



Cokato Building Rehabilitation - Interest Statement

If you are interested in housing or commercial building repair, please complete and return this form promptly to.....

Development Services, Inc.
P.O. Box 48
Ivanhoe, MN 56142

YOUR CONTACT INFORMATION

1. Name(s): _____

2. Your Mailing Address _____ City, State & Zip: _____

3. Land Line Phone: _____ Cell Phone: _____

4. E-Mail: _____

I authorize future applications/updates about the rehab program to be sent to me via the email above.

REHAB PROPERTY

5. Physical Address of Proposed Rehab Building: _____

6. Please select the best answer below to describe **your connection to the building** listed on **line 5**:

- Own AND Reside at this location.
- Under a Contract for Deed for the property at this location. I am the Buyer Seller
- Rent the property at this location.
- Landlord of the property at this location.

7. Please select the best answer below to describe the type of building listed on **line 5**.

- Single-family house
- Duplex / Twin-Home
- Multi-unit apartment building
- Townhouse
- Mobile home
- Other: _____
- Mixed residential & commercial building.
- Commercial Unit.

8. Name of the business at this location (if applicable) _____

9. What is the approximate age of this building? _____-years-old, OR Built in approximately what year? _____

NOTICE

I understand that the rehabilitation program is not a remodeling program although required handicap accessibility improvements are permissible. Rehabilitation is not the same as remodeling. Remodeling is for one's convenience or for cosmetic purposes. Rehabilitation deals with: (1.) Health issues and safety issues, (2.) Energy conservation, and (3.) Long-term preservation of buildings by the repair of existing defects.

HOUSING REHAB

Please check the box for the income range that best describes your household's total gross annual income (before taxes)?

- Under \$54,950 per year
- \$54,950 to \$62,800
- \$62,801 to \$70,650
- \$70,651 to \$78,500
- \$78,501 to \$84,800
- \$84,801 to \$91,100
- \$91,101 to \$97,350
- \$97,351 to \$103,650
- \$103,651 and over per year

I **would** **would not** expect the household income to change significantly within 12-18 months

How many people live in the house? . _____

Head of Household: Male Female (only)

Does anyone in the household have a disability?
 Yes No

By Sept. 30, 2020, how many children in the home will be under age 6? _____

I understand that this form is NOT an application for grant funds; however this form will be used to determine how many people in the community would be interested in utilizing up to \$25,000 (per home) of grant funding in the event the city is awarded this grant.

CONDITION OF YOUR HOME OR COMMERCIAL BUILDING

Grants and low-interest loans for building repairs may be available under the program that's being applied for. To help us know if there is a need for these repairs, please mark the condition of the following items for your own home or commercial building. (Mark an "x" in the correct box.)

Good Condition Fair Condition Poor Condition

Exterior Conditions:

Your Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interior Conditions:

Your Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Floors & Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vital Systems:

Your Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Energy Conservation:

Your Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR HOUSING REHABILITATION

I am interested in this program and intend to participate with my house if the SCDP grant is approved. I understand that the terms and conditions of assistance which are proposed for this program, that is, Deferred Loans with a 10-year lien on the property and Repayable Loans at 2.0% interest with a 10-year maximum amortization, under the following income-tied criteria which depends on my income-eligibility; Lowest income bracket 100% of rehab cost through and SCDP Deferred Loan; Mid-range income 70% with an SCDP Deferred Loan + 20% with an SCDP Repayable Loan + 10% other leverage; Upper income, but still beneath HUD low-and moderate-income guidelines, 50% with an SCDP Deferred Loan + 40% with an SCDP Repayable Loan + 10% other leverage. The maximum amount of SCDP assistance (Deferred Loan and Repayable Loan combined) is \$20,000.

• Under the terms outlined above, I understand that affordability scenarios for an **example project of \$19,000** would be calculated as follows:

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

Household	Household Income	Household Income	Household Income
1 person	\$36,200 or lower	\$36,201 to \$45,575	\$45,576 to \$54,950
2 persons	\$41,400 or lower	\$41,401 to \$52,100	\$52,101 to \$62,800
3 persons	\$46,550 or lower	\$46,551 to \$58,600	\$58,601 to \$70,650
4 persons	\$51,700 or lower	\$51,701 to \$65,100	\$65,101 to \$78,500
5 persons	\$55,850 or lower	\$55,851 to \$70,325	\$70,326 to \$84,800
6 persons	\$60,000 or lower	\$60,001 to \$75,550	\$75,551 to \$91,100
7 persons	\$64,150 or lower	\$64,151 to \$80,750	\$80,751 to \$97,350
8+ persons	\$68,250 or lower	\$68,251 to \$85,950	\$85,951 to \$103,650

▼	▼	▼
<ul style="list-style-type: none"> • Deferred Loan of \$17,100 • Other Leverage of \$1,900 Monthly Loan Payment: <ul style="list-style-type: none"> • Zero 	<ul style="list-style-type: none"> • Deferred Loan of \$13,300 • Repayable Loan of \$3,800 • Other Leverage of \$1,900 Monthly Loan Payment: <ul style="list-style-type: none"> • Minimum \$40 per month 	<ul style="list-style-type: none"> • Deferred Loan of \$9,500 • Repayable Loan of \$7,600 • Other Leverage of \$1,900 Monthly Loan Payment: <ul style="list-style-type: none"> • Minimum \$40 per month

FOR COMMERCIAL BUILDING REHABILITATION

I am interested in this program and intend to participate with my commercial building if the SCDP grant is approved. I understand the terms and conditions of assistance as proposed for this program, that is, Deferred Loans with a 10-year lien on the property and Repayable Loans at 2.0% interest with a 10-year maximum amortization. Assistance may be provided as follows: 35% of the eligible repairs to be paid by a Deferred Loan, 35% of the repairs by a Repayable Loan, and 30% to come from the owner and/or other leveraged sources. The maximum amount of SCDP assistance (Deferred Loan and Repayable Loan combined) is \$25,000 for a commercial building.

- Under the terms outlined above, I understand that affordability scenarios for an **example project of \$19,000** would be:
 Deferred Loan of \$6,650 / Repayable Loan of \$6,650 / Owner/Other Leverage of \$5,700
 Monthly Loan Payment: Minimum \$50.00 per month
- Federal Davis-Bacon wage rates and other federal labor standards requirements apply to commercial building rehab.

SIGN AND DATE

I understand: Information provided herein is confidential and will be treated as private data. This Interest Statement is for the purpose of a grant application to the Minnesota Department of Employment & Economic Development and is not an application by me for rehabilitation assistance. If the City is invited to submit a final application for this grant program, I will be asked to provide additional information at that time. I will not at this time begin any repair work on my own for which I would expect assistance from the grant program because the program cannot pay for work that has already been done.

Signature: _____

Date: _____