

City of Osakis, Minnesota

Community Housing Assistance Program Policy and Application

Program Overview:

One of the primary objectives of the Comprehensive Plan for the City of Osakis is to assure an adequate and affordable housing supply that provides a convenient, safe, and aesthetically appealing living environment. To accomplish this objective the Community Housing Assistance Program will provide an opportunity for the City to address rehabilitation of existing housing stock to attract and retain single-family home owners.

Program Funding:

The City of Osakis proposes to dedicate increment generated in Tax Increment Financing District No. 1-5 to encourage and aid further affordable housing and rehabilitation of existing housing stock within the boundaries of the Municipal Development District. Tax increments generated from the TIF district would *not* be used to subsidize new subdivision costs, but would be reserved to help fund the costs of acquisition and rehabilitation in the Municipal Development District.

Goals for the Program:

The goals for the Community Housing Assistance Program are as follows:

- 1. Assist with the rehabilitation of substandard properties where rehabilitation is economically feasible.
- 2. Provide financial assistance for the demolition and replacement of existing homes not suitable for rehabilitation.
- 3. Eliminate blighting influences that affect area property values.
- 4. Make land available for affordable new housing opportunities.
- 5. Attract and retain single-family homeowners to the City of Osakis.

Eligibility for Program funds:

The following eligibility requirements are established for the Community Housing Assistance Program:

1. Property must be located within the boundaries of the Municipal Development District, <u>in Douglas County</u>. Preference will be given to properties in the older, single family residential areas of the City. These areas are roughly defined as:

<u>Area #1:</u> Nokomis Street West, south to Pike Street West, between Central Avenue and 7th Street West

<u>Area #2:</u> Nokomis Street West, north to Main Street, residential properties between 1st Avenue West and 4th Avenue West

<u>Area #3:</u> Nokomis Street East, north to Lake Street, between 4th Avenue East and 8th Avenue East

2. Upon granting of TIF assistance, occupants of the benefitting properties must be income eligible. For owner occupied housing, 95% of the units must be initially purchased and occupied by persons whose income is equal to 115% or less of the area median family income. It must be demonstrated that the buyer receives the benefit of tax increment. The initial buyer must intend to occupy the property for a minimum number of 7 years to avoid repayment.

The following chart shows household income limits effective to be eligible for TIF assistance:

| Maximum | Household Income |
|---------------------------------------|---------------------|
| Family Size | Allowed to Qualify* |
| 1 & 2 | \$111,800 |
| 3 or More | \$128,570 |
| *Income figures are adjusted annually | |

Source: www.huduser.org - effective April 1, 2024

Terms of the Program:

For eligible income qualified home owners and buyers, the following terms are established to guide the City in the performance of this program:

- Demolition The City will provide 50% of the cost, not to exceed \$5,000 for the demolition of existing substandard housing units through their demolition program. *Demolition costs will be reimbursed at the completion of a new home*. The City will not participate in demolition where there are no plans for new construction.
- Acquisition Where new homes are constructed, the City will provide 50% of the cost, not to exceed a forgivable loan of up to \$25,000 towards the acquisition of new homes within the Project Area. (Project must be over \$50,000, then only 1 bid is required)
- Exterior Remodel/Improvements Where a home has an exterior remodel, City will provide 50% of the cost, not to exceed a forgivable loan of up to \$10,000 towards exterior improvements to the home to include: windows, roof, siding, energy upgrades, remodeling, and additions.
 NOTE: All remodel projects must be a minimum of a \$10,000 total project.

<u>CITY EXPECTS PROPERTY OWNER'S FUND TO MATCH THE CITY'S FORGIVABLE LOAN AMOUNT</u>

Example: Grants are 50/50 you spend \$5,000 or \$10,000 the city will match that amount

All assistance will be provided in the form of forgivable loans that will have no interest and will be forgiven in 7 years if the applicant retains ownership, otherwise, a pro rata share will be repayable based upon the date of sale of the property.

Application Acknowledgement:

The applicant acknowledges that by making application to the City of Osakis it does not guarantee approval by the City. The dollars available for this program is determined on the number of prior applicants approved by the City and the performance of TIF 1-5. As with all incentive programs, the incentive *is not a right, it is a privilege granted by the City.*

Updated 11/27/2024

Application:

Anyone interested in applying for the City of Osakis Community Housing Assistance Program should complete the application. The application shall be submitted to:

Angela Jacobson City of Osakis 14 Nokomis Street East PO Box 486 Osakis MN 56360 Phone: 320-859-2150 x 1 Fax: 320-859-3978

2 bids are REQUIRED to be submitted for the program for demolish or remodeling projects *1 bid is only REQUIRED to be submitted on the acquisition of building a new home over \$50,000*

