



**Department of
Planning and
Economic Development**
stpaul.gov/PED

Checklist for Rental Rehabilitation Loan Program Applicants

To have a successful application for the Rental Rehabilitation Loan Program, applicants must have the following completed and delivered in person or by mail:

- A non-refundable check or money order for **\$250.00** paid to the order of the "City of Saint Paul".
- A completed application packet, which should include all of the following documents:
 - Complete Application Form, including:
 - Signed Landlord's Responsibilities and Expectations
 - Signed Authorization to Release Information
 - Detailed Project Description
 - Project Schedule
 - Financial Statements of the Principals/General Partners
 - Detailed Project Development/Construction Budget
 - Sources and Uses of Funds Statement
 - Detailed Unit Breakdown
 - Initial Scope of Work
 - Written and signed reference from the District Council
 - Tenant Data (Site Occupant Record Form)
 - Self-certification of rents and incomes
 - 6:3 Signed Agreement Between Owner and Contractor
 - Complete copies of your last two (2) yearly Federal Income Tax Returns as filed with the IRS (Including all W-2s and/or 1099s).
 - Complete copies of your last three (3) months' bank statements on all financial accounts.
 - A 10-year proforma of your investment showing income and expenses
 - A copy of your current Homeowner's Insurance Declarations.

For applicants who have purchased the property on a Contract for Deed: Please include a copy of the Contract for Deed that has been recorded at Ramsey County Property Taxes in your

Current as of October 13, 2017

application, along with a letter from the Contract Holder stating willingness to sign the mortgage and the note.

For applicants who are self-employed: Please provide a year-to-date financial income statement with three (3) years worth of Federal Income Taxes that also include all schedules filed to the IRS in your application.

The application packet can be emailed to Jules Atangana, delivered in person or delivered by mail to:

Rental Rehab Loan Program
Attn: Jules Atangana
Suite 1100
25 West Fourth Street
Saint Paul, MN 55102

More information about this program can be found at: stpaul.gov/RentalRehabLoan

Questions can be sent to Jules Atangana at 651-266-6552 or jules.atangana@ci.stpaul.mn.us

LANDLORD'S RESPONSIBILITIES AND EXPECTATIONS
CITY OF SAINT PAUL RENTAL REHAB LOAN PROCESS

You are applying for a City of Saint Paul Rehab Loan. This program must comply with the following: (a.) City of St. Paul Vendor Outreach Program, (b.) Affirmative Action, (c.) other local and federal regulations.

1. Repayment Terms This loan will be secured with a note and a mortgage at zero (0%) interest. Loan payment will be amortized over 10 years. Loan may be due in full if the borrower sells or transfers title, or fails to comply with any of the other requirements as defined in the loan documents.
2. Application (Non-Refundable Application Fees Cost to Landlord. \$250). Owner completes application, provides a scope of work, and returns to PED staff along with application fees. Application fees are non-refundable. PED project manager processes application. If approved, Owner receives a Commitment Letter and is assigned to a Rehab Advisor to develop the final scope of work.
3. Initial Inspection Your case is assigned to a Rehab Advisor who performs the initial assessment and approves or adjusts the scope of work. These adjustments may include additional work to bring the property up to Health and Safety based on EPA standards regarding lead safety, or to address Historic Preservation and environmental guidelines where necessary. The Rehab Advisor may also take pictures of the work to be performed (Before pictures).
4. Scope of Work and Bidding Owner must identify at least (3) three Minnesota State licensed General Contractors to bid on the project (to verify, contact the Minnesota Department of Labor and Industry, 651-284-5034). At least (1) of the Contractors identified to bid must be certified under the City of St. Paul Vendor Outreach Program (See website www.govcontracts.org).
5. Final Bid Package Owner receives bids from contractor and makes a recommendation for the lowest responsible bidder. Owner sends all the bids received to Rehab Advisor for PED filing. Rehab Advisor approves contractor selection. If only (1) Contractor response is received, the Rehab Advisor will perform a written cost analysis to assure the bid is cost reasonable.
6. Final Loan Approval and Loan Closing (Cost to Owner: Recording Fees \$46 per loan) Project Manager obtains final approval on loan file. Project Manager conducts loan closing with Owner and collects recording fees. Recording fees cannot be financed with Loan.
7. Construction Notice to Proceed is issued to Contractor by Rehab Adviser. Contractor schedules start date and construction commences. Interim draw requests are signed by Owner and submitted to Rehab Adviser with 10% retainage until completion of project. Owner should not conduct other rehab or demolition work during the construction period under this contract. Rehab Adviser may take on-going construction pictures.
8. Final Payment to Contractor Owner signs final draw request authorizing final payment to Contractor. Rehab Adviser performs final inspection and approves the final draw request Rehab Adviser may take after construction pictures of the premises

Important Information, Lead, Landlord Responsibilities etc

9.	Summary of Loan Processing Costs to Owner	
	\$ 250.00	Application Fee
	\$ 46.00	Recording Fees per loan paid at Loan Closing. Can be financed with loan.
	\$ 296.00	TOTAL

I hereby acknowledge receipt of this "Landlord's Responsibilities and Expectations" and agree to comply with all program rules and regulations.



