



Redwood County Economic Development Authority

507-637-1122

403 S. Mill St.; P.O. Box 130

Redwood Falls, MN 56283

RedwoodCounty-mn.us

Dear Landlord/Property Owner,

Thank you for your interest in the Redwood County EDA Local Housing Trust Fund rental rehabilitation loan program. Enclosed is the program application; please complete, sign, date, and return all documents with the following information:

- \$500 check deposit made out to Redwood County EDA
- Current Mortgage Statement
- Property Tax statement
- Proof of Homeowners Insurance — copy of Policy Declaration Page
- Quotes/estimates for work to be performed

If there are any questions, please contact me at the contact information listed below. When you have completed your application, please return it to me. My office will be in contact to discuss your application and next steps in the process.

Thank You,

Grady Holtberg
Redwood County EDA Coordinator
403 S Mill Street
PO Box 130
Redwood Falls, MN 56283
507-637-1122
grady_h@redwoodcounty-mn.gov

Approved as to Form:

Redwood County Attorney's Office

Date: 02.03.2026





**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is Illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

In the sale or rental of housing, or
residential lots

In the provision of real estate
brokerage services

In advertising the sale or rental
of housing

In the appraisal of housing

In the financing of housing,

Blockbusting is also illegal

**Anyone who feels he or she has been
discriminated against may file a complaint of
housing discrimination:**

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

www.hud.gov/fairhousing

**U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410**



Rental Rehabilitation loan program Borrower application

INSTRUCTIONS: Complete all information on this application. Please print. Use ink.

Applicant Information

Name of Applicant: _____

Name of Co-Applicant: _____

Federal ID Number or Social Security Number: _____ Owner or Tenant

Mailing Address of Applicant: _____ Office Phone: _____

City, State, Zip: _____ Main Phone: _____

Contact Person: _____ Office Phone: _____

Property Information

Address of Building to be Rehabilitated: _____

Age of Building: _____ Estimated Market Value: \$ _____ Current Property Taxes: \$ _____

Are you changing the use of this building after rehabilitation is completed? Yes No

If yes, explain: _____

Is this building within a correct zoning classification? Yes No

Current Zoning? _____

Variances/special use permits? _____

Other? _____

Is the Building in a Historic District? ____ Yes ____ No No. Of Res. Rental Units: _____

Is it on the National Historic Register? ____ Yes ____ No No. of Commercial Units: _____

Is it in a Floodplain? ____ Yes ____ No

Legal Description: _____

Total Amount of Funding Requested \$ _____

What items would you like to update with these funds: _____



Ownership Information

Ownership interest in property to be improved:

_____ Contract for Deed _____ Free and Clear _____ Mortgage

_____ Lessee: Specify terms of Lease: _____

_____ Other: Specify: _____

Names(s) on Title: Specify ownership interest of each name on the title:

Amount of Outstanding Principal owed on Building: \$ _____

Other Funding Sources

Please list any other Funding Sources and amounts that will be used to complete this project: (Personal Savings, Other Loans, Grants, Local Government Incentives, etc.)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Other Funding Source Amount \$ _____

Current Rent Structure: To Be Completed by Applicant

Pre-Rehab Rent Structure

<u>Unit Type</u>	<u>Vacant/Occupied</u>	<u>Current Contract Rent</u>
1 Bedroom	_____	_____
2 Bedroom	_____	_____
3 Bedroom	_____	_____
4 Bedroom	_____	_____
5 Bedroom	_____	_____



Utilities Paid Before Rehab

Paid by:

Heat: _____ Gas _____ Electric _____ Oil _____ Propane

_____ Owner
_____ Tenant

Cooking: _____ Gas _____ Electric _____ Oil _____ Propane

_____ Owner
_____ Tenant

Water Heating: _____ Gas _____ Electric

_____ Owner
_____ Tenant

Electricity:

_____ Owner
_____ Tenant

Water/Sewer:

_____ Owner
_____ Tenant

Trash Collection:

_____ Owner
_____ Tenant

Proposed After-Rehab Rent Structure:

<u>Unit Type</u>	<u>Vacant</u>	<u>Contract Rent</u>
1 Bedroom	_____	_____
2 Bedroom	_____	_____
3 Bedroom	_____	_____
4 Bedroom	_____	_____
5 Bedroom	_____	_____

Utilities Paid After Rehab:

Paid By:

