

Otter Tail County Housing Convening

August 2, 2022

AGENDA



- Welcome
- Big Build Action Strategy
- Walk Through
 - Housing Finance Programs
 - Application Forms
 - Housing Website Pages
- Q&A and Discussion

INFRASTRUCTURE STRATEGIES

Housing, broadband, childcare, and outdoor recreation.



The Big Build

ACTIONS



Increase the construction of new housing units to meet the various needs of household types and income levels



Build partnerships with and expand the capacity of non-profit organizations, community partnerships, private developers to collectively respond to the housing challenge



Seek funding opportunities to support new housing development, ownership opportunities and reinvestment



Advocate for increased funding and support of housing at the state and federal levels



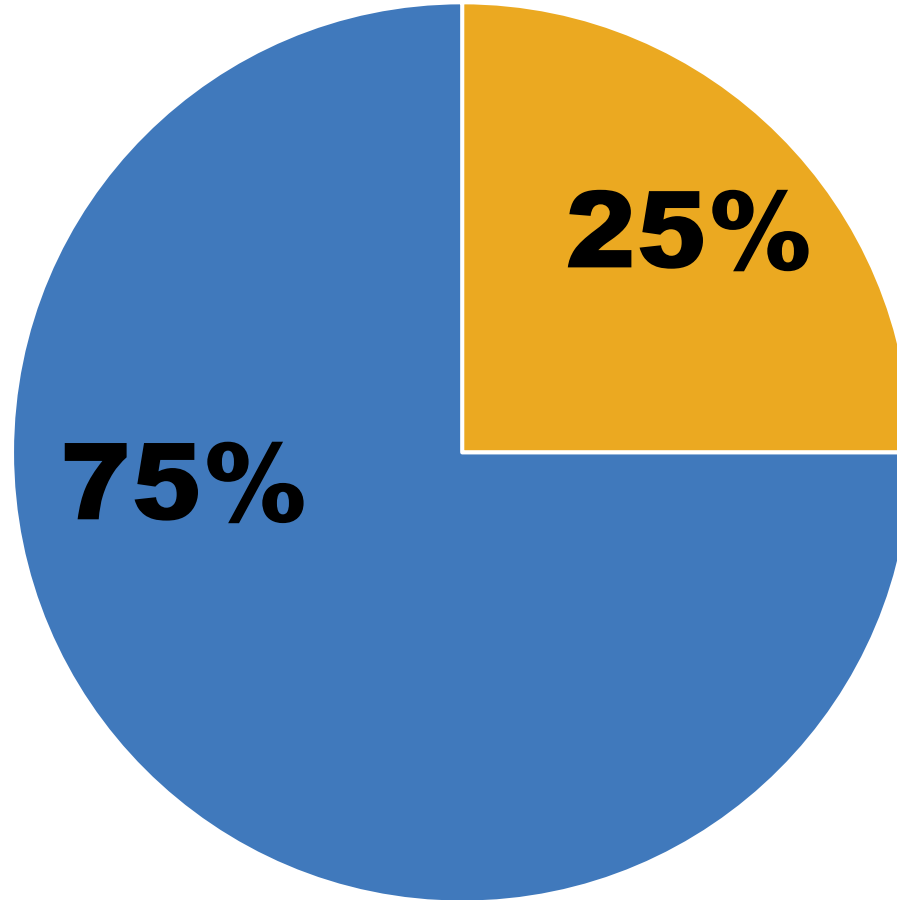
THE BIG BUILD
bigbuildotc.com
OTTER TAIL COUNTY

Strategic Housing Initiatives & Allocation

CREATE NEW HOMES

\$1.9 million

New construction of workforce and affordable owner occupied and rental housing



KEEP PEOPLE IN HOMES

\$600,000

Rehabilitation for owner occupied and rental housing

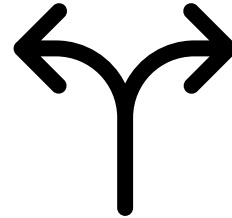
Guiding Principles



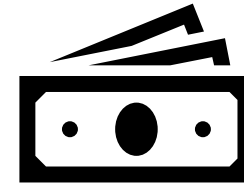
Priority funding areas are new construction and rehabilitation



