



Dear Applicant;

Attached is the Greater Blessings program application to request assistance with health/safety home repairs costing up to \$5,000 in materials and professional labor. This program is intended for low income homeowners, often elderly or disabled. There are no official loan documents with this program, however, the homeowner is asked to repay over time and these payments stay in the community to assist other families.

Specific eligibility requirements/considerations for applicants are subject to change and covered in the application process, however, can be summarized as the following:

- Home getting repaired is owned and occupied by the applicant
- Applicant need (e.g., income no more than 50% of local area Average Median Income)
- Willingness to partner (volunteer/participation from applicant and/or applicant's family/sponsors)
- Willingness and ability to repay costs over time, on terms they can afford, with no interest charged

Eligible and interested applicants are asked to complete the application, sign it, and mail it to:

Fuller Center for Housing of the Detroit Lakes Area

P.O. Box 1472, Detroit Lakes, MN 56501

Once we receive your application someone will contact you by phone to let you know we received it. Please remember that we are a volunteer organization and our ability to accept and fund applications depends on donations and volunteers to help complete Greater Blessings projects.

Thank you for your interest and please let us know if we can be of further help with your application. Feel free to call us at 218-844-5397 or email detroitlakes@fullercenter.org.

Warm regards,

Fuller Center for Housing of the Detroit Lakes Area



Greater Blessing Application

Return completed application and all requested documents to:

**Fuller Center for Housing of
The Detroit Lakes Area
P.O. Box 1472, Detroit Lakes, MN 56501**

1. APPLICANT/CO-APPLICANT INFORMATION

Applicant's Name		Co-Applicant's Name	
Date of Birth	Age	Date of Birth	Age
Cell Phone	Best Time to Reach	Cell Phone	Best Time to Reach
Home Phone	Best Time to Reach	Home Phone	Best Time to Reach
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	
Dependents and Others that live with you (not listed by co-applicant)		Dependents and Others that live with you (not listed by applicant)	
Name	Age	Male/Female	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
Property Address		Mailing Address (if different)	
Number of Years:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Homeowners Ins Company	_____
		Policy #	Exp Date /
Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes-If yes please list address of other land or property _____			
Please describe the repairs requested in the box below			
FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE			
Date Application Received _____	More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Denial Letter Sent _____	
Date of Home Visit for Assessment of Repairs _____	Date Sent to Board _____	Date Greater Blessing Box Homeowner Agreement and Release Waiver	
	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Signed _____	