 Owner

11-28-17

 Date



 Owner

11-28-17

 Date

**CITY OF SAINT PAUL RENTAL REHAB LOAN PROGRAM
AGREEMENT BETWEEN OWNER AND CONTRACTOR**

The Owner and Contractor acknowledge that financing for the Project is being provided by the Housing and Redevelopment Authority of the City of Saint Paul, Minnesota ("HRA") but that HRA is not a party to this Agreement, and hereby agree as set forth below:

1. **TIME, COMMENCE AND COMPLETION**

The work to be performed under this Agreement shall be commenced within **forty five (45) calendar days** of the date of the Proceed to Work Notice issued by the HRA and shall be satisfactorily completed within **ninety (90) calendar days** thereafter.

In the event Contractor is delayed in the process of the work by conditions not reasonably foreseeable or beyond the control and without the fault of Contractor, then the completion date shall be extended; provided, however, Contractor gives Owner and HRA written notice of any such delay within **five (5) calendar days** of the onset of such delay.

Owner accepts the HRA is not responsible for the timeliness, quality or performance of the Project or any portion thereof. Owner acknowledges it selected the Contractor and that the HRA is not responsible for that selection.
2. **HOLD HARMLESS**

Contractor will defend, indemnify, and hold harmless the Owner and the HRA, its officers, agents, and employees from liability and claims for damages because of bodily injury, death, property damage, sickness, disease or any loss and/or any expense arising from Contractor's operations under this contract.
3. **FINES**

The Contractor is fully responsible for the means and methods of executing the scope of work. The Contractor agrees to immediately satisfy any and all fines or judgments presented by OSHA, EPA, and the local or state health department.
4. **PROGRAM REQUIREMENTS**

Contractor will take affirmative action to ensure fair treatment of all employees, and will not discriminate against anyone on the basis of race, color, creed, sex or national origin in their employment practices (Executive Order 11246). Contractor agrees not to use lead based paint according to 24CFR part 35. Contractor is responsible for being aware of all public laws and executive orders pertaining to the use of such funds. The following compliance requirements may apply: Labor Standards (Little Davis-Bacon); Vendor Outreach Program; Two-bid Policy; PED/HRA Sustainability Initiative
5. **INSURANCE**

Before commencing work, Contractor shall furnish the HRA with certificates showing the following insurance is in force. Policies shall be submitted for approval to the HRA and shall be endorsed to provide that the policies will not be canceled or changed until **thirty (30) days** after written notice of change or cancellation has been delivered to the HRA. Policies must identify the HRA as additional insured. Coverages shall be at least as follows:

 - A. **commercial general liability** of not less than \$500,000 per person / \$1,500,000 per occurrence and shall not exclude explosion, collapse and underground property damage;
 - B. **workers' compensation insurance** with not less than statutory minimum limits and **unemployment insurance** as required by law.
6. **PAYMENT/LIEN WAIVERS**

Contractor shall protect, defend and indemnify Owner and HRA from any claims for unpaid work, labor, or materials. Payment shall not be due until the Contractor has delivered to the HRA complete release of all liens arising out of this contract, or receipts in full, covering all labor and materials for which a lien could be filed, or a bond satisfactory to the Owner indemnifying him against any lien, all to the

satisfaction of the HRA.

Interim payments will be subject to a 10% retainage of invoice amount until the total completion of this agreement.

Owner shall make prompt payment to Contractor when work has been completed and accepted by Owner and HRA.

8 Rehab Agreement Between Owner and Contractor 4-27-11.doc

7. **NOTICE OF LIEN RIGHTS IN THE STATE OF MINNESOTA**

CONTRACTORS ARE REQUIRED BY MINNESOTA LAW TO PROVIDE OWNERS WITH THE FOLLOWING NOTICE REGARDING THE RIGHTS OF PERSONS OR COMPANIES FURNISHING LABOR AND MATERIALS:

- A. **ANY PERSON OR COMPANY SUPPLYING LABOR OR MATERIALS FOR THIS PROJECT MAY FILE A LIEN AGAINST OWNER'S PROPERTY IF THAT PERSON OR COMPANY IS NOT PAID FOR THEIR CONTRIBUTIONS.**
- B. **UNDER MINNESOTA LAW, OWNER HAS THE RIGHT TO PAY PERSONS WHO SUPPLIED LABOR OR MATERIALS FOR THIS PROJECT DIRECTLY AND DEDUCT THIS FROM THE CONTRACTOR'S PRICE, OR WITHHOLD PAYMENT UNTIL 120 DAYS AFTER COMPLETION OF THE PROJECT UNLESS OWNER IS GIVEN A LIEN WAIVER SIGNED BY CONTRACTOR WHO SUPPLIED LABOR OR MATERIALS FOR THE PROJECT AND WHO GAVE OWNER TIMELY NOTICE.**

8. **CHANGES IN THE WORK**

No modifications of the contract shall be made except by written Change Order, signed by the Contractor, accepted by the Owner, and approved by the HRA.

If changes in the quantity or quality of work beyond that indicated in the contract are requested by Owner, Owner shall assume responsibility for the additional costs and changes. The additional funds provided by the applicant must be provided at the loan closing and held in an escrow account by the HRA and paid out to the contractor as work progresses. Such changes shall be agreed to by Owner and Contractor and shall be evidenced by written change order.

9. **CONSTRUCTION DEFECTS AND WARRANTIES**

The Contractor shall remedy any defect due to faulty material or workmanship and pay for any damage to other work resulting there from which shall appear within the period of **two (2) years** from final payment. Further, Contractor will furnish Owner with all manufacturers and supplier's written guarantees and warranties covering materials and equipment furnished under this contract.