Local support required with an expectation of a local contribution

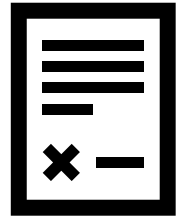


Align the need to the best source of funding



County funding for a project will vary depending on:

- › Amount of leverage from other sources
- › Level of affordability
- › Financing structure



Legal agreements required to protect the county's investment

Program Descriptions



NEW CONSTRUCTION:

Public Infrastructure

- › Public infrastructure located within city limits
- › Application comes from the City
- › Grant up to 50% of the per unit cost
- › Up to a maximum of \$100,000/development
- › Terms specific to project / subject to approval of a funding agreement
- › Local contributions must equal a 1:1 match of County funding
- › Funds provided to the city on a reimbursement basis

Program Application



- › Added section of the Community Growth Partnership Grant application form
- › 5 questions
- › Application available by request

OTTER TAIL COUNTY - MINNESOTA Community Growth Partnership Grant Application

GENERAL INFORMATION

Project Name: _____
Project Type: ☐ Planning Activity ☐ Commercial Rehabilitation
☐ Affordable Housing ☐ Redevelopment ☐ Public Infrastructure
Applicant City/Township: _____
Application /Project Contact: _____
Contact Email Address: _____

Contract (name and title): _____

\$ _____

ing the proposal that will be reviewed as part of the approval process.
ect is in the process (i.e., City process, site control, etc.).

CITY GRANT QUESTIONS

funds are being requested and how this planning work will advance
or redevelopment project. Attach any work proposals from consultants
eting the planning activity.

and uses for the planning activity.

	Amount	Committed	Pending
	\$ _____	_____	_____
	\$ _____	_____	_____
	\$ _____	_____	_____
	\$ _____	_____	_____
Total:	\$ \$0.00	_____	_____

IV. PUBLIC INFRASTRUCTURE PROJECT GRANT QUESTIONS

1. Describe the public infrastructure activity for which funds are being requested and how this investment will advance the development of new housing within the community, including a description of the resulting housing project. Attach engineering estimates related to the infrastructure activity.

2. Describe how the infrastructure and associated housing project will benefit the community or area in which it is located. Does the infrastructure investment have a broader benefit beyond the housing project previously described?

3. Readiness to Proceed: Please provide a detailed project timeline for both the infrastructure and the housing development.

4. Leverage: List all sources and uses of funding for the Public Infrastructure Project for which funding is being requested.

Source of Funds	Amount	Committed	Pending
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
Total:	\$ \$0.00	_____	_____

Itemized Use of Funds/Expenses	Amount	Funding Source
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total:	\$ \$0.00	_____

5. List other sources of funds requested or considered but not being used for the Public Infrastructure Project and explain why they are not being utilized within the project, to the best of your knowledge. The purpose of this question is to ensure all funding sources have been explored.

Program Descriptions



NEW CONSTRUCTION:

Owner Occupied Value Gap

- › Up to 115% AMI or TIF Guidelines, whichever greater
- › Demonstrated need to fill the gap between the cost/unit to build and the sale price
- › Up to \$50,000/unit
 - › A higher contribution amount may be considered for a unit(s) available to households with incomes less than 100% of AMI
- › Terms specific to project / subject to approval of a funding agreement
- › Local contributions should equal a 1:1 match of county funding

Program Descriptions



NEW CONSTRUCTION:

Rental Gap Financing Loans

- › Serving households at or below 80% AMI
 - › A greater allocation will be provided for developments that serve households at or below 60% AMI
- › Agreements must include some form of payback depending on the unit affordability and financing structure of the development proposed
- › Rent and income restrictions must be in force during the term of the loan

Program Descriptions



REHABILITATION: Rental

- › 10-year loan with 2% interest paid monthly
- › 25% owner contribution
- › \$20,000 for 1 unit and \$12,500/unit 2 units and above
- › \$100,000 maximum for buildings with 9 or more units, up to 50% of project
- › Rents restrictions will be in place for duration of the loan

Program Application



DEVELOPER / BUILDER / LANDLORD

- › Start with instructions
- › Complete the application questions on the corresponding program tab
- › Application available by request