ACKNOWLEDGE FUNDING REQUIREMENTS:

- Decks will not be funded.
- Must be owner/occupied single family home to qualify for grant.
- Funding must be approved before starting project.
- If funds are approved for a project, the amount will remain the same if the project cost or scope changes.
- All projects must be a minimum of \$10,000.
- Project needs to be completed within ONE YEAR of approval date by the EDA



City of Osakis Community Housing Assistance Program Application

| Name of Applicant: | | | | |
|-------------------------|-------------------------|------------------|------|-------------------|
| | First | Middle Initial | | Last |
| Name of Co-Applicant: | | | | |
| | First | Middle Initial | | Last |
| Home Address: | | | | |
| Zip | Street | P.O. Box | City | State |
| Telephone Number: | | | | |
| Names of all Persons in | Home the household a | and birth dates: | | Other (Work/Cell) |
| Name | | | | Birth Date |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

The annual gross income from <u>all persons over age 18</u> in the household is: \$_____

Check the box next to all the sources of income of household members: (All income must be listed including Wages, Self-Employment, Pensions, Social Security, Rental Income, AFDC, Child Support, Alimony, SSI, or General Assistance)

Social Security

□ MFIP

□ Child Support

Payment from
 Contract –for-Deed

Pension

- General Assistance
- Rental Income
- Interest from Savings
- Wages

- □ Self-Employment
- □ Farm Income
- Other:

Housing Information

I currently (please check the appropriate box):

- □ Own the property free and clear
- I am buying the property from the Bank or Mortgage Company. Name of Lender: _____
- Describe other form of Ownership: _____

Parcel Number: ______

Legal Description:

(or provide a copy from your Deed)

Estimated Market Value:

I am applying for (please check the appropriate box):

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NOTE: All remodel projects must be a minimum of a \$10,000 total project.

| Grant Matching Project Maximums |
|---|
| \$5,000 towards Tear Down on a Lot |
| \$10,000 towards Remodeling Costs |
| \$25,000 to Build a New Home in Osakis |

Example: Grants are 50/50 you spend \$5,000 or \$10,000 the city will match that amount

Insurance Claim:

| Is this project an insurance claim? | |
|-------------------------------------|----------|
| Date Filed: | |
| Insurance Company: | Phone #: |
| Claim #: | |

Credit History

Please answer all questions. If the answer to any of the questions is "yes", please attach a written explanation.

| | Are there any outstanding financial judgments or liens against you? Have you declared bankruptcy within the last 36 months? Have You lost any property through foreclosure or given title of? | | | YesYes | ☐ No ☐ No | | |
|--|---|------|---------------|-----------------------------------|--------------|--|--|
| | deed to anyone to avoid foreclosure? | - | | Yes | 🗌 No | | |
| | 4. Are you a co-signer on any note or loan? | | | Yes | 🗌 No | | |
| Bank Re | eference | | | | | | |
| | Bank Name: | Le | ender Name: _ | | | | |
| | Address: | | | | | | |
| | Street | City | State | | Zip | | |
| | Contact Number: | | | | | | |
| Please attach: | | | | | | | |
| Most recent Federal Tax Return (Form 1040). Two competing bids from licensed contractors (we encourage bids and supplies be obtained from local contractors and suppliers) (If acquisition of a new home, then only 1 bid will be required if over \$50,000) | | | | | | | |

Estimate Total of Bid #1: _____

Estimate Total of Bid #2: _____

ACKNOWLEDGE FUNDING REQUIREMENTS:

I/We certify that all statements on this application are true and correct to the best of my/our knowledge. I/We understand that any intentional misstatement will be grounds for disqualification. I/We also agree to provide the City of Osakis with any additional information necessary for approval of the application and will in a timely manner provide such additional information.

The applicant acknowledges that by making application to the City of Osakis it does not guarantee approval by the City. The dollars available for this program is determined on the number of prior applicants approved by the City and the performance of TIF 1-5. As with all incentive programs, the incentive *is not a right, it is a privilege granted by the City.*

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Applicant Signature

Co-Applicant Signature

Tennessen Warning (PRIVATE INFORMATION)

Under the Minnesota Government Data Practices Act (Minn. Stat. § 13.548), your name, address, telephone number, and e-mail are private data. You may choose not to provide some or all of this private data, but it may limit your ability to participate in this program. For example, your contact information is needed to provide information to you such as approval, etc. By signing below, you are consenting to allow registration information to be shared with Osakis Economic Development, City Clerk/Treasurer, and other registered program participants in order to administer this activity. This consent expires upon completion of this activity.

Date

Date