10. **ARBITRATION**

All claims, disputes and other matters in question arising out of, or relating to, this Agreement between Owner and Contractor or the breach thereof, and except the claims which have been waived by the making or acceptance of the final payment, shall be decided by arbitration in accordance with the Construction Industry Arbitration Rules of the American Arbitration Association. This agreement to arbitrate shall be specifically enforceable under the prevailing arbitration law. Each party shall be responsible for its own costs and fees, unless decided otherwise by the arbitrator.

Notice of the demand for arbitration shall be filed in writing with the other party to this Agreement between Owner and Contractor and with the American Arbitration Association. The demand for arbitration shall be made within a reasonable time after the claim, dispute or other matter in question, and in no event shall it be made after the date when institution of legal equitable proceedings based on such a claim, dispute or other matter in question would be barred by the applicable statute of limitations.

The Contractor shall be bound by the arbitration decision, but only if the Owner has also agreed to be bound thereby prior to the commencement of the arbitration proceeding.

11. SUBCONTRACTS AND ASSIGNMENTS

No subcontract or assignment of this contract shall be made without the written consent of the Owner and the HRA.

12. PERMITS AND CODES

Contractor will secure all necessary permits and licenses required to do the work and to comply with all Building Code regulations and ordinances whether or not covered by the specifications and drawings for the work.

13. CONTRACT DOCUMENTS

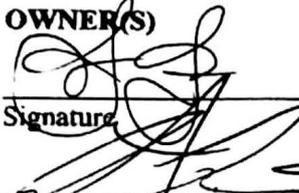
Contract documents constituting this entire agreement for the rehabilitation of the property located at Her St. Paul, MN ("Project"), are as follows: Scope of Work, Bid Form dated _____ (date contractor signed Bid Form), Post Bid Addendum and Project Manual.

14. CONTRACT SUM

The Owner shall pay the Contractor for the performance of the work, subject to additions and deductions by written Change Order approved by the Owner and HRA provided in the Contract Documents, the Contract Sum of \$ _____.

THIS AGREEMENT is made this 27th day of November, 2017.

OWNER(S)



Signature


Signature

CONTRACTOR Lance Holder



Signature
See A Need
Contracting / H6M services

Company



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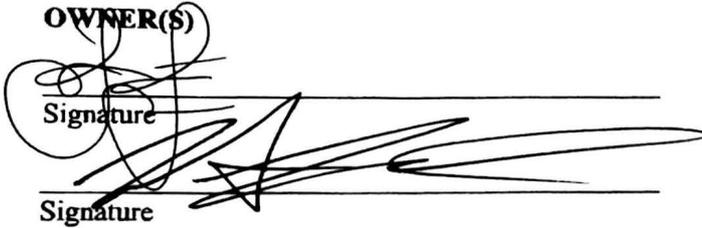
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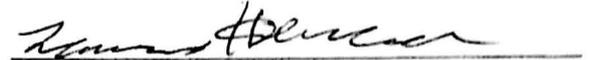
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THIS AGREEMENT is made this 27th day of November, 2017.

OWNER(S)


Signature
Signature

CONTRACTOR Lance Holder


Signature
See A Need Contracting / HBM services
Company



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

25 West Fourth Street
Saint Paul, MN 55102

Telephone: 651-266-6655
Facsimile: 651-266-6559

AUTHORIZATION TO RELEASE INFORMATION

I/We have applied for a loan from the City of Saint Paul. As part of the application process, the City of Saint Paul may verify information contained in my/our loan application and in other documents required in connection with the loan. This verification process will be conducted either prior to closing or subsequent to closing, and may be performed either by employees of the City of Saint Paul or by independent third parties, as a part of the origination, processing, underwriting, closing or quality control programs of the City of Saint Paul.

I/We authorize you to provide the City of Saint Paul and to any investor to whom the City of Saint Paul may sell this loan, any and all information and documentation that they request. Such information includes, but is not limited to: employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns. The City of Saint Paul, or any investor that purchases the mortgage, may address this authorization to any party named in the loan application.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Thank you.

Theresa felix

Applicant (print name)

Jase felix

Co-Applicant (print name)

Applicant Signature

Co-Applicant Signature

472-11-1017

Social Security Number

473-19-1749

Social Security Number

11-28-17

Date

11-28-17

Date

**DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Application for Rental Rehabilitation Loan Financing**

Date: 1/28/17

PROJECT NAME (Address): 1108 Western

1. APPLICANT DATA

Applicant Name: _____
 Corporation (non-profit)
 Corporation (For profit)
 General Partnership
 LLC
 Couple
 Limited Partnership
 Sole proprietorship
 Other (Specify: _____)

Telephone number: 651 815 5200
 List of major stockholders, partners, or principals: _____
 TIN (if applicable) _____

Ethnicity: <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race: <input type="checkbox"/> White <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> Asian & White	<input checked="" type="checkbox"/> American Indian/Alaskan Native & Black/African American

Current Address: <u>715 Parkway Dr.</u>	
City, State/Zip: <u>St. Paul MN 55106</u>	
Date of Purchase: <u>11-01-15</u>	Purchase Price: <u>500,000</u>
Market Value from Tax Statement: <u>2017: 398,100 2018: 437,900</u>	
Year Built: <u>1968</u>	Number of Dwelling Units: <u>9</u>

Applicant Work Number: 651 815 5200
 Applicant Mobile Number: same

List of major stockholders, partners, or principals: _____

Applicant's authorized representative:

Name: Jose Felix / [Signature]
 Address: 715 Parkway Dr. St. Paul MN 55106

Telephone Number: 651 815 5200

Applicant's legal counsel (If any):

