



CHRISTMAS IN MAY CHASKA CHAPTER



Name of Applicant: _____

Social Security #: _____ - _____ - _____

Name of Co-Applicant: _____

Social Security #: _____ - _____ - _____

Address: _____ Chaska MN 55318

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Length of Residency: _____

Name of Nearest Relative: _____

Relationship: _____ Phone Number: (____) _____ - _____

Relative's Address: _____

City: _____ State: _____ Zip Code: _____

THIS INFORMATION IS REQUESTED SOLELY FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH FEDERAL CIVIL RIGHTS LAW AND YOUR RESPONSE WILL NOT AFFECT CONSIDERATION OF YOUR APPLICATION. YOU WILL ASSIST US IN ASSURING THAT THIS PROGRAM IS ADMINISTERED A NON-DISCRIMINATORY MANNER.

Gender: Male Female

Check Applicable Space: Native American/Alaskan African American
 Asian/Pacific Islander Hispanic White Other

Marital Status: Married Separated Unmarried (Single, Divorced, Widowed)

Family Status: Head/Spouse 62 years old or over Head/Spouse Disabled

Household Composition List all Household Members

Name	Relationship	DOB	Social Security #	Male	Female
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	/ /	_____	<input type="checkbox"/>	<input type="checkbox"/>

Income List Income for All Household Members over Age 18

Name	Source of Income	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Statement of Assets As head of Household I declare that members of my household have no ownership, in full or part, of any assets other than those identified below, the value of which have been disclosed.

Item	Yes	No	Worth \$
Cash on Hand over \$100	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Checking/Saving Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificate of Deposits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Money Market Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
IRA Accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Stocks/Bonds/Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Estate/Contract for Deed	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Businesses	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Property Information (Provide information on the property that you wish to improve)

Year Built: _____ Year Purchased: _____

Mortgage Information

Are you current on your home mortgage? _____

Recipient(s) **must be current on any home mortgage(s)** secured against the home. Applicants are required to provide proof of mortgage status prior to home selections. Provide a copy of a current mortgage statement or bill from the mortgage company showing current status.

Have you ever received a Loan or Grant from the HRA, CDA, MHFA or another public entity?

Yes No

If Yes, when? ____ / ____ / ____



Home Improvements Needed:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____



Applicant's Certification:

I/We certify that the statements contained in this application are true, accurate and complete to the best of my/our knowledge and belief. I/We hereby authorize the release of any information necessary for the Christmas in May – Chaska process this application.

I/We are also agreeing to a home inspection by a team of qualified volunteers to evaluate the feasibility of improving my/our home within the allotted budget and time constraints.

Applicant Date

Co-Applicant Date

Warning: Section 1001 of the Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

IMPORTANT PRIVACY NOTICE
****Read Before Completing the Application Form****

We are asking that you provide the information on the Christmas in May - Chaska 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 Christmas in May - Chaska program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- * Staff involved in program administration.
- *Local loan committee members who approve applications.
- *Auditors who perform required audits of this program.
- *Members of the local governing board for the purpose of the addressing/resolving application complaints (as addressed in the project's policy and procedural manual).
- *Those persons who 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. Please keep in mind, however, that data must be release if required by court order, and, in addition, your private data may be release if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

Signature of Applicant Date

Signature of Co-Applicant Date