Heat: _____ Gas _____ Electric _____ Oil _____ Propane

_____ Owner
_____ Tenant

Cooking: _____ Gas _____ Electric _____ Oil _____ Propane

_____ Owner
_____ Tenant

Water Heating: _____ Gas _____ Electric

_____ Owner
_____ Tenant

Electricity:

_____ Owner
_____ Tenant

Water/Sewer:

_____ Owner
_____ Tenant

Trash Collection:

_____ Owner
_____ Tenant





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General Authorization for the Release of Information

Date: _____

Applicant's Name: _____

Address: _____

Social Security Number: _____

I/We authorize any person, agency, or institution to supply information requested by Redwood County concerning me, my family, or my business, and to allow inspections and reproduction of records in his/her or their possession pertaining to me, my family, or my business by a duly authorized representative of the Redwood County EDA.

I/We authorize Redwood County to release such information to providers or cooperating State or Federal Agencies.

I/We hereby release any person, agency, or institution from any and all liability to me, my family, or my business for supplying such information.

I/We understand that a copy of this release is as valid as the original.

This authorization is given only in connection with its use by Redwood County in its administration of its programs and for no other purpose. It shall continue in effect until such time as I/We state, in writing, to the Redwood County Economic Development Coordinator at 403 South Mill Street, Redwood Falls, MN 56283.

Applicant Signature

Date

Co-Applicant Signature

Date



EQUAL HOUSING
OPPORTUNITY



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Information & Picture Release

This is your authorization to release information regarding my home ownership status, income, employment, bank accounts, outstanding debts, including mortgages, to order a consumer credit report (if necessary), which is necessary to support my application for a housing improvement loan from the Redwood County Local Housing Trust Fund.

My signature also serves as my authorization for digital pictures or photos of my home to be taken by Redwood County EDA. These may be used in publications or displays. I authorize pictures of my house to be used in Annual Reports, which may be distributed throughout the State of Minnesota and surrounding areas.

Applicant's Signature

Date

A copy of this letter may be distributed to any party with which I have a relationship, and that party may treat that copy as an original.





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Nondiscrimination Notice

"In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)."

Applicant's Signature

Date





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What to Expect and What Not to Expect from the Home Improvements Program

Homeowner Responsibilities

The Housing Program staff will help homeowners during the home improvement process, but homeowners are responsible for making the choices and doing the work listed below.

1. Homeowners provide the program staff with necessary information promptly.
2. Homeowners, **not the program staff**, choose contractors to put together bids.
3. Homeowners, **not the program staff**, select the contractor to do the work on the house.
4. Homeowners sign home improvement contracts with the selected contractor.
5. Homeowners request and approve payments to their contractors.
6. Homeowners are to be a part of the inspection and approval process for work performed by their contractors.
7. Homeowners work with contractors to settle disagreements during the job.
8. Homeowners contact their contractors to ask them to correct problems covered by contractor warranties during the first two years after the job has been completed.

Considerations Before Taking Out a Home Improvement Loan

1. Not all work that homeowners want to be done can always be done.
2. Repairs correct health and safety problems, but they will not solve all problems.
3. Don't expect the house to be completely new after the work is done.
4. All work shall be done by a licensed contractor, but due to things out of their control, work may not always be perfect when completed.
5. It can be stressful living in a house while a contractor is performing work.
6. Finally, the program staff is **not** the contractor and **cannot** guarantee that homeowners will be satisfied with the work done by the contractors.

Applicant Signature

Date

Co-Applicant Signature

Date

Program Staff Signature

Date





Rehabilitation Loan Program Walk-Away Policy

This walk-away policy will be instituted by Redwood County EDA staff for one or more of the following reasons.

1. When it is determined that the unit is not suitable for rehabilitation.
2. If a property is offered for bid on two separate occasions and no financially acceptable bid is received, or if EDA staff confirms that the property cannot feasibly be rehabilitated to HQS and lead-based paint standards, within the maximum allowable funding level.
3. If the property to be inspected or rehabilitated is in an "unkempt" state which could present health or safety hazards to Redwood County EDA personnel or a Rehabilitation Contractor who would be performing the work, the property owner will be notified in writing and given 30 (thirty) days to bring the property up to an acceptable standard of cleanliness as determined by the Rehabilitation Coordinator. "Unkempt" may include, but would not be limited to, unsanitary conditions, the presence of general clutter of indisposed household garbage, either inside or outside of the property to be rehabilitated.
4. If it becomes apparent that the applicant, at any phase of the project, is not willing to comply with or accept standard practices of the development program that are outlined in the Redwood County Local Housing Trust Fund Guidelines.
5. If Redwood County EDA Staff or the Rehabilitation Contractor decides that continued presence on the job site may constitute a liability to their company due to the owner, or tenants' personal behavior or threatening manner.

