

CDBG Home Rehabilitation Loan Pre-Application

If you determine you are eligible, please complete and return to:

City of Moorhead CDBG Home Rehabilitation 403 Center Avenue Moorhead MN 56561-0779

Rec	Receipt Date							

		Moornead MIN 56561-0779	
OWNER NAME(S):			
PROPERTY ADDRES	S:		MOORHEAD, MN
PHONE: ()		EMAIL:	
•		ch statement listed below. If you do not und (Incomplete applications may be returned.)	derstand the statement, contact our office at
repairs are needed t Department; if you I	to your hor have insuff	hese statements, you are <u>ineligible</u> for a Hom me to protect the safety of your life or health, co ficient equity or your home is newer than 15 ye application may receive priority on the waiting	ontact the Planning and Neighborhood Services ars old, you may still be granted an emergency
	ition packe	e has been placed on the waiting list. When your tet, which will need to be completed at that tire	
TrueFalse	1.	I have <u>never</u> had a rehabilitation loan Redevelopment Authority on this property.	from the City of Moorhead or Housing &
True False	2. occi	The property contains <u>no more</u> than two upied.	dwelling units AND one of them is owner-
TrueFalse	3.	The property is <u>not</u> a mobile home.	
True False	4.	The property is <u>not</u> on or eligible for the Na	tional Register of Historic Places.
True False	5.	The property is <u>not</u> located in the flood plai	n.
☐True ☐False	6.	The property <u>is</u> located in a residentially zo	ned district.
TrueFalse	7.	The property <u>is</u> located in the City Limits of	Moorhead.
True False	8.	The home <u>is</u> at least 15 years old.	

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Signatur	e			 Date			
Signatur	e			Date			
-				d complete to the best of my knowledge and belief. This checklist purpose of screening my eligibility for a home rehabilitation loan.			
Yes 🗌	No 🗌	15.	Is this property being purc				
True	False	14.	the amount of the rehab	nis property consent to execute a promissory note and mortgage in ilitation loan. For contract for deeds, include a letter of consent lowner(s). Letter must include their acknowledgement of coents.			
True	False	13.	I have adequate equity in page 3.	my home as per the after rehab equity calculation worksheet on			
			☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	\$56,300 \$64,350 \$72,400 \$80,400 \$86,850 \$93,300 \$99,700 \$106,150			
(Please i	ndicate your f	amily	size)				
True	False	12.	equal to or less than the is "net profit", subtract	ncome earned by residents of my household, age 18 and over, is amount listed in the chart below. (Note: Self-employment income of the foster care payments, IRS reported childcare expenses and expenses for the handicapped or elderly.) Maximum Income			
_							
True	False	11.	The property taxes and special assessments <u>are</u> paid up to date.				
True	False	10.	I have <u>no</u> outstanding liens on my property, other than the above mortgages.				
True	False	9.	All mortgage payments property are current.	s, contract-for-deed payments, and any other obligations on my			

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EQUITY CALCULATION WORKSHEET

Return this sheet with your application. If you have any questions, please call 218.299.5375.

Section 1. After-Rehab Estimated Market Value:

1.	Estimated Market Va	alue (www.moorhead	proper	ty.org	or call 218.299.5310)

\$_____

2. Divided by 95% (0.95)

\$_____

3. Plus: One-half of the Total Rehab Cost (half of line 5)

+_____

4. Equals: After-rehab Estimated Market Value (add lines 2 & 3)

= \$_____

Section 2. Total Of All Mortgages On The Property:

5. Proposed CDBG Loan/Mortgage (How much do you want to borrow? Between \$5,000-\$20,000)

\$_____

6. Plus: 1st Mortgage Balance Owing (If any)

+____-

7. 2nd Mortgage Balance Owing (If any)

+____

8. Equals: Total of All Mortgages

= \$

Section 3. After-Rehab Equity:

9. Line 4

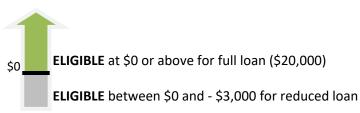
\$_____

10. Subtract Line 8

-_____

11. Equals: Total After-Rehab Equity (Use this total to answer question #13 on page 2)

= \$_____



Revised March 2019



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