Name: Taweh Anderson

Address: _____

Telephone Number: 651 528 4683

Indicate name and address of financial references:

Bank: PMC Real Estate

Commercial mortgage: Midland Loan Services

Has Applicant, if an individual, officers, or any majority stockholder (20% or more ownership), if a corporation, or any existing or prospective general partner in the Project ever been convicted of a felony? [] Yes No

Defaulted on any loan, bond or mortgage commitment? [] Yes No

(If Applicant answered 'Yes' to either of the above, see Exhibit C of Addendum)

Attach here a brief description of the type of business engaged in by Applicant, as well as the organizational structure, history, experience and annual sales and income of Applicant for the past three years (attach additional pages if necessary): _____

Applicant's employee data:

Total number of persons employed by Applicant at project: 0

Total number of persons employed by Applicant in Minnesota: 0

Total number of persons employed by Applicant in Saint Paul: 0

Estimated number of new employment opportunities to be provided by Project:
_____ New _____ Existing

Estimated Project payroll: 15K

Outstanding principal amount of loans or revenue bonds issued by City, Port Authority, or HRA to finance a facility of which Applicant or any related person to Applicant, is or has been a principal user during previous three years: 0

List any projects financed through the HRA or Port Authority in which applicant, if an individual, officers or majority stockholders, if a corporation, or any existing or prospective general partner has participated: 0

List any projects owned or managed by the Applicant within the City of Saint Paul and length of time owned or managed: 0

List any previous improvements or upgrades made to the above projects:
front door, multiple things on fire inspection.

2. PROJECT DATA

Location of Project: 1108 Western Ave

Description of Project: fire inspection upgrade

Amount of real estate taxes currently paid on site of Project: 398100 (2017) 437900 (2018)

Total estimated amount of real estate taxes which will be paid upon Project completion: _____
DSI Classification during the past 2 years: _____

Total principal amount of funds which Applicant is requesting for Project: \$15,000

Timing:
Proposed construction start: ASAP
Proposed construction end: 1-30-17
Proposed closing date: _____

Check correct response (as of the date of this application):

- Applicant presently **(does)** **(does not)** intend to sell Project upon completion of construction.
- Applicant **(has)** **(has not)** control of substantially all of the Project site.
- Applicant **(has)** **(has not)** executed any contracts for construction of any portion of any Project.
- Project **(does)** **(does not)** include property to be used as a permanent address.

Additional information as required by PED:

Completed Exhibits A-J

The Applicant agrees to pay the Department of Planning and Economic Development a \$250.00 non-refundable application fee at the time of submission of this Application.

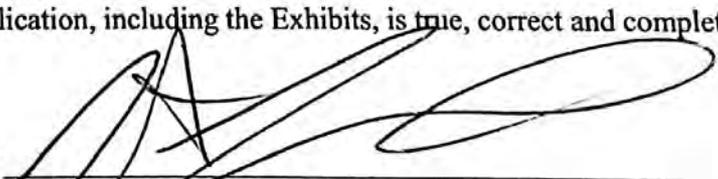
Should the HRA provide rehabilitation loan financing to the above stated project, the Applicant agrees to pay the HRA at the time of closing an amount of \$46 or equal amount of the recording fee.

It is hereby understood that submission of this application for a rehabilitation loan imposes no obligation upon the HRA, City of Saint Paul, or the Department of Planning and Economic Development to provide a loan; and it is only the obligation of PED's staff to make a recommendation to the HRA Executive Director regarding the making, terms, and conditions of a loan since only the HRA has the exclusive power to make a final determination on the making of a loan.

It is hereby understood that neither the HRA nor City of Saint Paul, Minnesota is liable for any costs incurred in the preparation or presentation of this Application.

All Application and supporting materials and documents (including before and after pictures of the rehabilitation work) will remain the property of the HRA. All such materials may be subject to disclosure and/or public review under applicable provisions of state law.

The Applicant certifies that this Application, including the Exhibits, is true, correct and complete to the best of their knowledge and belief.

By:  _____

Its: 1-28-17 _____

Underwriting (For City staff Use Only)

Program Eligibility: _____

Underwriter's Name: _____

Underwriter's Signature: _____

Date: _____

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant Karen Clark
Address 1108 Western Ave #1 St Paul MN 55117
Telephone Number 6512596984 Check: Family Individual

Date occupant first occupied this dwelling 3-15-17

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS
CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
 BLACK OR AFRICAN AMERICAN AND WHITE

- ASIAN
 HISPANIC OR LATINO
 WHITE
 ASIAN AND WHITE
 AMERICAN INDIAN OR ALASKAN NATIVE
AND BLACK OR AFRICAN AMERICAN

OTHER MULTI-RACIAL

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 575
AVERAGE MONTHLY UTILITY COSTS \$ _____
MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS 2 NO. OF BEDROOMS 0 Studio

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant Nelma Espenosa
Address 1108 Western Ave #2 St Paul mn 55117
Telephone Number 6512768253 Check: Family Individual

Date occupant first occupied this dwelling 6-1-14

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS
CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
- BLACK OR AFRICAN AMERICAN AND WHITE
- OTHER MULTI-RACIAL

- ASIAN
- HISPANIC OR LATINO
- WHITE
- ASIAN AND WHITE
- AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 790⁰⁰
AVERAGE MONTHLY UTILITY COSTS \$ _____
MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS 4 NO. OF BEDROOMS 2

