

**CITY OF WINONA
EMERGENCY ASSISTANCE
HOUSING LOAN FUND**

Name(s): _____

Address: _____

Telephone: _____

Date of birth(s): _____

Demographic: Disabled (Y or N) Female Head of Household (Y or N) Age(s): _____

Race(s): _____

Household size: _____ **Names of Household Members:** _____

Type of repair/emergency: _____

1. Gross Annual Income _____
(If income is at or below 50% of median income as adjusted for household size a deferred loan is made if not, complete the questions below)
2. Monthly Income _____
3. 30% of Gross Monthly Income _____
4. Housing Costs
House Payment _____
Taxes _____
Utilities _____
Property Insurance _____
TOTAL _____
5. Subtract Line 3 from Line 4
(If less than \$25 deferred loan) _____
6. Number of Residents/Dependents
(Including Head of Households _____ x \$200) _____
7. 30% of Gross Monthly Income Less Dependents and Housing
(If less than \$100 deferred loan) _____
8. Amortize Line 5--3 Years at 3% _____

I/we certify that all statements on this pre-application are true and correct to the best of my/our knowledge.
I/we understand that any intentional misstatements will be grounds for disqualification.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

DATA PRIVACY STATEMENT

All information you provide about you and your household is considered private data as defined by the Minnesota Government Data Practices Act.

The information collected from you or from other agencies or individuals (authorized by you) is used to determine your eligibility for the rehabilitation program. You are not required to provide information however the information is vital to determine the extent our programs may assist you. All information is required to determine your eligibility for participation in our program or required by the State or Federal agency funding your loan.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom the information may be shared include:

1. Staff who are involved in program administration.
2. Auditors who perform required audits.
3. Authorized officials from State and Federal Agencies who provide funding.
4. Persons you authorize to see the information/
5. Law Enforcement personnel in the case of suspected fraud.

Unless otherwise authorized by State statute or Federal law, other government agencies using the private data must also treat it as private. You may wish to exercise your rights as contained in the Minnesota Government Practices Act. The rights include:

1. Right to see and obtain copies of the data maintained on you.
2. Be told the contents and meaning of the data.
3. Challenge the accuracy and completeness of the data.

To the best of my knowledge, the information on this application is accurate and true. I give my permission to the City of Winona to verify my eligibility and to share the necessary private data with those who need to know it or are required to know it. I understand I will be prosecuted for fraud and perjury under Minnesota Statutes if I knowingly provide false information.

I may appeal for a review of my application if assistance is denied.

Applicants Signature: _____ **Date:** _____

Co-Applicants Signature: _____ **Date:** _____

Please provide the following documents if applicable to enable the calculation of eligibility for Emergency Assistance.

Wages, Pensions, Annuities, etc:

Four (4) Consecutive Pay-Stubs

Overtime, Commissions, Tips, etc:

Part-Time Employment:

Self-Employment:

Rental

Social Security

Public Assistance

Child Support

Alimony

Disability

Unemployment

Retirement

Worker's Compensation, etc.

Recent Federal and State Income Tax Filing

Recent Month's End Bank Statement(s)

Copy of House Mortgage payment

Property Tax Statement

Xcel Energy Invoice

Other Heating Invoice (i.e. fuel oil)