



Communities • Businesses • Solutions

**Development Services Inc.**

402 North Harold • P.O. Box 48

Ivanhoe, MN 56142

(507) 694-1552

[www.dsi-services.com](http://www.dsi-services.com)

## City of Cokato SCDP Owner-Occupied Rehabilitation Grant Funding

Dear Cokato, Resident,

As you may have heard, the City of Cokato has been awarded a Small Cities Development Program (SCDP) grant for owner-occupied properties from the Minnesota Department of Employment and Economic Development (DEED).

With the SCDP program, the City of Cokato can offer up to \$25,000 per home, in grants & low-interest loans, to eligible homeowners for housing rehab projects, including replacement of siding and shingles, plumbing, and electrical improvements, energy-efficient windows, doors, furnace, water heater, handicap-accessibility improvements, and removing lead paint or pipes.

Based on our available information, we understand you are a homeowner interested in receiving owner-occupied rehabilitation grant funding. If at any time you are no longer interested in the program, please call us at the phone number provided below so we can remove you from the mailing list. If you are an interested homeowner, please follow the below directions.

- Complete and sign the enclosed Homeowner Rehabilitation SCDP Application.
- Provide all applicable documents described on the enclosed checklist and return the completed packet to our office **as soon as possible**.

Funds are first come, first served, so we cannot guarantee that the appropriate funds for your potential project will always be available.

If you have any questions or need assistance filling out this information, please do not hesitate to contact me at (507) 694-1552 or by email at [christy@dsi-services.com](mailto:christy@dsi-services.com).

Respectively,

*Christy Lundberg*

Items can be mailed or e-mailed to:

Christy Lundberg

Development Services, Inc.

402 N. Harold Street - PO Box 48

Ivanhoe, MN 56142

Ph: 507-694-1552

Cell: 507-530-1090

Email: [christy@dsi-services.com](mailto:christy@dsi-services.com)



## Small Cities Development Program Fact Sheet

### *Owner-Occupied Housing Rehabilitation Program*

#### Eligibility Requirements:

- **Ownership** - The applicant must own or be purchasing a property within the designated city. Contract for Deeds and Life Estates may or may not qualify depending on if all owners agree to the repayment agreement. **Single-wide Mobile Homes, Reverse Mortgages, Trusts, and Minnesota Urban and Rural Homesteading Program (MURAL) homes are not eligible.** SCDP funds cannot be used for these types of properties or to rehabilitate any residential structure that is within a 100-year flood plain.
- **Occupancy** – The owner occupies the home to be improved as their primary residence. The owner must have owned and resided in the property for at least 6 months before the work starts.
- **Eligible Repairs** - Repairs that are permanent and necessary are eligible. Examples include roofing, foundations, siding, heating units, electrical, plumbing, and other health and safety items. Additions are not allowed.
- **Real Estate Taxes** – The owner must be current with property taxes.
- **Insurance** – The owner must have property insurance for the loan’s full term.
- **Income** – Eligibility for the housing repair program is based on household size and income with guidelines set annually by HUD. To be eligible for housing repairs, your gross household income (before taxes) must be below the limits set by HUD for your County.
- **Average Loan** - The maximum Housing Repair assistance is \$25,000, offered through a mix of “Deferred” and “Repayable” loans. The program allows for two funding levels based on the household’s income eligibility.

**\*\*Tier 1 Financing** – The Deferred Loans are 100% forgiven after 10 years, provided the homeowner resides in the home for 10 consecutive years. The balance is reduced by 10% each year that the homeowner lives in the home. If the homeowner moves, the balance is paid to the city. An example would be if a recipient moved after 6 years, the balance of 40% of the deferred amount would be repaid to the city.

**\*\*Tier 2 Financing** – 70% of the housing repair cost is a Deferred Loan paid from the grant, with the same details as the 100% financing in Tier 1, stated above. 30% of the housing repair cost is structured as a Repayable Loan repaid to the city. The repayable loan will be amortized at 2% interest with a flexible term to accommodate household affordability with a minimum payment of \$50 and a 10-year maximum term.