OTTER TAIL COUNTY - MINNESOTA

OTTER TAIL COUNTY | HOUSING
Government Services Center
500 West Fir Avenue
Fergus Falls, MN 56537

Value Gap Application

Applicant's Full Legal Name _____
Co-Applicant Full Legal Name (if Applicable) _____

Applicant's Address (Street, City, State, Zip) _____

Applicant Telephone Numbers
Home: _____
Cell: _____
Work: _____

Conflict of Interest:
Are you or have you been one of the following during the last 12 months?
An employee of a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____
An elected or appointed official of a State Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____
An officer of a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____
A consultant to a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____

Development Timeline:
Construction _____

Project description, include developer experience, type of project, etc. _____

OTTER TAIL COUNTY - MINNESOTA

OTTER TAIL COUNTY | HOUSING
Government Services Center
500 West Fir Avenue
Fergus Falls, MN 56537

Rental New Construction

Applicant's Full Legal Name _____ Co-Applicant Full Legal Name (if Applicable) _____

Applicant's Address (Street, City, State, Zip) _____

Applicant Telephone Numbers
Home: _____
Cell: _____
Work: _____

Co-Applicant Telephone Numbers
Home: _____
Cell: _____
Work: _____

Conflict of Interest:
Are you or have you been one of the following during the last 12 months?
An employee of a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____
An elected or appointed official of a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____
An officer of a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____
A consultant to a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____

Building/Land Ownership
Partnership/Corporation Name: _____
Partnership/Corporation Address (if different than above) _____
MN Tax No. (only required if you have employees) _____
Federal Tax ID No. _____
Property Address or Parcel # _____
Do you have a mortgage or other lien on this property? ☐ YES ☐ NO
If yes, what is your monthly payment \$ _____ months _____
Have you made your payments on time? ☐ YES ☐ NO
Name and address of Mortgage Holder: _____
How long have you owned this property? _____
*Includes contract for deed and subordinate liens. Please provide a copy of your most recent mortgage statement.

Is this property insured? ☐ YES ☐ NO
Name and address of Insurance Company: _____
Please provide a copy of your policy's Declaration Page.

OTTER TAIL COUNTY - MINNESOTA

OTTER TAIL COUNTY | HOUSING
Government Services Center
500 West Fir Avenue
Fergus Falls, MN 56537

Rehabilitation of Existing Rental Units

Applicant's Full Legal Name _____ Co-Applicant Full Legal Name (if Applicable) _____

Applicant's Address (Street, City, State, Zip) _____

Applicant Telephone Numbers
Home: _____
Cell: _____
Work: _____

Co-Applicant Telephone Numbers
Home: _____
Cell: _____
Work: _____

Conflict of Interest:
Are you or have you been one of the following during the last 12 months?
An employee of a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____
An elected or appointed official of a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____
An officer of a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____
A consultant to a State Government/Local Government or Managing/Consulting Agency? ☐ YES ☐ NO
If yes, name of agency, name of position: _____

Building/Land Ownership
Partnership/Corporation Name: _____
Partnership/Corporation Address (if different than above) _____
MN Tax No. (only required if you have employees) _____
Federal Tax ID No. _____
Property Address or Parcel # _____
Do you have a mortgage or other lien on this property? ☐ YES ☐ NO
If yes, what is your monthly payment \$ _____ Months _____ Interest rate _____
Have you made your payments on time? ☐ YES ☐ NO
Name and address of Mortgage Holder: _____
How long have you owned this property? _____
*Includes contract for deed and subordinate liens. Please provide a copy of your most recent mortgage statement.

Is this property insured? ☐ YES ☐ NO
Name and address of Insurance Company: _____
Please provide a copy of your policy's Declaration Page.

