



Enclosed is an application for the **Pine County Building Rehabilitation Program** funded by the American Rescue Plan Act, for a residential rental unit rehabilitation loan/grant.

Enclosed with this letter you will find:

1. Fact Sheet
2. *What to Expect from the Rehabilitation Program* information sheet,
3. Rental Unit application,
4. Privacy Notice,
5. Borrower's Certification for Release of Information form,
6. Certification of Negative Economic Impact form.

Mail your application and supporting forms to Lakes & Pines at the address below along with the following information:

- A copy of your recorded Warranty Deed or recorded Contract for Deed;
- A copy of your most recent property tax statement;
- A copy of your most utility bills;
- A copy of your Declaration's page of your property insurance;
- A copy of your most recent mortgage statement, if applicable.

In your application, please clearly identify the name, address and phone numbers of ALL tenants in the building, so we can contact them with supplemental information. You may want to contact your tenants, notifying them about this program and that Lakes & Pines will be contacting them soon. If your tenants refuse to return the information requested of them, unfortunately your application will be denied.

We look forward to working with you in the weeks ahead.

Please feel free to call us if you have any questions. You can contact me at (320) 679-1800 ext. 123 or by email at nicole.klosner@lakesandpines.org

1700 Maple Avenue East - Mora, MN 55051-1227

Office & TDD - 320.679.1800 - FAX 320.679.6863

Special accommodations for people with disabilities upon request.

Serving the counties of Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs and Pine

An Equal Opportunity Employer & Contractor

Pine County Residential Rental Rehabilitation Fact Sheet

Pine County has allocated grant funds for rental property owners to make health, safety & energy efficiency improvements to their rental units from the American Rescue Plan Act. The maximum grant available is \$25,000 per single-family rental property or \$15,000 per unit for a multi-family rental property, not to exceed \$75,000 per property owner. This assistance to property owners is in the form of a grant which must be matched with other funds to complete the project. The match of funds must be 20% of the total cost of improvements, County ARPA funds will only pay for 80% of the total cost of improvements.

To qualify:

- The rental property must be in Pine County.
- The applicant must be an owner of the property either free of debt, through a mortgage or recorded Contract for Deed.
- The applicant must have been negatively impacted by the COVID-19 pandemic.
- The applicant must be current on paying mortgage payments, utilities and property taxes and the applicant must carry sufficient property insurance to rebuild the building in case of fire, storm, or other accidents. Comprehensive Loss Underwriting Exchange (CLUE) reports will be pulled on every property.
- The rent charged per unit shall not exceed the area fair market rents, established by HUD for Pine County:

2021 Fair Market Rent	Efficiency	1-Bedroom	2-Bedroom	3-Bedroom	4-Bedroom
Source: FY2021 Fair Market Rent Pine County, MN	\$533	\$611	\$805	\$1,040	\$1,158

- Economic displacement is not allowed and occurs when improvements to the property cause subsequent rent increases forcing the tenant to move because they can no longer afford the rent. Property owners must certify that the rental property will continue to charge fair market rents.

Repairs that make the property more livable, energy efficient, safe, and accessible for handicapped occupants, qualify under this program. These may include replacing or repairing:

- Plumbing, heating, ventilation, or electrical systems.
- Roofing, windows, doors, and siding.
- Ramps and accessibility conversions.
- Lead remediation on units built prior to 1978.
- Radon mitigation.
- Wells or septic systems or private connections to municipal water & sewer services.

How this program works:

1. The applicant submits a completed application which includes the application, proof of ownership (copy of deed), proof of insurance (copy of declarations page) and proof of mortgage & utility payments (most recent monthly statement). Within the application, the owner will certify the current rent and utilities for each unit, supplemented with financial statements showing the validity of the amounts provided.
2. Application is reviewed and a letter is mailed/emailed to the applicant on the eligibility determination.
3. Property is inspected to determine the scope of work and the feasibility of a project.
4. The scope of work is developed into a bid package for the applicant to use to solicit a minimum of two bids.
5. Bids are reviewed and contract(s) awarded to the lowest bidder.
6. Work must be completed and invoiced to Lakes & Pines, no later than September 30, 2024..
7. Invoice(s), sworn statement, lien waiver are submitted to Pine County for processing.
8. Property is inspected to confirm the work was completed to the inspector's, applicant's and Lakes & Pines satisfaction and only then is the payment issued to the contractor directly.