If any of the above-listed problems persist, Redwood County EDA reserves the right to "walk away" from that property and take no further action regarding its renovation. The property owner will be notified in writing within two weeks of the determination to "walk away."

If the project is canceled due to items number 3, 4, or 5, or if you choose to withdraw from the program after either the initial inspection or lead risk assessment/inspection has been conducted, a fee of \$500.00 per inspection, up to \$1,000.00, will be charged to the owner of the property if inspections have occurred. If you continue with the home repairs, the costs of the initial inspection will be charged to the program, and the cost of the lead testing will be part of the program costs or loan, depending on the program.

Payments shall be made to Redwood County EDA no later than thirty (30) days following the action that requires the repayment. If such payment is not made within 30 days, collection proceedings will begin to recapture these funds.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Property Address





IMPORTANT PRIVACY NOTICE

*****Read Before Completing the Application Form*****

We are asking that you provide the requested information on the Rehabilitation Program application form to determine if you are eligible to participate in the program.

Your name, address, and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation program staff about you and your household is considered private data. Access to this data will be limited to the following:

- Staff and other persons involved in program administration
- EDA loan committee members who approve applications
- Auditors who perform required audits of the program
- Authorized personnel from the Minnesota Department of Employment and Economic Development, the US Department of Housing and Urban Development, or other local, state, and federal agencies providing funding assistance for your loan
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project's policy/procedural manual)
- Those persons whom you authorize to see it
- Law enforcement personnel, in the case of suspected fraud or other enforcement authorities, as required

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order, and in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Minnesota law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of data maintained on you
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data



EQUAL HOUSING OPPORTUNITY



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Lien Verification

Applicant's Name

Co-Applicant's Name

Property Address

I certify that there are no past due assessments, public debts, or tax liens on my property. I also certify that, if applicable, I am current with any mortgage payments and that my property is not the subject of a pending mortgage foreclosure. Finally, I certify that I have homeowners' insurance that would be an adequate amount to provide collateral for an LHTF loan.

Applicant's Signature

Date

Co-Applicant's Name

Date





Combined Tennessee Warning and Privacy Act Notice

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (Minnesota Housing) program and to help Minnesota Housing manage the program.

Financial information, such as credit reports, financial statements, and net worth calculations, is classified as private data on individuals by Minnesota Statutes 462A.065. You are not required to provide this information, but if you refuse to provide it, we will be unable to determine your eligibility for this program and approve your application. The information will be shared with Minnesota Housing staff, its loan servicers, and contractors whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Your Social Security Number (SSN) is classified as private data by Minnesota Statutes 13.355. However, disclosure of your SSN is mandatory, as provided by the following authorities: (1) Title 42 of the United States Code, Section 405(c)(2)(C)(i), which permits the state to require disclosure of your social security number to establish your identity for purposes of administering tax laws of the state; and, (2) Minnesota Statutes, Sections 270A.01 to 270A.12, which established the Revenue Recapture Act, enables the state to collect delinquent debts owed to it by capturing tax refunds and other payments that you may otherwise be entitled. Section 270A.04, subdivisions 3 and 4, require the disclosure of a debtor's social security number for this purpose.

If you disclose your SSN, Minnesota Housing may share it with the Commissioner of the Minnesota Department of Revenue and the Minnesota Attorney General for the purposes of debt collection under the Revenue Recapture Act. If you do not disclose your SSN, you will not be eligible for this assistance.

Disclosure of your SSN for the purposes of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you apply for a loan, your name, address, and amount of assistance you apply for and receive are classified as public data under Minnesota Statutes 13.462 subdivision 2.

Applicant's Signature

Date

Co-Applicant's Signature

Date





CONFLICT OF INTEREST INTERVIEW FORM

Are you or have you been one of the following, during the last 12 months:

- Employee _____
- Consultant _____
- Officer _____
- Elected official _____
- Appointed official _____

of the:

- State of _____ If yes, name agency:

- Local Government/its agents _____ Name Position:

- Managing Consulting Agency _____ Name Agency:

- Or do you/Have you or any family member had a business relationship with any of the above-named persons?

If yes, describe:

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.

Applicant's Signature

Date

Co-Applicant's Signature

Date