45

7

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant Larelle McClarron
Address 1108 Western Ave #3 St Paul Mn 55117
Telephone Number 612 516 1922 Check: Family Individual

Date occupant first occupied this dwelling 9-1-17

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS
CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE | <input type="checkbox"/> ASIAN |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN | <input type="checkbox"/> HISPANIC OR LATINO |
| <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> WHITE |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE | <input type="checkbox"/> ASIAN AND WHITE |
| <input checked="" type="checkbox"/> BLACK OR AFRICAN AMERICAN AND WHITE | <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE
AND BLACK OR AFRICAN AMERICAN |
| <input checked="" type="checkbox"/> OTHER MULTI-RACIAL | |

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 250⁰⁰
AVERAGE MONTHLY UTILITY COSTS \$ _____
MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS 4 NO. OF BEDROOMS 2

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant Stacie Leigh Schiller
Address 1108 Western Ave #4 St Paul mn 55117
Telephone Number 612 987 0322 Check: Family Individual

Date occupant first occupied this dwelling 9-1-17

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS
CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
- BLACK OR AFRICAN AMERICAN AND WHITE
- OTHER MULTI-RACIAL

- ASIAN
- HISPANIC OR LATINO
- WHITE
- ASIAN AND WHITE
- AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 850⁰⁰
AVERAGE MONTHLY UTILITY COSTS \$
MONTHLY HOUSING COSTS \$

NO. OF ROOMS 4 NO. OF BEDROOMS 2

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant Royce Bell
Address 1108 Western Ave #5 St Paul MN 55117
Telephone Number 651 434 2962 Check: Family Individual

Date occupant first occupied this dwelling 8-1-17

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS

CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
 BLACK OR AFRICAN AMERICAN AND WHITE
 OTHER MULTI-RACIAL

- ASIAN
 HISPANIC OR LATINO
 WHITE
 ASIAN AND WHITE
 AMERICAN INDIAN OR ALASKAN NATIVE
AND BLACK OR AFRICAN AMERICAN

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 750⁰⁰
AVERAGE MONTHLY UTILITY COSTS \$ _____
MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS 3 NO. OF BEDROOMS 1

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant Jose Castillo
Address 1108 Western Ave #6 St Paul mn 55117
Telephone Number 651 621 4765 Check: Family Individual

Date occupant first occupied this dwelling 12-1-15

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS
CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
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 OTHER MULTI-RACIAL

- ASIAN
 HISPANIC OR LATINO
 WHITE
 ASIAN AND WHITE
 AMERICAN INDIAN OR ALASKAN NATIVE
AND BLACK OR AFRICAN AMERICAN

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 800⁰⁰
AVERAGE MONTHLY UTILITY COSTS \$ _____
MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS 4 NO. OF BEDROOMS 2

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant Jose Lukes
Address 1108 Western Ave #7 St. Paul Mn 55117
Telephone Number 651 432 2265 Check: Family Individual

Date occupant first occupied this dwelling 8-1-14

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS
CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
- BLACK OR AFRICAN AMERICAN AND WHITE

- OTHER MULTI-RACIAL

- ASIAN
- HISPANIC OR LATINO
- WHITE
- ASIAN AND WHITE
- AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 250⁰⁰
AVERAGE MONTHLY UTILITY COSTS \$ _____
MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS 4 NO. OF BEDROOMS 2

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant Malida Sanchez
Address 1108 Western Ave #8 St Paul MN 55117
Telephone Number 651 354 1777 Check: Family Individual

Date occupant first occupied this dwelling _____

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS

CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
- BLACK OR AFRICAN AMERICAN AND WHITE
- OTHER MULTI-RACIAL

- ASIAN
- HISPANIC OR LATINO
- WHITE
- ASIAN AND WHITE
- AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 700⁰⁰
AVERAGE MONTHLY UTILITY COSTS \$ _____
MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS 3 NO. OF BEDROOMS 1

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant ~~Felix Enterprises LLC~~ Janessa Hamilton
Address 1108 Western Ave #9 St Paul MN 55117
Telephone Number 652 223 3765 Check: Family Individual

Date occupant first occupied this dwelling 3-1-17

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS
CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
 BLACK OR AFRICAN AMERICAN AND WHITE

OTHER MULTI-RACIAL

- ASIAN
 HISPANIC OR LATINO
 WHITE
 ASIAN AND WHITE
 AMERICAN INDIAN OR ALASKAN NATIVE
AND BLACK OR AFRICAN AMERICAN

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 8500
AVERAGE MONTHLY UTILITY COSTS \$ _____
MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS 4 NO. OF BEDROOMS 2

DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM

Name of Occupant ~~Felix Enterprises LLC~~ Janessa Hamilton
Address 1108 Western Ave #9 St Paul MN 55117
Telephone Number 652 223 3765 Check: Family Individual

Date occupant first occupied this dwelling 3-1-17

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS
CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
 BLACK OR AFRICAN AMERICAN AND WHITE

OTHER MULTI-RACIAL

- ASIAN
 HISPANIC OR LATINO
 WHITE
 ASIAN AND WHITE
 AMERICAN INDIAN OR ALASKAN NATIVE
AND BLACK OR AFRICAN AMERICAN

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ 8500
AVERAGE MONTHLY UTILITY COSTS \$ _____
MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS 4 NO. OF BEDROOMS 2

**SPECIAL CHARACTERISTICS
OF HOUSEHOLD (E.G.,
DISABLED, ELDERLY, ETC.)**

Income Verification (must check one box in part A and box in part B)

1. Check the box below next to the line that describes the total number of persons in the unit.
2. Check the income level under that line that describes the total family income of the unit. When calculating total family income, please consider all income earned from the sources listed on the reserver side.