Applications are available electronically on the County's website: www.co.pine.mn.us or by contacting:
Lakes & Pines CAC, Inc. 1700 Maple Ave E, Mora, MN 55051 | 320.679.1800 | lap@lakesandpines.org

**WHAT TO EXPECT
AND WHAT NOT TO EXPECT
FROM THE REHABILITATION PROGRAM**

The rehabilitation program staff will help applicants during the rehabilitation process, but applicants are responsible for making the choices and doing the following items:

- Applicants must provide the program staff with necessary information promptly.
- Applicants -not the program staff, choose contractors to submit bids.
- Applicants -not the program staff, select the contractor to do the work.
- Applicants sign Warranty Contracts with the selected contractor.
- Applicants work with the contractors to settle disagreements during the job.
- Applicants AND the program staff must be satisfied with the work performed by the contractor.
- Applicants must contact contractors to ask them to correct problems covered by the Warranty Contract after work has been completed.

Items to think about before participating in the rehabilitation program:

- Not all the work that owner's want done can always be done because of program constraints and requirements.
- Repairs will be made to help correct health & safety problems first.
- Do not expect the property to be completely "new" after work is done.
- Do not expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level and square when work is done, as this can be impossible when working with older structures and pre-existing conditions.
- It can be stressful living in a home while a contractor is performing repairs.
- The program staff is NOT the contractor and CAN NOT guarantee that the applicant will be satisfied with the work done by the contractor that the owner selects to perform the work.

**AMERICAN RESCUE PLAN ACT
RESIDENTIAL RENTAL UNIT REHABILITATION APPLICATION**



PART I: APPLICANT INFORMATION

APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF APPLICATION	
CO-APPLICANT LAST NAME	FIRST NAME	MIDDLE INITIAL		
PROPERTY ADDRESS	CITY	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP	
()	()			
PHONE NUMBER	DAYTIME PHONE NUMBER	COUNTY	TOWNSHIP	

PART II: PROPERTY INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

ESTIMATED AGE OF BUILDING: _____	ESTIMATED MARKET VALUE: _____
NUMBER OF STORIES: _____	NUMBER OF UNITS: _____
RESIDENTIAL SQUARE FOOTAGE: _____	NON-RESIDENTIAL SQ. FOOTAGE: _____
CURRENT USE OF BUILDING: _____	
PROPOSED USE OF BUILDING: _____	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. IS THE BUILDING WITHIN THE CORRECT ZONING CLASSIFICATION? _____
2. IS THE BUILDING IN A HISTORICAL DISTRICT? _____
3. IS THE BUILDING ON THE NATIONAL/STATE HISTORICAL REGISTER? _____
4. DO YOU WANT YOUR BUILDING ON THE HISTORIC REGISTER? _____
5. IS THE BUILDING IN A REGULATORY FLOOD PLAIN? _____

PART III. OWNERSHIP INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION:

OWNERSHIP OF PROPERTY IS:

BUYING MORTGAGE
 FREE & CLEAR
 OTHER
 CONTRACT FOR DEED

NAME AND ADDRESS OF MORTGAGE/LIEN HOLDER(S): _____

LIST NAME/ADDRESS/PHONE # OF OWNERS ON TITLE/DEED:	OWNERSHIP INTEREST (%):
_____	_____
_____	_____
_____	_____

**AMERICAN RESCUE PLAN ACT
RESIDENTIAL RENTAL UNIT REHABILITATION APPLICATION**

PART III. OWNERSHIP INFORMATION (CONTINUED)

OUTSTANDING PRINCIPLE OWED ON BUILDING: \$ _____
 LENDING INSTITUTION/MORTGAGE COMPANY (LIST NAME ADDRESS & PHONE): _____