**Housing Repair Process:** The program will follow the guidelines as set forth below.

- **Application** – The applicant will need to complete a full application for the program that requires proof of property ownership, verification of income, and other eligibility requirements.
- **Application Ranking** – All applications submitted that are complete, signed, and accurate; all the requested supporting documents must be included, and each application will be ranked as per the date they arrive. Households that participated in the survey process and requested to be on the waiting list will have the first chance to apply for the funds. After 30 days, the applications will open up to targeted areas. DSI will review applicants for verification of eligibility based on the ranking system. All households will be served on a first-come, first-served basis.
- **Property Inspection** – DSI will inspect the property, identify any housing problems, and work with the applicant to determine what repairs should be done. **LEAD RULES AND REGULATIONS DO APPLY.**
- **Work Write-Up** - The DSI Housing Inspector will develop specifications on the work to be completed and how the work should be done. The homeowner will select the contractor from a list of DSI-approved contractors they would like to bid on their project, and bid packets will be distributed to these contractors.
- **Bid Awards** – DSI will meet with the owner and review the bids after receipt of bids from the contractor. The owner will then accept or reject the bids which have been submitted.
- **Repayment Agreement** - The owner shall enter into a repayment agreement with the City to accept the conditions of the loan. The repayment agreement will be filed at the County Recorder's Office.
- **Proceed to Work** - The DSI inspector will notify the contractor by letter that work may begin at the owner's property. The contractor will be required to secure any necessary building permits.
- **Payments** - Payments to contractors can be made on a full or partial basis as each contractor's work has been completed. To receive payment, the contractor must submit a lien waiver, a billing statement, and a signed completion certificate (all furnished). To make payment, the DSI housing inspector must inspect the property, and the homeowner must give signed permission to pay the contractor.
- **Project Completion** – A final inspection and lead clearance assessment will be done upon completion of the rehab, and then the project will be closed.

**Timeline:**

- The timeline to complete projects usually is 30 months, depending on the project size and scope.

**Resources:**

- **DEED Small Cities Development Program**



## Required Documentation Checklist For Owner-Occupied Housing Rehabilitation Applications

Please check the box to the left of the form to confirm that you have completed the following:

### Application Form:

- Circle your home on the attached map and submit it with your application (if included in the application packet).
- I understand: To be eligible for grant funds, Homeowners must live in the home more than 50% of the year.
- Small Cities Development Completed Program Application.
- If you have a child or another resident 18 years or older residing in the home, they must sign the application form.
- Completed and Signed Conflict of Interest Form – Included in the application packet.
- Completed and Signed Renovate Right Brochure Sign-Off Form – Included in the application packet.
- Completed and Signed SCDP application.

### Property Information:

- A copy of your recorded Warranty Deed (**NOT** the abstract). To request a copy, contact your County Recorder's Office.
  - If a contract for deed, a copy of the contract and an Attorney's Opinion Letter. The letter needs to state the restrictions on repairs and improvements done to the house, then say the procedures required to be done before starting the project.
- A copy of your current Property Liability homeowner's insurance policy (**Declaration page only**). To request a copy, contact your insurance agent.
- A copy of your current year's Real Estate tax statement.
- A picture of the 4 outside walls of your home. Please send the picture with your application or submit it via e-mail to [christy@dsi-services.com](mailto:christy@dsi-services.com).

### Income Information:

- If you have income from any sources such as: (Refer to section "D" of the application to clarify all other income sources).
  - Salaries, Wages, commissions, bonuses, tips, and overtime pay.
  - Social Security (**current year's** Social Security Benefit letter is needed). Check stubs and bank statements will **NOT** work.
  - Pension, annuities, PERA, RR retirement, etc. You must include a letter/statement from the agency(s) where your income is being received, which indicates the amount of your yearly distribution. Check stubs and bank statements will **NOT** work.
  - Statement from the county for any Child Support, MFIP, GA, rental, utility allowances, etc., received for the past 12 months.
- Copies of the most recent **4 consecutive pay stubs that show your gross earnings** are required from all residents 18 years of age and older employed over the past 12 months.
- Copies of the most recent **two years** of Federal income tax returns, including 1040 Forms, W2s, 1099's, and Self-employment schedule. Tax returns and plans are required from all residents 18 years of age and older employed over the past 12 months.

