



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

## Woodbury First Time Homebuyer Borrower Documents and First Mortgage Lender Required Documents and Stacking Order

Borrower's Name:

Co-Borrower's Name:

Closing Date:

Date of 1<sup>st</sup> Lender Document Submission:

**Please collect the following documents from your borrower and their household members and send via secure email to [downpayment@nwhomepartners.org](mailto:downpayment@nwhomepartners.org).**

### Property Information, Pre-Approval Letter & Homebuyer Education

**Course Documentation:** *\*\*Please advise if you are applying for a preapproval*

- All pages of fully executed purchase agreement - signed by both the borrower(s) and the seller(s)
- Pre-approval letter from 1<sup>st</sup> Mortgage Lender – includes name, email, and phone number for loan officer, property address and estimated loan amount.
- Copy of "Certificate of Completion" for approved 8 hour Homebuyer Education Course or Framework Online Homebuyer Education (if completed). Customers purchase a 2-4 unit building will need to also complete landlord education. Education must be completed prior to closing –see approved provider lists on our website – <https://nwhomepartners.org/reinvest-approved-hbe/>

### For *each* household member, upload:

- copy of driver's license or government-issued picture ID
- 2 months of personal bank statements, including all pages, for all checking, savings and money market accounts (most recent statement should be no more than 30 days old)
- copies of federal tax returns, for the most recent three years
- copies of all w-2s and 1099s received, for the most recent two years
- For all jobs worked, one month of most recent and consecutive paystubs, with year-to-date information, for all jobs worked by each borrower (most recent paystub should be no more than 30 days old)
- For income such as Social Security, retirement pension, etc., send copy of most recent award letter, stating amount received and frequency
- For child support/ alimony, send copy of divorce/court decree stating amount and frequency of payments
- For self-employed borrower(s), send all pages of most two years' federal tax returns and current year-to-date Profit & Loss statement (the statement should reflect current years' income within past 30 days and must be signed/ dated by borrower)
- If receiving unemployment income on a consistent or annual basis, send proof of unemployment income received

**Signed By All Borrowers Loan Disclosure Documentation: (found under the "My Documents" tab in your online account)**

- Woodbury Down Payment Assistance Intake Form
- Authorization to Release Information
- Household Composition
- Consent to Share
- Borrowers Certification and Authorization
- Data Privacy Act
- Subordination Policy
- Notice To Homeowner
- \$25 Application fee has been sent to NWHP

**Lender Stacking Order and First Mortgage Lender Required Documents**

- A copy of this stacking order indicating the documents included in submission package
- Verification of Earnest Money
- NWHP listed as loss payee on Homeowners Insurance:

***City of Woodbury HRA***  
*8301 Valley Creek Road*  
*Woodbury, MN 55125*  
***651-714-3533***

- 1<sup>st</sup> Mortgage Lender's approval/Commitment Letter
- Copy of Appraisal - (pages 1-4)
- 1008 Underwriting Transmittal Summary/equivalent FHA Transmittal Summary, VA Loan Analysis etc.
- For FHA 203(k) – Maximum Mortgage Worksheet (Form 2700) if applicable
- 1<sup>st</sup> Mortgage Lender final 1003 Uniform Residential Loan Application
- Additional Eligible Down Payment Assistance Programs: First Mortgage Lender must notify NWHP
- Credit Report

when the First Mortgage Lender anticipates layering of Program funds with other down payment assistance subordinate financing. **NOTE: All forms of down payment assistance including City of Woodbury funds should be listed by program name on the lender's closing disclosure.**

- Settlement Agent Contact Information:
  - Settlement Agent Company Name:
  - Settlement Agent Point of Contact:
  - Settlement Age-Telephone Number:
  - Settlement Agent Email Address:
- First Mortgage Lender Contact Information:
  - Lender Company Name:
  - Lender Point of Contact:
  - Lender Telephone Number
  - Lender Email Address:

**Please contact our lending team with any questions – 651-348-5085, [downpayment@nwhomepartners.org](mailto:downpayment@nwhomepartners.org)**



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## CITY OF WOODBURY 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

Has the borrower or co-borrower owned any other real estate in the last three years?  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:** \_\_\_\_\_



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## 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



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## Borrower's Certification & Authorization

### Certification

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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 and/or NeighborWorks America (NWA)** 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

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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** 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** 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** 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**, 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: \_\_\_\_\_



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## Consent to Share Information

I/We authorize representatives from NeighborWorks Home Partners to supply and receive information to/from NeighborWorks Home Partners 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, 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 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

Please list all persons who are planning to live at the subject property, INCLUDING the information of all applicants.

Full Name	Relationship	Date of Birth	Working (Yes/No)	Legally Married (Yes/No)
Sample: Jane Doe	Self	January 1st 2000	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 **City of Woodbury: Homeownership 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





## 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](http://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: \_\_\_\_\_



## City of Woodbury Housing and Redevelopment Authority SUBORDINATION POLICY

In the event that a borrower refinances their superior mortgage debt, the HRA will agree to subordinate its loan(s) only upon the conditions listed below.

### I. Allowance of Subordination

The HRA will allow its loans to be subordinated if:

1. The borrower is refinancing an existing and superior mortgage debt for the sole purpose of reducing the interest rate on said superior debt. In this case the borrower shall not receive cash back as part of the transaction (with the exception of the amount needed to pay closing fees); or
2. The borrower is refinancing an existing superior mortgage debt for the purpose of reinvesting in their property new capital improvements that will increase the value of the property to the level of the cost of the improvement. In this case the borrower shall be allowed to receive cash back as part of the transaction as long as the combined loan to value (CLTV) consists of the proposed financing plus the current balances due on all liens against the property not exceeding 110 percent. A copy of the construction contract for the improvement will be supplied to the City.

### II. Miscellaneous Underwriting Requirements

In addition to the policy requirements set forth in Section 1 above, for the HRA to allow its loan to be subordinated, the following requirements must be met:

1. Loan payments to the HRA must be current and shall have been timely made within the past 12 months;
2. There shall be no delinquent property taxes on the parcel secured by the HRA loan;
3. The borrower shall not have filed for bankruptcy after receiving the HRA's loans;
4. The subordination will be to the first mortgage only.

### III. Fees

The HRA shall not charge a fee to allow eligible borrowers to subordinate an HRA loan. Any fees or costs incurred in the subordination process must either be borne by the borrower or rolled into the new first mortgage financing.

### IV. Authority to Subordinate

If the policy requirements set forth above are met, any one of the following HRA officers shall be allowed to sign a subordination agreement as approved to form by the City Attorney's Office: HRA Chair; HRA Vice Chair; HRA Secretary; HRA Executive Director; HRA Clerk; HRA Treasurer.

### V. Interpretation

Any questions of interpretation of this policy shall be decided by the HRA Executive Director.

*I certify that I have read and understand this subordination policy.*

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date