PART IV. ESTIMATED REHABILITATION COSTS & REQUIRED LOAN INFORMATION

PLEASE SELECT THE IMPROVEMENTS YOU WOULD LIKE TO HAVE DONE:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> EXTERIOR IMPROVEMENTS | <input type="checkbox"/> AWNINGS | <input type="checkbox"/> HEATING/COOLING SYTEM UPDATES |
| <input type="checkbox"/> WINDOW REPLACEMENT | <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> ELECTRICAL UPDATES |
| <input type="checkbox"/> FIX CODE VIOLATIONS | <input type="checkbox"/> INSULATION | <input type="checkbox"/> PLUMBING UPDATES |
| <input type="checkbox"/> DOOR REPLACEMENT | <input type="checkbox"/> ROOFING | <input type="checkbox"/> ASBESTOS/LEAD REMOVAL |
| <input type="checkbox"/> ENERGY IMPROVEMENTS | <input type="checkbox"/> FIRE ESCAPE | <input type="checkbox"/> ACCESSIBILITY IMPROVEMENTS |

PLEASE LIST ANY OTHER IMPROVEMENTS YOU WOULD LIKE TO DO:

Please list any pending insurance claims on the property:

PLEASE PROVIDE THE FOLLOWING INFORMATION:

ESTIMATED COST OF PROJECT: _____
 ESTIMATED AMOUNT OF OWNER FUNDS NEEDED: _____
 ESTIMATED AMOUNT OF OWNER FUNDS NEEDED: _____
 SOURCE OF OWNER FUNDS: SAVINGS BANK LOAN OTHER: _____
 IMPACT OF PROJECT ON JOBS: # EXISTING: _____ # CREATED: _____

PART V. TENANT INFORMATION

PLEASE PROVIDE COMPLETE INFORMATION REGARDING YOUR TENANTS, YOUR APPLICATION APPROVAL DEPENDS ON THE INCOME OF YOUR TENANTS (REFER TO THE FACT SHEET), OUR STAFF WILL HAVE TO CONTACT THEM. USE ADDITIONAL SHEETS IF NECESSARY.

UNIT #	NAME(S)	MAILING ADDRESS	PHONE NUMBER

AMERICAN RESCUE PLAN ACT
RESIDENTIAL RENTAL UNIT REHABILITATION APPLICATION

I (we) the undersigned, certify subject to penalty under law, that by signing this application, the information above is true and correct to best of my (our) knowledge. I (we) realize that giving false information will result in disqualifying from the program, and/or I (we) may be subject to a fine or imprisonment, or both, under provisions of the Minnesota Criminal Code, and/or I (we) may be required to return all or part of the rehabilitation funds to the entity in which they were borrowed from. I (we) hereby authorize Lakes & Pines Community Action Council, Inc. staff to enter my (our) property to identify work items necessary for the rehabilitation of my (our) building, to take photographs and to inspect work in progress while construction is occurring, during regular business hours. NOTE: The information requested in this application is legally required to determine if you qualify for participation in this rehabilitation program. A portion of the data is classified as "private data on individuals" under Minnesota Statutes 462.065.

Your name, address and amount of assistance you receive is considered public data under the Minnesota Data Practices Act. The disclosure of your Social Security Number or Minnesota Tax Identification Number is mandatory for participation in this program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01-270A.12 of MN Statutes), as well as Section 270.66 of said Statutes. Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness to the entity lending the funds to us, resulting from this or other Small Cities Development Programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of state obligations.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

I/WE CERTIFY THAT I/WE HAVE RECEIVED INFORMATION ON THE FAIR HOUSING ACT AND THAT I/WE HAVE READ AND UNDERSTAND THE INFORMATION.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

I/WE CERTIFY THAT I/WE HAVE RECEIVED THE PUBLICATION "RENOVATE RIGHT: IMPORTANT LEAD HAZARD INFORMATION FOR FAMILIES, CHILD CARE PROVIDERS AND SCHOOLS" AND THAT I/WE HAVE READ AND UNDERSTAND THE POTENTIAL RISK OF LEAD HAZARD EXPOSURE FROM RENOVATION ACTIVITIES PERFORMED IN MY/OUR DWELLING AS PART OF THIS PROGRAM. I/WE RECEIVED THIS BEFORE WORK BEGAN.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

I/WE AUTHORIZE THE PHOTOGRAPHING OF MY PROPERTY. I UNDERSTAND THAT THE PHOTOGRAPHS WILL BE USED BY LAKES & PINES CAC, INC. OR ITS REPRESENTATIVE AS DOCUMENTATION OF PROPERTY CONDITIONS BEFORE REHABILITATION AND AFTER REHABILITATION. THE PHOTOGRAPHS MAY ALSO BWE USED IN PRESENTATIONS OR IN OTHER MANNER FOR DEMONSTRATING VARIOUS STYLES AND SERVICES.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE

TIL AND NMLSR ID

Lakes & Pines Community Action Council Inc.