**Do not send original documents; they will not be returned.**

Items can be mailed or e-mailed to:

Christy Lundberg  
Development Services, Inc.  
402 N. Harold Street - PO Box 48  
Ivanhoe, MN 56142  
Ph: 507-694-1552  
Email: [mailto:christy@dsi-services.com](mailto:mailto:christy@dsi-services.com)

## CONFLICT OF INTEREST

Have you or any member of your household been (during the last 12 months) an employee, consultant, officer, elected official, or appointed Official of this City or State of Minnesota?

\_\_\_\_ Yes \_\_\_\_ No

If yes, describe:

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Do you or have you had immediate family ties or a business relationship with any of the above-named member of your household (minus yourself as the named family member above)?

\_\_\_\_ Yes \_\_\_\_ No

If yes, describe:

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Note: If a conflict exists, it may be possible for the grantee and its agents to request an exception to the conflict from the funding agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **EQUAL HOUSING OPPORTUNITY**

**We Do Business in Accordance with the Federal Fair Housing Law**  
(The Fair Housing Amendments Act of 1988)

Development Services Inc. is an equal opportunity provider and employee.

# The Lead-Safe Certified Guide to Renovate Right

(EPA-740-K-10-001)- Revised September 2011

I hereby certify that I have received the publication information entitled "Renovate Right" found at <http://dsi-services.com/services/small-cities-development-program/> or <https://www.epa.gov/lead/renovate-right-important-lead-hazard-information-families-child-care-providers-and-schools> pamphlet and I have read and understood the information.

- If you prefer that a copy of the pamphlet be mailed to you, call Christy Lundberg at DSI Services Inc. at 507-694-1552.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Joint Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant's Printed Name



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### Cokato Owner-Occupied Housing Repair Program Full Application

Return this application to:

**Development Services, Inc.**  
**ATTN: Christy Lundberg**  
**P.O. Box 48 / 402 N. Harold St.**  
**Ivanhoe, MN 56142**

**Phone: (507) 694-1552**  
**Fax: (507) 694-1525**  
**Email: [christy@dsi-services.com](mailto:christy@dsi-services.com)**

Date Received by Development Services, Inc.: \_\_\_\_\_

Household Number.: \_\_\_\_\_

#### Section A. Eligibility Limits

Eligibility for the housing repair program is based on household size and income, with guidelines set annually by the Federal government. To be eligible for housing repairs, your gross household income (before taxes) **must be below these limits in Wright County:**

Annual Income Less Than			
1-person household	\$66,300	5-person household	\$102,250
2-person household	\$75,750	6-person household	\$109,800
3-person household	\$85,200	7-person household	\$117,400
4-person household	\$94,650	8+person household	\$124,950

#### Section B. Household Information

Name of Applicant:	:
Name of Spouse or Partner:	:
Street Address of House / City / Zip:	Mailing Address (if different) / City / Zip:
Telephone Number (Primary): Cell / Work / Home	Telephone Number (Other): Cell / Work / Home
Email Address:	Telephone Number (Other): Cell / Work / Home
Household status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting Partners	

This information is requested solely to determine compliance with Federal civil rights laws and other regulations. Your response is voluntary, and your answer will not affect the consideration of your application.

The number of persons in the household who are: Male: \_\_\_ Female: \_\_\_

Ethnicity: Hispanic: \_\_\_ Non-Hispanic: \_\_\_

Race:

- |   |   |
|---|---|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Black / African American & White         |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> American Indian / Alaskan Native         |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Amer. Indian / Alaskan Native & Black    |
| <input type="checkbox"/> Asian & White                          | <input type="checkbox"/> Native Hawaiian / Other Pacific Islander |
| <input type="checkbox"/> Black / African American               | <input type="checkbox"/> Other Multi-Racial                       |

### Section C. Property Information

- 1.) Is your home a:  Single-family house  Mobile home  Duplex  Manufactured home
- 2.) What year was the house built? (Best estimate): \_\_\_\_\_
- 3.) Are there any outstanding judgments or liens against you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4.) Have you in years past ever qualified for a Small Cities Development grant? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5.) Please check the box which best describes the ownership status of your home:
  - I/We own the property, free and clear. (no mortgage or other liens against the home)
  - I have a mortgage. Payments made to - Bank: \_\_\_\_\_ Address: \_\_\_\_\_
  - Contract for Deed. From: Name: \_\_\_\_\_ Address: \_\_\_\_\_
  - I rent the property.
  - Life Estate.

