HOUSEHOLD DEMOGRAPHIC/PROJECT INFORMATION CONSENT FORM

Portions of the funding used to assist you in your purchase of the property located at _____, Saint Paul, Minnesota may have been provided by the Minnesota Housing Finance Agency ("MHFA"), the Housing and Redevelopment Authority of the City of Saint Paul, Minnesota ("HRA") , the Metropolitan Council ("Met Council") and the Family Housing Fund ("FHF"). The information attached hereto is being requested for the purpose of determining Greater Frogtown Community Development Corporation's compliance with the Minnesota Human Rights law and to monitor Greater Frogtown Community Development Corporation's
compliance with federal equal credit opportunity, fair housing and home mortgage disclosure laws for certain types of loans related to a dwelling, as well as monitoring the general performance of the various funding programs provided by MHFA, HRA, Met Council and FHF. You are not required to furnish the information requested regarding race, ethnicity and gender, but are encouraged to do so. Federal and state laws provide that a lender may not discriminate on the basis of this information, nor on whether you choose to furnish it.

The disclosure of your Social Security number[s] or Minnesota Tax Identification number[s] are[is] mandatory for participation in this particular program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Minnesota Statutes, Sections 270A.01 to 270A.12) as well as Minnesota Statutes, Section 270.66. Supplying such information could result in the application of state tax refunds to the payment of any tax delinquent indebtedness to MHFA resulting from this or any other MHFA Programs. Such information may also be made available to state or federal tax authorities and state and federal personnel involved in the collection of such obligations.

Use of the data requested in the attached form, is limited to that necessary for the administration and management of the above-referenced funding programs by MHFA, HRA and Met Council personnel, or those under contract with MHFA, HRA and Met Council, including, but not limited to, the FHF, or in instances where access to this data is authorized by federal and/or state law, it may be made available to other governmental entities, including, but not limited to, the United States Department of Housing and Urban Development.

I/We hereby authorize and consent to the above-described use of the attached information. With regard to the sharing of such information with FHF, I/we recognize that the authorizations provided under this document will expire one (1) year from the below listed date without any further action or notice by me/us. At any time prior to the natural expiration of the authorizations provided in this document, I/we may revoke such authorizations to sharing of such information to FHF by giving written notice to HRA, at the following address: Attn: Cindy Carlson Heins, 1200 City Hall Annex, 25 W. Fourth Street, Saint Paul, Minnesota 55102. Upon either the expiration or revocation of the authorizations provided in this document the HRA will no longer be authorized to provide any of the attached information about me/us to FHF.

Buyer_____ Date_____

Co-Buyer_____ Date: _____