Loan Originator Company Name

1161367

Loan Originator Company NMLSR ID

Loan Originator Individual Name
(as name appears on NMLSR)

Loan Originator Individual NMLSR ID (if applicable)



**IMPORTANT PRIVACY NOTICE
READ THIS BEFORE FILLING OUT THE
APPLICATION**



We are asking that you provide the information on the application form to determine if you are eligible to participate in the rehabilitation 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 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 and other persons 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 addressing/resolving applicant 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 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 must be released if required by law that authorizes or requires such release of data.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

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

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



Borrower's Certification and Authorization



The undersigned certify the following:

I/We have applied for a rehabilitation loan/grant through the American Rescue Plan Act (ARPA). In applying for the loan/grant, I/We completed a loan/grant application containing a variety of information on the purpose of the loan/grant, the amount and source of the down payment, employment and income verification, and asset and liability verification.

Authorization to Release Information:

To Whom It May Concern:

1. I/We have applied for loan/grant from the Pine County through ARPA funding. As part of the application process, Pine County and it's administrator of the loan/grant, Lakes & Pines CAC, Inc. may verify information contained in my/our loan/grant application and in other documents required in connection with the loan/grant, before the loan/grant is closed or as part of its quality control program.
2. I/We authorize you to provide Pine County/Lakes & Pines CAC, Inc. any and all information they request. Such information may include, but is not limited to, employment income, bank money market, and similar account balance and copies of income tax returns.
3. Pine County/Lakes & Pines CAC, Inc. may address this authorization to any party named in the loan/grant application.
4. A copy of this authorization may be accepted as an original.

Borrower's Signature	Date	Social Security Number
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Borrower's Signature	Date	Social Security Number
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* This release will expire 90 days from the date of signature.



Certification of Negative Economic Impact

Pine County has dedicated some of its American Rescue Plan Act (ARPA) funding to help alleviate the negative economic impact that the COVID-19 pandemic had on Pine County residents, landlords and businesses. These funds can be used to make repairs to homes, rental units and commercial buildings to make them safe, healthy and less prone to spreading infectious bacteria, viruses, and the diseases they cause. Completion of this form is required to receive home/building rehabilitation funding.



Name: _____

Property Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Please check the box(es) below to indicate which Executive Order from the Governor of Minnesota, had a negative economic impact on you, your family, or dependents. Select all that apply and be prepared to give a short description on page 2:

- Executive Order 20-02: Temporary closure of schools
- Executive Order 20-04: Temporary closure of bars, restaurants, and other places of public accommodation
- Executive Order 20-08: Clarifying public accommodations under EO 20-04
- Executive Order 20-09: Delay of inpatient and outpatient elective surgery and procedural cases
- Executive Order 20-14: Suspending evictions and writs of recovery
- Executive Order 20-17: Clarifying application of EO 20-09 to veterinary surgeries and procedures
- Executive Order 20-18: Continuing the closure of bars, restaurants, and other places of public accommodation
- Executive Order 20-19: Authorizing the implementation of distance learning
- Executive Order 20-20: Directing Minnesotans to stay at home
- Executive Order 20-33: Extending stay at home order and temporary closure of bars, restaurants, and other places of public accommodation
- Executive Order 20-48: Extending and modifying stay at home order, continuing temporary closure of bars, restaurants, and other places of public accommodation, and allowing additional workers in certain non-critical sectors to return to safe workplaces
- Executive Order 20-73: Clarifying EO 20-14 suspending evictions and writs of recovery during the COVID peacetime emergency
- Executive Order 20-79: Modifying the suspension of evictions and writs of recovery
- Executive Order 20-81: Require face coverings in certain settings
- Executive Order 20-96: Restricting social gatherings, celebrations, and the hours and operations of bars, restaurants, and venues
- Executive Order 20-99: Implementing a four-week dial back on certain activities (November 18)
- Executive Order 20-101: Implementing a four-week dial back on certain activities (December 14)
- Executive Order 20-103: Extending and modifying EO 20-99

