

Housing Trust Fund (HTF) Loan Application

Name of applicant:				
Primary contact (if other than applicant):				
E-mail:	Phone:			
Mailing Address:	City, State, Zip:			
Length of residence in area:	Federal ID or SSN:			
Name of Employer:	Employer Phone number:			
Employer Address:	Length of employment:			
Type of Project : New Construction Rehab	ilitation 🗆 Redevelopment			
□ Other (specify),				
Property Address:	Parcel ID:			
City, State, Zip:	County:			
Type and Description of housing unit(s):				
Description of Project and Purpose of Loan:				

Do you currently have site control (Deed, Purchase agreement, Letter of Intent, etc.):			
Do you intend to Lease, Sell or Own and Occupy the	e project when complete:		
Level of affordability for above units as a measure	of Area Median Income (AMI):		
Will the project require a variance in order to comp	bly with the City's zoning code?		
Desired Start Date	Tentative Completion Date		

Total Estimated Project Cost: \$_____

Total HTF Loan Request Amount: \$_____

Purpose and Source for Total Project Cost

	Bank #1	Bank #2	RW County HTF	Other	Equity	Total
Property Acquisition						
New Construction						
Building Redevelopment						
Site Rehabilitation						
Working Capital						
Other						
Other						
Total Project Cost						

Collateral Offered:

CREDIT REFERENCES:

Name	Address	Phone	
Have you filed for Bankruptcy? Yes	□ No If yes, When?	🗆 Personal 🗆 Business.	
Name of Corporation:	Address? _		
If you are obligated to pay child suppor	t, are you more than 60 days delinquent w	vith regard to support payments?	

□ Yes □ No

Are you presently under indictment, on parole or probation, have ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation (including offenses which have been dismissed, discharged or knoll prosequi), or convicted, placed on pretrial diversion, or placed on any form of probation including adjudication withheld pending probation for any criminal offense other than a minor vehicle violation?

🗆 Yes 🗆 No

I certify that everything I have stated in this application and on any attachments is correct. I certify that credit is not available at similar rates and terms from other sources. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history, (including, if I am a corporation or partnership, the credit record and employment history of the owners, directors, officers or partners signed below), and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

I understand, as the applicant I may be required to meet with the Loan Committee/EDA Board. If approved, this credit request may have additional conditions that will be identified prior to the loan closing.

I understand this application will be reviewed by the Loan Committee. Agency reserves the right of periodic inspections by a Loan Officer and the authority to terminate any loan or loan commitment if conditions warrant that action.

Applicant #1 Signature:	Date:	
Printed Name:		
Applicant #2 Signature:	Date:	
Printed Name:		/

Application and corresponding documents may be dropped off at the Redwood County Government Center at 403 South Mill Street Redwood Falls, MN 56283 between 8 am and 4:30 pm, Monday – Friday, or via email at Grady h@co.redwood.mn.us or fax at 507-637-4017. Please provide the following at time of HTF Application submission:

Current Mortgage Statement(s)	Previous 2 year's tax returns
\Box Proof of homeowners insurance	Property tax statement
\Box \$100 application & processing fee	Authorization to Furnish and release
payable to Redwood County (if denied, payment will be refunded)	Information

The following information is requested by Redwood County in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. If you do not wish to furnish the information, please check the box below.

 \Box I do not wish to furnish this information.

Ethnicity: (Mark one) 🛛 Hispanic or Latino 🖾 Not Hispanic or Latino

Race: (Mark one or more) 🗆 White 🗆 Black /African American 🗆 American Indian/Alaska Native

 \Box Native Hawaiian or Other Pacific Islander \Box Asian

Gender:
Male
Female

In accordance with State and Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation and reprisal.

(Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write to the Redwood County Attorney's office, 250 S Jefferson St. Redwood Falls, MN 56283, or call (507) 637-4010.

FOR OFFICE USE ONLY [] CD Pledge [] Direct [] IRP [] SBA [] Other					
Total Project Cost (list	loan participants,	equity and respo % of financing	ective amounts):		
Agency Portion	\$		Term (# Mo.)	Int. Rate	% Pmt. \$
Bank's Portion	\$		Term (# Mo.)	Int. Rate	% Pmt. \$
Other	\$		Term (# Mo.)	_ Int. Rate	% Pmt. \$
Equity	\$		Term (# Mo.)	_ Int. Rate	% Pmt. \$
Total Project Cost	\$				

Revised 12/2024

Adopted by Redwood County Board of Commissioners 3/18/2025