Part A	<input type="checkbox"/> 1 person	<input checked="" type="checkbox"/> 2 persons	<input type="checkbox"/> 3 persons	<input type="checkbox"/> 4 persons	<input type="checkbox"/> 5 persons	<input type="checkbox"/> 6 persons	<input type="checkbox"/> 7 persons	<input type="checkbox"/> 8 persons
Part B	<input type="checkbox"/> ≤ \$19,000	<input checked="" type="checkbox"/> ≤ \$21,700	<input type="checkbox"/> ≤ \$24,400	<input type="checkbox"/> ≤ \$27,100	<input type="checkbox"/> ≤ \$29,300	<input type="checkbox"/> ≤ \$32,960	<input type="checkbox"/> ≤ \$31,140	<input type="checkbox"/> ≤ \$41,320
	<input type="checkbox"/> \$19,000 to \$31,650	<input type="checkbox"/> \$21,701 to \$36,200	<input type="checkbox"/> \$24,401 to \$40,700	<input type="checkbox"/> \$27,101 to \$45,200	<input type="checkbox"/> \$29,301 to \$48,850	<input type="checkbox"/> \$32,961 to \$52,450	<input type="checkbox"/> \$31,141 to \$56,050	<input type="checkbox"/> \$41,321 to \$59,700
	<input type="checkbox"/> \$31,651 to \$47,600	<input type="checkbox"/> \$36,201 to \$54,400	<input type="checkbox"/> \$40,701 to \$61,200	<input type="checkbox"/> \$45,201 to \$68,000	<input type="checkbox"/> \$48,851 to \$73,450	<input type="checkbox"/> \$52,451 to \$78,900	<input type="checkbox"/> \$56,051 to \$84,350	<input type="checkbox"/> \$59,701 to \$89,800
	<input type="checkbox"/> ≥ \$47,601	<input type="checkbox"/> ≥ \$54,401	<input type="checkbox"/> ≥ \$61,201	<input type="checkbox"/> ≥ \$68,001	<input type="checkbox"/> ≥ \$73,451	<input type="checkbox"/> ≥ \$78,901	<input type="checkbox"/> ≥ \$84,351	<input type="checkbox"/> ≥ \$89,801

I certify under penalty of perjury that the information contained in this Certificate is true and correct as of the date this Certificate is executed. I authorize the City of Saint Paul to verify information provided, if necessary.

By Jo Felix
Its # 7
Dated: 11-27, 2017.

**SPECIAL CHARACTERISTICS
OF HOUSEHOLD (E.G.,
DISABLED, ELDERLY, ETC.)**

Income Verification (must check one box in part A and box in part B)

1. Check the box below next to the line that describes the total number of persons in the unit.
2. Check the income level under that line that describes the total family income of the unit. When calculating total family income, please consider all income earned from the sources listed on the reserver side.

Part A	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 persons	<input type="checkbox"/> 3 persons	<input checked="" type="checkbox"/> 4 persons	<input type="checkbox"/> 5 persons	<input type="checkbox"/> 6 persons	<input type="checkbox"/> 7 persons	<input type="checkbox"/> 8 persons
Part B	<input type="checkbox"/> ≤ \$19,000	<input type="checkbox"/> ≤ \$21,700	<input type="checkbox"/> ≤ \$24,400	<input checked="" type="checkbox"/> ≤ \$27,100	<input type="checkbox"/> ≤ \$29,300	<input type="checkbox"/> ≤ \$32,960	<input type="checkbox"/> ≤ \$31,140	<input type="checkbox"/> ≤ \$41,320
	<input type="checkbox"/> \$19,000 to \$31,650	<input type="checkbox"/> \$21,701 to \$36,200	<input type="checkbox"/> \$24,401 to \$40,700	<input type="checkbox"/> \$27,101 to \$45,200	<input type="checkbox"/> \$29,301 to \$48,850	<input type="checkbox"/> \$32,961 to \$52,450	<input type="checkbox"/> \$31,141 to \$56,050	<input type="checkbox"/> \$41,321 to \$59,700
	<input type="checkbox"/> \$31,651 to \$47,600	<input type="checkbox"/> \$36,201 to \$54,400	<input type="checkbox"/> \$40,701 to \$61,200	<input type="checkbox"/> \$45,201 to \$68,000	<input type="checkbox"/> \$48,851 to \$73,450	<input type="checkbox"/> \$52,451 to \$78,900	<input type="checkbox"/> \$56,051 to \$84,350	<input type="checkbox"/> \$59,701 to \$89,800
	<input type="checkbox"/> ≥ \$47,601	<input type="checkbox"/> ≥ \$54,401	<input type="checkbox"/> ≥ \$61,201	<input type="checkbox"/> ≥ \$68,001	<input type="checkbox"/> ≥ \$73,451	<input type="checkbox"/> ≥ \$78,901	<input type="checkbox"/> ≥ \$84,351	<input type="checkbox"/> ≥ \$89,801

I certify under penalty of perjury that the information contained in this Certificate is true and correct as of the date this Certificate is executed. I authorize the City of Saint Paul to verify information provided, if necessary.