### Section D. Household Size & Income Information

For this application, "Income" means **any amount** (before taxes, withholding, or deductions) received by any resident of the household, married or unmarried, age 18 or older, from any source such as the following:

- Salaries, wages, commissions, bonuses, tips, and overtime pay.
- Pensions and annuities, including Social Security, PERA, Railroad Retirement, etc.
- Any public assistance, including welfare assistance, ADDC, SSI, etc.
- Rental income or sale of the property on a contract for deed.
- Disability compensation, worker's compensation, and unemployment compensation being received.
- Alimony and child support payments.
- Business income (for self-employed persons, including farmers). The last two years are averaged.
- Interest and/or dividends from investments and savings.

If new information relevant to your application becomes available, which will affect your eligibility.

Status, your status may be revised up to the point where loan documents are signed. After that, a determination of eligibility status shall be final.

For this application, "Resident" means **any person** currently living in the household for at least 9 months of the year.

➔ The total number of residents who are in the household.....

➔ The total number of children who are 6 years old and younger.....

Please list **all current household residents** by name and age, including yourself. Include **all incomes** of all residents aged 18 and older. This **must consist of** all income that your family can expect to receive in the next 12 months. Please give the **complete name and address** of that income source so we can contact them to verify the information.



**Sources of Income**

Name	Age	Income of Resident (per month or year)	Source of Income	Complete Mailing List (of the income source listed)
		\$ _____ per		
		\$ _____ per		
		\$ _____ per		
		\$ _____ per		
		\$ _____ per		
		\$ _____ per		
		\$ _____ per		
		\$ _____ per		
		\$ _____ per		
		\$ _____ per		

**Section E. Income Tax Filing Status**

Do you file federal income tax returns?  Yes  No

- If the answer is “no,” please explain why? \_\_\_\_\_
- If the answer is “yes,” please, provide copies of the **two (2) most recent years** of your federal income tax returns, including all schedules, 1099’s, W2, and your **most recent** Social Security Statements.

**Section F. Housing-Related Expenses**

Please provide information about the following **monthly** housing expenses that you may have.

	Name & Address for the Expenses	Amount per Month
1) Mortgage Payment - - - - -	_____	\$ _____
2) Homeowner’s Insurance - -	_____	\$ _____
3) Real Estate Taxes - - - - -	_____	\$ _____
4) Water - - - - -	_____	\$ _____
5) Sewer - - - - -	_____	\$ _____
6) Garbage - - - - -	_____	\$ _____
7) Electricity - - - - -	_____	\$ _____
8) Heat - - - - -	_____	\$ _____
9) Other (explain) - - - - -	_____	\$ _____

**Section G. Repair Information**

Please select all of the repairs that you believe your house needs. (Following a building inspection of your home, DSI’s Building Inspector will work with you to determine your home’s actual needs.)

- |  |   |                                     |  |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Heating/Furnace   | <input type="checkbox"/> Siding               | <input type="checkbox"/> Insulation | <input type="checkbox"/> Floors and Floor Covering           |
| <input type="checkbox"/> Electrical System | <input type="checkbox"/> Roof and/or Shingles | <input type="checkbox"/> Foundation | <input type="checkbox"/> Handicap Accessibility Improvements |
| <input type="checkbox"/> Water Heater      | <input type="checkbox"/> Plumbing             | <input type="checkbox"/> Walls      | <input type="checkbox"/> Energy Efficient Doors and Windows  |
| <input type="checkbox"/> Other: _____      |   |                                     |  |

## Section H. Notices to Applicant

**PRIVATE INFORMATION:** The information requested in this application is private data under the Minnesota Data Practices Act unless otherwise specified below. Under the provisions of this Act, we are at this moment notifying you that the:

