YOU HEAR ABOUT US? (We want to know who to thank for sending you!)

- Previous client / Word of mouth (who?) _____
- Newspaper (please specify) _____
- Other organization (which one?) _____
- Flyer (where did you see it?) _____
- Web search / internet (source?) _____



NeighborWorks Home Partners does not discriminate on the basis of race, color, creed, national origin, sex, religion, marital status, status with regard to public assistance, disability, familial status, or sexual or affectional orientation in the provision of services.

I/We certify that the statements contained in this Intake Form are true, accurate and complete to the best of my/our knowledge and belief.

Borrower Signature _____

Co-Borrower Signature _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____



Notice to Homeowner of Refinance Counseling Requirements

Under Minnesota law, the loan that you are receiving is considered a "Special Mortgage" under the terms of Minnesota Statute § 58.13. It is possible that your loan may be qualified for subordination as part of the refinance of a primary loan; however, prior to a refinance, you, the owner, must receive counseling regarding the refinance transaction. Proof of the completion of counseling will be required prior to the approval of subordination.

Refinance counseling is available through organizations that are part of the Minnesota Home Ownership Center network. The attached Refinance Counseling Overview provides information regarding why counseling is required and what information is necessary in order to receive the counseling. The Minnesota Home Ownership Center can be reached at 651-659-9336 or online at www.hocmn.org.

By signing this disclosure you are acknowledging that you have been provided with notice of the counseling requirements and a copy of the Refinance Counseling Overview from the Minnesota Home Ownership Center.

I have read and understand the above information regarding refinance counseling.

Name (print): _____ Name (print): _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Name (print): _____ Name (print): _____

Signature: _____ Date: _____ Signature: _____ Date: _____



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THIS FORM MUST BE SIGNED AND RETURNED WITH YOUR APPLICATION

DATA PRIVACY ACT

In accordance with Minnesota Government Data Practices Act, Community Neighborhood Housing Services dba NeighborWorks Home Partners (NWHP) is required to inform you of your rights regarding the private data collected from you.

Private data, collected from you or from other organizations authorized by you, is used to determine your eligibility for programs administered by NWHP. The use of private data we collect is limited to that necessary for administering programs and providing our services

You may refuse to provide the requested information. If you do not provide the requested information, you may not be eligible for specific loans, grants or services.

Unless authorized by state or federal law, other government agencies using the reported private data must also treat the information as private. You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

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

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

Name (print): _____ Name (print): _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Name (print): _____ Name (print): _____

Signature: _____ Date: _____ Signature: _____ Date: _____