

TWIN CITIES DEVELOPMENT

Rural Workforce Housing Fund (RWHF) Loan Application

Date: _____

Nature of Business Individual Business Business Taxpayer ID _____

Type of Business Corporation Partnership Sole-proprietorship LLC Other _____

If applicable – list stockholders, partners, or members with more than 25% interest in project _____

Authorization Resolution dated: _____ Submitted On file To be provided

Year Business Began: _____ Fiscal Year End Date _____

Applicant			Co-applicant		
Name			Name		
Address			Address		
City/State/Zip			City/State/Zip		
Telephone #			Telephone #		
Social Security #			Social Security #		
Date of Birth	Marital Status		Date of Birth	Marital Status	
Dr License #			Dr License #		
E-mail Address			E-mail Address		

Applicant Co-applicant

Yes / No Yes / No

- / / 1. In the last 7 years, have you had any unsatisfied judgments? Have you declared bankruptcy in the last 10 years?
- / / 2. In the last 7 years, have you had property foreclosed or given in title or deed in lieu thereof?
- / / 3. Are you a co-maker, guarantor, or endorser on a note? If yes, what amount? \$ _____
- / / 4. Are you a partner/stockholder/LLC member? If yes, co-name(s): _____
- / / 5. Are you a party in a lawsuit?
- / / 6. Are you obligated to pay alimony, child support, or separate maintenance? \$ _____
- / / 7. At the present time, are you uninsured for health or major medical coverage?
- / / 8. At the present time, are you uninsured for general liability?

If a "yes" answer is given to a question as a reply for either the applicant or co-applicant, explain on an attached sheet.

Loan Type

Amount Requested \$ _____

Purpose of Loan Single Family Rehab Property Rental Units _____ # of Units

Collateral Offered _____

Notice – Joint Credit

Check One

- We intend to apply for joint credit (Signature below)
- I am applying for credit in my name only and am relying on my income / assets in my name only for repayment of this loan

Applicant Name _____ Signature _____ Date _____

Co-app Name _____ Signature _____ Date _____

Project Property Information

Property/Legal Address _____

Do you have a current Title Policy or Title Commitment on this property? Yes No If yes, attach copy.

If no, we may order a Title Search or Lender's Title Policy on the property to determine the property's Title status and charge you out of loan proceeds. We will give you a copy of any report or policy, if requested. You may pay for an additional searches or policies for your own use at your own cost.

Applicant Name _____ Signature _____ Date _____

Co-app Name _____ Signature _____ Date _____

APPLICANT _____

CO-APPLICANT _____

IMPORTANT APPLICANT INFORMATION: We must obtain sufficient information to verify your identity. You may be asked several questions and be asked to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

EQUAL CREDIT OPPORTUNITY NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this lay concerning this creditor is: **FEDERAL RESERVE, CONSUMER HELP CENTER, PO BOX 1200, MINNEAPOLIS, MN 55480**

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

This Authorization is given in connection with the undersigned’s dealings with Twin Cities Development Association, Inc.

I/we authorize Twin Cities Development Association, Inc. (TCD) to make credit checks or inquiries concerning my /our credit worthiness, credit standing, and general reputation. Creditors, credit and employment references, and others are hereby authorized to disclose any information relative to any of my/our loans accounts, purchases, other financial transactions, production or marketing information, other pertinent information, whether past, present, or future. TCD is authorized to share with reporting agencies, creditors, and others information regarding extensions of credit to me/us and my/our general credit history. Photocopies of this authorization may be presented to and relied upon as evidence of my/our authorization to release information to Twin Cities Development Association, Inc.

APPLICANT

CO-APPLICANT

Name _____

Name _____

Signature _____

Signature _____

Title

Title

Date _____

Date _____

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Applicant Financial Statement – RWHF Loan Program

NOTE: An existing Personal Financial Statement from your bank that is current within six (6) months can be submitted in lieu of this form

This financial statement is being made for the purpose of disclosing financial information to the party named above to obtain a loan under the Rural Workforce Housing Fund program.

Entity Type: Individual I am applying for individual credit in my own name

I am applying for joint credit with another person

Corporation S-Corp C-Corp

LLC

Partnership

Trust

Applicant Financial Information

Name _____

Address _____

Phone: Home/Cell _____ Work _____

Email _____

Co-Applicant Financial Information

Name _____

Address _____

Phone: Home/Cell _____ Work _____

Email _____

Section 1 Balance Sheet			
Assets	Value	Liabilities	Value
Cash on hand	\$	Unpaid Taxes	\$
Cash in bank	\$	Loans Payable to Financial Institutions	\$
Debt owed to Applicant	\$	Other Loans	\$
Retirement Accounts	\$	Credit Cards	\$
Motor Vehicles	\$	Amount Owing on Motor Vehicle	\$
Real Estate	\$	Amount Owing on Real Estate	\$
Investments	\$	Other Liabilities	\$
Cash Value of Life Insurance	\$		
Other Assets	\$		
Total Assets	\$	Total Liabilities	\$
		Net Worth	\$

Section 2 Annual Income/Contingent Liabilities			
Annual Income	Value	Contingent Liabilities	Value
Salary	\$	Endorser/Guarantor on Another Loan	\$
Commissions / Bonuses	\$	Legal Claims	\$
Real Estate Income	\$	Other Contingent Liabilities	\$
Investments	\$		
Other Income	\$		
Total	\$	Total	\$

Cash & Cash Equivalents			
Account Type	Account Number	Institution	Amount
		Total	\$

Titled Vehicles, Machinery, & Equipment (Attach additional sheet if needed)				Term Debt					
Year	Make	Model	Value	Financial Institution	Loan Balance	Loan Maturity	Interest Rate	Payment Frequency	Payment Amount
Total			\$	Total	\$	Total			\$

The applicant(s) certifies that all the information provided in this statement is true and accurate as of the date indicated below. The applicant(s) authorizes Twin Cities Development Association (TCD) to make any inquiries that is deemed necessary to verify the information in this financial statement. The applicant(s) understands that TCD is relying on this statement of financial condition in deciding to award loan funds. The applicant(s) agrees that if any material changes occur in their financial condition, they will immediately notify TCD of the changes and unless notified, TCD may continue to rely on the provided information as a true and accurate statement of their financial condition. The applicant(s) understands that state and federal laws make it unlawful to make false statements for the purpose of influencing the decisions of TCD and the RWHF loan committee.

Applicant

Co-Applicant

Signature

Signature

Printed Name

Printed Name

Date

Date