By Joe Felix
 Its # 2
 Dated: 12/7, 2017

**SPECIAL CHARACTERISTICS
OF HOUSEHOLD (E.G.,
DISABLED, ELDERLY, ETC.)**

Income Verification (must check one box in part A and box in part B)

1. Check the box below next to the line that describes the total number of persons in the unit.
2. Check the income level under that line that describes the total family income of the unit. When calculating total family income, please consider all income earned from the sources listed on the reserver side.

Part A	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 persons	<input type="checkbox"/> 3 persons	<input type="checkbox"/> 4 persons	<input checked="" type="checkbox"/> 5 persons	<input type="checkbox"/> 6 persons	<input type="checkbox"/> 7 persons	<input type="checkbox"/> 8 persons
Part B	<input type="checkbox"/> ≤ \$19,000	<input type="checkbox"/> ≤ \$21,700	<input type="checkbox"/> ≤ \$24,400	<input type="checkbox"/> ≤ \$27,100	<input checked="" type="checkbox"/> ≤ \$29,300	<input type="checkbox"/> ≤ \$32,960	<input type="checkbox"/> ≤ \$31,140	<input type="checkbox"/> ≤ \$41,320
	<input type="checkbox"/> \$19,000 to \$31,650	<input type="checkbox"/> \$21,701 to \$36,200	<input type="checkbox"/> \$24,401 to \$40,700	<input type="checkbox"/> \$27,101 to \$45,200	<input type="checkbox"/> \$29,301 to \$48,850	<input type="checkbox"/> \$32,961 to \$52,450	<input type="checkbox"/> \$31,141 to \$56,050	<input type="checkbox"/> \$41,321 to \$59,700
	<input type="checkbox"/> \$31,651 to \$47,600	<input type="checkbox"/> \$36,201 to \$54,400	<input type="checkbox"/> \$40,701 to \$61,200	<input type="checkbox"/> \$45,201 to \$68,000	<input type="checkbox"/> \$48,851 to \$73,450	<input type="checkbox"/> \$52,451 to \$78,900	<input type="checkbox"/> \$56,051 to \$84,350	<input type="checkbox"/> \$59,701 to \$89,800
	<input type="checkbox"/> ≥ \$47,601	<input type="checkbox"/> ≥ \$54,401	<input type="checkbox"/> ≥ \$61,201	<input type="checkbox"/> ≥ \$68,001	<input type="checkbox"/> ≥ \$73,451	<input type="checkbox"/> ≥ \$78,901	<input type="checkbox"/> ≥ \$84,351	<input type="checkbox"/> ≥ \$89,801

I certify under penalty of perjury that the information contained in this Certificate is true and correct as of the date this Certificate is executed. I authorize the City of Saint Paul to verify information provided, if necessary.

By Joe Kelly
Its ES
Dated: 11-27, 2017

SPECIAL CHARACTERISTICS
OF HOUSEHOLD (E.G.,
DISABLED, ELDERLY, ETC.)

Income Verification (must check one box in part A and box in part B)

1. Check the box below next to the line that describes the total number of persons in the unit.
2. Check the income level under that line that describes the total family income of the unit. When calculating total family income, please consider all income earned from the sources listed on the reserver side.

Part A	<input type="checkbox"/> 1 person	<input checked="" type="checkbox"/> 2 persons	<input type="checkbox"/> 3 persons	<input type="checkbox"/> 4 persons	<input type="checkbox"/> 5 persons	<input type="checkbox"/> 6 persons	<input type="checkbox"/> 7 persons	<input type="checkbox"/> 8 persons
Part B	<input type="checkbox"/> ≤ \$19,000	<input checked="" type="checkbox"/> ≤ \$21,700	<input type="checkbox"/> ≤ \$24,400	<input type="checkbox"/> ≤ \$27,100	<input type="checkbox"/> ≤ \$29,300	<input type="checkbox"/> ≤ \$32,960	<input type="checkbox"/> ≤ \$31,140	<input type="checkbox"/> ≤ \$41,320
	<input type="checkbox"/> \$19,000 to \$31,650	<input type="checkbox"/> \$21,701 to \$36,200	<input type="checkbox"/> \$24,401 to \$40,700	<input type="checkbox"/> \$27,101 to \$45,200	<input type="checkbox"/> \$29,301 to \$48,850	<input type="checkbox"/> \$32,961 to \$52,450	<input type="checkbox"/> \$31,141 to \$56,050	<input type="checkbox"/> \$41,321 to \$59,700
	<input type="checkbox"/> \$31,651 to \$47,600	<input type="checkbox"/> \$36,201 to \$54,400	<input type="checkbox"/> \$40,701 to \$61,200	<input type="checkbox"/> \$45,201 to \$68,000	<input type="checkbox"/> \$48,851 to \$73,450	<input type="checkbox"/> \$52,451 to \$78,900	<input type="checkbox"/> \$56,051 to \$84,350	<input type="checkbox"/> \$59,701 to \$89,800
	<input type="checkbox"/> ≥ \$47,601	<input type="checkbox"/> ≥ \$54,401	<input type="checkbox"/> ≥ \$61,201	<input type="checkbox"/> ≥ \$68,001	<input type="checkbox"/> ≥ \$73,451	<input type="checkbox"/> ≥ \$78,901	<input type="checkbox"/> ≥ \$84,351	<input type="checkbox"/> ≥ \$89,801

I certify under penalty of perjury that the information contained in this Certificate is true and correct as of the date this Certificate is executed. I authorize the City of Saint Paul to verify information provided, if necessary.

By Joe Kelly
Its #4
Dated: 11-27, 2017.