- 1) This information is collected to determine if you qualify for housing repair assistance under the Small Cities Development Grant Program.
- 2) You are not legally required to provide the information requested in this application, and you may refuse to do so. If you do provide the requested information, the Program Administrator will be able to determine your eligibility for housing repair assistance. You must provide the information to ensure the Program Administrator can assess your eligibility, and you will receive housing repair assistance.
- 3) You have the right to see, receive copies of, and challenge the accuracy and completeness of any information relating to you that the Program Administrator has on file about your application.
- 4) To determine your eligibility for assistance, or to deliver such service, information relating to your application may be made available to the staff of the Program Administrator (Development Services, Inc of Ivanhoe, MN) and other sources of housing repair assistance with your permission, may be involved in financing repairs for your house.
- 5) As enacted by the Minnesota State Legislature in 2003: The names and addresses of applicants for and recipients of benefits, aid, or assistance through programs administered by any political subdivision, a state agency, or statewide system that are intended to assist with the purchase, rehabilitation, or other purposes related to housing or other real property are classified as public data on individuals. If an applicant or recipient is a corporation, the names and addresses of the corporation's officers are public data on individuals. If an applicant or recipient is a partnership, the names and addresses of the partners are public data on individuals. The amount or value of benefits, aid, or assistance received is public data.

**FALSE STATEMENTS:** Any person who knowingly makes a false statement or misrepresentation in connection with this application shall be subject to a fine or imprisonment under provisions of the Minnesota Criminal Code, under provisions of the United States Criminal Code, and may be required to return all or part of the housing repair assistance provided under the terms of the Small Cities Development Program.

**FAIR HOUSING:** Every citizen of the United States is entitled to the housing of their choice that they can afford. When buying or renting a home, a person may not deny you that home because of your race, color, creed, disability, religion, sex, or national origin or because of your marital, familial, or public assistance status. It is illegal to: Refuse to sell, rent to, deal with, or negotiate with anyone because of their position; to discriminate in terms or conditions for buying or renting housing; to discriminate by advertising that housing is available only to persons of a certain race, color, religion, sex, or national origin; to deny that housing is available for inspection, sale, or rent when it is available; to persuade owners to sell or rent housing by telling them that minority groups are moving into the neighborhood; to deny or make different terms or conditions for home loans by lenders, such as banks, savings & loan associations, and insurance companies; and to deny to anyone the use of or participation in any real estate's services, such as brokers' organizations, multiple listing services, or other facilities related to the selling or renting of housing.

**HOMEOWNER RISK ASSESSMENT-LEAD POISONING:** Please read carefully: If your house was constructed before 1978, it may contain substantial amounts of lead-based paint. Lead-based paint is especially harmful to children under seven years of age. If lead-based paint is found in your house, steps may be taken to remove or cover the paint surfaces.

- 1) Children get lead poisoning when they eat bits of paint that contain lead. If a child eats enough lead paint, his brain will be damaged, and he may become mentally disabled or even die. Older houses often have layers of lead paint on the walls, ceilings, and woodwork. When paint chips off or when plaster breaks, there is a real danger for babies and young children. Outdoors, lead paints and primers may have been used in places like walls, porches, and fire escapes. If you have seen your child putting pieces of paint or plaster in his mouth, you should take him to a doctor, clinic, or hospital as soon as possible. A child may not seem sick in the beginning stages of lead poisoning and do not wait for signs of poisoning.
- 2) A blood lead-level screening test is advisable and available for children under seven years of age. Be sure to tell the rest of your family and the people who babysit for you about the danger of lead.
- 3) Look at your walls and ceilings and woodwork. Are there places where the paint is peeling? Get a broom or stiff brush and remove loose pieces of paint from walls, woodwork, and ceilings. Sweep up the pieces of paint and plaster. Please put them in a paper bag, wrap them in newspaper, and put the package in the trashcan. You can cover up at least the lower part of the walls by moving heavy furniture against them. If you want to know how to keep your child safe from lead poisoning, talk to your doctor, public health nurse, or social worker at the clinic or health department.

**DO NOT BEGIN ANY WORK AT THIS TIME:** Submitting this application does not mean you are approved for assistance. This application collects much of the information we need to determine if you are eligible. Do not begin any repair work. Wait to start talking with contractors about cost estimates. Work can begin once you are approved in writing, an inspection of your house has been conducted, and bids on the work have been obtained. The program cannot pay for work that has already been done.

**THE REHABILITATION PROGRAM:**

1) The rehabilitation program is not a remodeling program, although required handicap accessibility improvements are permissible. Rehabilitation is not the same as remodeling, which is for convenience or cosmetic purposes. Rehabilitation deals with (a) Health issues and safety issues, (b) Energy conservation, and (c) Long-term preservation of houses through the repair of existing defects.

