FREE LOT HOUSING PROGRAM APPLICATION APPLICANT INFORMATION (Please Print)



APPLICATION DATE:		
Name:		
First	Middle	Last
Street/Mailing Address:		
City:	State:	Zip:
Social Security Number:		Date of Birth:
Home Phone:	Work F	Phone:
Cell Phone:	E-mail:	
CO-APPLICANT		
Name:		
First	Middle	Last
Social Security Number*:		Date of Birth:
*See next page for Tennessen Warning.		
Phone:	E-mail:	
Free Lot Address/Lot Number Reque	sted:	

Required Documents:

- ✓ **Proof of Financing**: Please attach a letter from your lender indicating the applicant is preapproved for a loan to finance the cost of construction.
- ✓ **Blueprints:** Attach blueprints and associated building plans and elevations.

Next Steps:

- a. Upon receiving all required documentation, the City will notify applicant of preapproval.
- b. Applicant will be required to sign a purchase agreement and quit claim deed.
- c. Applicant will be notified within 5 business days of purchase agreement approval by City Council. If application is not approved, or more information is needed, applicant will be advised in writing.
- d. Once approved, applicant has 18 months to complete construction of project, otherwise ownership of the lot and improvements reverts back to the City in accordance with the signed purchase agreement and quit claim deed.

Free Lot Housing Program Application

Tennessen Warning

In your Free Lot Housing program application for the City of Halstad, you are asked to provide certain information about yourself. Under the Minnesota Government Data Practices Act, we are required to advise you of the following in regards to the use of your information.

- Our purpose and intended use for the information you provide is to process your application so that a free lot can be obtained.
- You are not legally required to provide the information requested. However, we may refuse to process your application if you fail to provide the requested information.
- Your private information will only be provided to the City of Halstad employees whose work requires access to the information.

Please read the above information before signing.

I hereby declare that all of the above and attached information is true and correct to the best of my knowledge and belief. I understand that I subject my application to rejection or compensation of the full assessed value of the lot in the event the above and attached facts are found to be falsified.

Signature:	Date:
Signature:	Date:
APPLICATION INFORMATION (Internal Use Only)	
Accepted by:	Date:
Title:	