**SPECIAL CHARACTERISTICS
OF HOUSEHOLD (E.G.,
DISABLED, ELDERLY, ETC.)**

Income Verification (must check one box in part A and box in part B)

1. Check the box below next to the line that describes the total number of persons in the unit.
2. Check the income level under that line that describes the total family income of the unit. When calculating total family income, please consider all income earned from the sources listed on the reverse side.

Part A	<input checked="" type="checkbox"/> 1 person	<input type="checkbox"/> 2 persons	<input type="checkbox"/> 3 persons	<input type="checkbox"/> 4 persons	<input type="checkbox"/> 5 persons	<input type="checkbox"/> 6 persons	<input type="checkbox"/> 7 persons	<input type="checkbox"/> 8 persons
Part B	<input checked="" type="checkbox"/> ≤ \$19,000	<input type="checkbox"/> ≤ \$21,700	<input type="checkbox"/> ≤ \$24,400	<input type="checkbox"/> ≤ \$27,100	<input type="checkbox"/> ≤ \$29,300	<input type="checkbox"/> ≤ \$32,960	<input type="checkbox"/> ≤ \$31,140	<input type="checkbox"/> ≤ \$41,320
	<input type="checkbox"/> \$19,000 to \$31,650	<input type="checkbox"/> \$21,701 to \$36,200	<input type="checkbox"/> \$24,401 to \$40,700	<input type="checkbox"/> \$27,101 to \$45,200	<input type="checkbox"/> \$29,301 to \$48,850	<input type="checkbox"/> \$32,961 to \$52,450	<input type="checkbox"/> \$31,141 to \$56,050	<input type="checkbox"/> \$41,321 to \$59,700
	<input type="checkbox"/> \$31,651 to \$47,600	<input type="checkbox"/> \$36,201 to \$54,400	<input type="checkbox"/> \$40,701 to \$61,200	<input type="checkbox"/> \$45,201 to \$68,000	<input type="checkbox"/> \$48,851 to \$73,450	<input type="checkbox"/> \$52,451 to \$78,900	<input type="checkbox"/> \$56,051 to \$84,350	<input type="checkbox"/> \$59,701 to \$89,800
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I certify under penalty of perjury that the information contained in this Certificate is true and correct as of the date this Certificate is executed. I authorize the City of Saint Paul to verify information provided, if necessary.

By Loz Felix
Its ES
Dated: 11-27, 2017.

**SPECIAL CHARACTERISTICS
OF HOUSEHOLD (E.G.,
DISABLED, ELDERLY, ETC.)**

Income Verification (must check one box in part A and box in part B)

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I certify under penalty of perjury that the information contained in this Certificate is true and correct as of the date this Certificate is executed. I authorize the City of Saint Paul to verify information provided, if necessary.

By Jose Rely
 Its # 16
 Dated: 12/7, 2017

**SPECIAL CHARACTERISTICS
OF HOUSEHOLD (E.G.,
DISABLED, ELDERLY, ETC.)**

Income Verification (must check one box in part A and box in part B)

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	<input type="checkbox"/> \$19,000 to \$31,650	<input type="checkbox"/> \$21,701 to \$36,200	<input type="checkbox"/> \$24,401 to \$40,700	<input type="checkbox"/> \$27,101 to \$45,200	<input type="checkbox"/> \$29,301 to \$48,850	<input type="checkbox"/> \$32,961 to \$52,450	<input type="checkbox"/> \$31,141 to \$56,050	<input type="checkbox"/> \$41,321 to \$59,700
	<input type="checkbox"/> \$31,651 to \$47,600	<input type="checkbox"/> \$36,201 to \$54,400	<input type="checkbox"/> \$40,701 to \$61,200	<input type="checkbox"/> \$45,201 to \$68,000	<input type="checkbox"/> \$48,851 to \$73,450	<input type="checkbox"/> \$52,451 to \$78,900	<input type="checkbox"/> \$56,051 to \$84,350	<input type="checkbox"/> \$59,701 to \$89,800
	<input type="checkbox"/> ≥ \$47,601	<input type="checkbox"/> ≥ \$54,401	<input type="checkbox"/> ≥ \$61,201	<input type="checkbox"/> ≥ \$68,001	<input type="checkbox"/> ≥ \$73,451	<input type="checkbox"/> ≥ \$78,901	<input type="checkbox"/> ≥ \$84,351	<input type="checkbox"/> ≥ \$89,801

I certify under penalty of perjury that the information contained in this Certificate is true and correct as of the date this Certificate is executed. I authorize the City of Saint Paul to verify information provided, if necessary.

By Jose Felix
Its # 7
Dated: 11-27-2017

**SPECIAL CHARACTERISTICS
OF HOUSEHOLD (E.G.,
DISABLED, ELDERLY, ETC.)**

Income Verification (must check one box in part A and box in part B)

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	<input type="checkbox"/> ≥ \$47,601	<input type="checkbox"/> ≥ \$54,401	<input type="checkbox"/> ≥ \$61,201	<input type="checkbox"/> ≥ \$68,001	<input type="checkbox"/> ≥ \$73,451	<input type="checkbox"/> ≥ \$78,901	<input type="checkbox"/> ≥ \$84,351	<input type="checkbox"/> ≥ \$89,801

I certify under penalty of perjury that the information contained in this Certificate is true and correct as of the date this Certificate is executed. I authorize the City of Saint Paul to verify information provided, if necessary.

By Jose Felix
Its # 8
Dated: 1/27, 2017