Have you ever received funds from any agency for work done on this property? ☐ YES ☐ NO
If yes, list agency and date: _____

Program Descriptions



NEW CONSTRUCTION:

Owner Occupied Down Payment Assistance

- › Up to 115% AMI or TIF Guidelines, whichever greater
- › Buyers do not need to be first-time home buyer
- › 0% interest loan to be used for up to 5% of the purchase price
 - › Maximum deferred loan of \$10,000/household
- › Can be paired with the developments supported by value gap, infrastructure assistance, or other down payment assistance programs

Program Descriptions



REHABILITATION:

Owner Occupied

- › Serving households at or below 80% AMI
- › 1 to 4-unit buildings
- › Deferred loan with 50% repaid
- › Up to \$30,000/unit if local/leverage source provided

Program Application



HOUSEHOLD

- › Complete general household information
- › Sections corresponding to programs
- › Application available on the [Homeowner](#) page of the County's website

OTTER TAIL COUNTY - MINNESOTA

OTTER TAIL COUNTY | HOUSING
Government Services Center
500 West Fir Avenue
Fergus Falls, MN 56537

**Application for
Down Payment Assistance and
Homeowner Rehabilitation Programs**

Full Name of Applicant/Head of Household _____
Full Name of Co-Applicant _____

Mailing Address _____

Phone Number: (Home) _____
Alternate Phone: _____
Email _____

HOUSEHOLD INFORMATION
List the names of all individuals who will reside in the household.

Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please return to: _____
Email: twestra@ottertailcountymn.gov

**IF YOU ARE A HOMEOWNER APPLYING FOR FUNDS TO REHABILITATE YOUR HOME
COMPLETE THIS SECTION AS WELL AS THE CERTIFICATION SECTION.**

Do you have a mortgage on your home? ☐ YES ☐ NO
If yes, what is your monthly payment \$ _____
Have you made your payments on time? ☐ YES ☐ NO
Name and address of Mortgage Holder _____

*Includes contract for deed. Please provide a copy of your most recent mortgage statement.

Is your home insured? ☐ YES ☐ NO
If yes, how much is your annual premium? \$ _____
Name and address of insurance company _____

*Please provide a copy of your policy's Declarations Page.

Year home was built: _____
How long have you lived in your home? _____
Have you ever received funds from any agency for work done on your home? ☐ YES ☐ NO
If yes, list agency and date: _____

DESCRIPTION OF PROPOSED REHABILITATION WORK:

I authorize staff of the Otter Tail County HRA to enter my home to identify work items and inspect the condition of and monitor construction progress during regular business hours. I also authorize the Otter Tail County HRA to take pictures of my home before and after rehabilitation work. I understand and agree that the pictures may be shared and/or used in a manner to demonstrate/promote programs or services.

Applicant Signature _____ Date _____
Co-Applicant Signature _____ Date _____

IF YOU ARE APPLYING FOR DOWN PAYMENT ASSISTANCE COMPLETE THIS SECTION:

Address of home you are purchasing: _____

Are you a first time homebuyer? ☐ YES ☐ NO
*The definition of a first time homebuyer can be found on the Down Payment Assistance Program Information sheet attached to this application.

Have you completed a homebuyer education course? ☐ YES ☐ NO
*This is a requirement of assistance.
Upon completion, please provide a certificate of completion.

Have you been approved for a mortgage? ☐ YES ☐ NO
If yes, name of mortgage company you are working with _____
*If you have been approved, please submit mortgage approval letter with this application.

Has the home been inspected? ☐ YES ☐ NO
If yes, list name and contact information for inspector: _____

Monthly Application Process

1. APPLICANT

Local Approval

New construction needs
resolution of support

Prepare Application

Submit 30 days before
board meeting

2. COUNTY

Accept Application

Staff Review

Staff/Board Approval

3. TOGETHER

Agreement

Construction

Funds revolve as
applicable

INFRASTRUCTURE STRATEGIES

Housing, broadband, childcare, and outdoor recreation.



Housing Website Pages



ottertailcountymn.us/housing

INFRASTRUCTURE STRATEGIES

Housing, broadband, childcare, and outdoor recreation.



Next Meetings

- › Does this time work quarterly?
- › What is your preference for meeting format?
 - › Information sharing (virtual or in person) and on-site tour
 - › Rotating locations throughout the County
 - › Drop your ideas and preferences in the chat!

QUESTIONS



› Amy Baldwin

abaldwin@co.ottertail.mn.us

› Barbara Dacy

bdacy@co.ottertail.mn.us

› Tanya Westra

twestra@co.ottertail.mn.us