2) I further understand the terms and conditions of assistance for this program: Deferred Loans with a 10-year lien on the property and Repayable Loans at 2% interest with a 10-year maximum amortization, under the following income-tied criteria, which depend on my income-eligibility.

- a. Lower income bracket 100% of rehab costs paid through an SCDP Deferred Loan.
- b. Upper-Income bracket but still below HUD low-income guidelines. 70% of rehab costs are paid through an SCDP Deferred Loan, with 30% paid through an SCDP Deferred Loan.

The maximum SCDP assistance (Deferred and Repayable Loan combined) is \$25,000.

3) Under the terms outlined above, I understand that affordability scenarios for an example project of \$25,000 would be calculated as follows:

**Find the household size and income bracket (gross before taxes) that best describes your situation.**

This is an Example Only					
Tier: 1 - 100%			Tier: 2 - 70-30%		
Household Size	Household Income		Household Income		
1 person	\$43,500	or lower	\$43,501	up to	\$66,300
2 persons	\$49,700	or lower	\$49,701	up to	\$75,750
3 persons	\$55,900	or lower	\$55,901	up to	\$85,200
4 persons	\$62,100	or lower	\$62,101	up to	\$94,650
5 persons	\$67,100	or lower	\$67,101	up to	\$102,250
6 persons	\$72,050	or lower	\$72,051	up to	\$109,800
7 persons	\$77,050	or lower	\$77,051	up to	\$117,400
8+ persons	\$82,000	or lower	\$82,001	up to	\$124,950
<b>Tier: 1</b>			<b>Tier: 2</b>		
• Deferred Loan of up to \$25,000			• 70% Deferred Loan of \$17,500		
• Monthly Loan Payment: Zero			• 30% Repayable Loan of \$7,500		
			Minimum Monthly Loan Payment: • \$50 per month		

**ACKNOWLEDGEMENTS:** By signing below, I hereby acknowledge that:

1) I understand that: (a) Under penalty of law, the information provided in this application is true and correct to the best of my knowledge; (b) I have read and understand the terms of the "Private Information" and "False Statements" notifications; (c) I have read and understand the "Watch Out for Lead Paint Poisoning" and Fair Housing" notifications; and (d) I have read and understand the details and conditions of the financing plan outlined in "The Rehabilitation Program," above.

2) I understand that the program cannot at this point guarantee the actual amount of assistance, if any, which I may receive because this will depend on (a) my household income eligibility, (b) a detailed inspection of the house, (c) the types of repairs which are needed and allowable under the program's guidelines, (d) the cost of the repairs, based on bids, and (e) the financial and structural feasibility of undertaking a repair job for the house.

3) I further understand that: (a) I am not approved for assistance simply because I have submitted this application; (b) I cannot begin work or enter into any agreements for work on my house at this time; (c) The rehab program serves homeowners on a first-come first-served basis; (d) If I am approved for the program, and the work write-up for my house is prepared and turned over to me, it will be my responsibility to contact contractors and obtain the necessary bids; (e) Projects which have all the necessary bids turned in ahead of other projects are placed under contract and move forward on that basis; and (f) Because the program operates on a first-come-first-served basis, it is possible that the grant money may run out before all my bids are received and before I make a decision to move forward and that, in that case, I will not receive any housing repair assistance.

4.) My signature also serves as my authorization for digital pictures or photos of my home to be taken by Development Services Inc. (DSI). I give permission for photographs of my home to be used for publications and public relations activities by DSI. This may include use in print and electronic media, social media (Facebook, Instagram, etc..) including the Internet (DSI website).

**APPLICANT'S AUTHORIZATION FOR INFORMATION:** I hereby authorize and give permission to any person, group, organization, agency, bank, insurance company or agency, credit reporting agency, or financial institution to disclose to the administrators of the Housing Rehabilitation Program any and all information which they may request concerning me and my financial affairs. I understand that such information will only be used to determine eligibility for housing repair assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Partner's Signature

\_\_\_\_\_  
Date

If you have a child at home or another resident over 18, we also need their signature to authorize the release of information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return this application by mail or email to Development Services Inc. at the address listed on the first page,  
attention Christy Lundberg.