SAUNDERS COUNTY, NEBRASKA Owner-Occupied Housing Rehabilitation Program Application for Assistance

Household Information

Applicant/Co-applicant		Λαο:	SS No ·	☐ Disable
Applicant's Name:			SS No.:	
Co-applicant's Name:			SS No.:	
Mailing Address:		City:	ZIP: _	
Home Phone:				
Work Phone:				
Message/Other Phone:				
Email Address:		ambara an	concrete chapt)	
Other Household Members (list add			•	☐ Disable
Name:			elationship:	
Name:	_		elationship:elationship:elationship:	
Name:	_		elationship:	
ivallie.	Aye		riationship.	
Property to Be Rehabilitated Address & Legal Description of Pro Street Address: Lot(s): Block:		City:		
Address & Legal Description of Pro Street Address: Lot(s): Block:	Plat/Addition:	City:	Cou	inty: <u>Saunders</u>
Address & Legal Description of Pro Street Address: Lot(s): Block: ½ Section: ½ Section:	Plat/Addition:	City:	Cou	inty: <u>Saunders</u>
Address & Legal Description of Prostreet Address: Lot(s): Block: 4 Section: Mortgage #1	Plat/Addition: Section:	City:	Cou _ Township:	inty: <u>Saunders</u> Range:
Address & Legal Description of Prostreet Address: Lot(s): Block: ¼ Section: ¼ Section: Mortgage #1 Mortgage Holder:	Plat/Addition: Section:	City:	Cou Township: Account No.	inty: <u>Saunders</u> Range: .:
Address & Legal Description of Pro Street Address: Lot(s): Block: ½ Section: ½ Section: Mortgage #1 Mortgage Holder: Address:	Plat/Addition: Section:	City:	Cou Township: Account No. Phone:	inty: <u>Saunders</u> Range: .:
Address & Legal Description of Pro Street Address: Lot(s): Block: 4 Section: 4 Section: Mortgage #1 Mortgage Holder:	Plat/Addition: Section:	City:	Cou Township: Account No. Phone: Monthly Pay	inty: <u>Saunders</u> Range: : : /ment: \$
Address & Legal Description of Pro Street Address: Lot(s): Block: ½ Section: ½ Section: Mortgage #1 Mortgage Holder: Address: City/State/ZIP:	Plat/Addition: Section:	City:	Cou Township: Account No. Phone: Monthly Pay	inty: <u>Saunders</u> Range: : : /ment: \$
Address & Legal Description of Pro Street Address: Lot(s): Block: ½ Section: ½ Section: Mortgage #1 Mortgage Holder: Address: City/State/ZIP: Type of Mortgage: □ Conventional Mortgage #2	Plat/Addition: Section:	City:	Cou Township: Account No. Phone: Monthly Pay	Range::
Address & Legal Description of Prostreet Address: Lot(s): Block: ½ Section: ½ Section: Mortgage #1 Mortgage Holder: City/State/ZIP: Type of Mortgage: □ Conventional Mortgage #2 Mortgage Holder:	Plat/Addition: Section:	City:	Cou Township: Account No. Phone: Monthly Payelopment	inty: <u>Saunders</u> Range: :: /ment: \$ ict (Ineligible)
Address & Legal Description of Pro Street Address: Lot(s): Block: ½ Section: ½ Section: Mortgage #1 Mortgage Holder: Address: City/State/ZIP: Type of Mortgage: □ Conventional Mortgage #2	Plat/Addition: Section:	City:	Cou Township: Account No. Phone: Monthly Pay Blopment	inty: Saunders Range: :: /ment: \$ oct (Ineligible)
Address & Legal Description of Prostreet Address: Lot(s): Block: ½ Section: ½ Section: Mortgage #1 Mortgage Holder: City/State/ZIP: Type of Mortgage: □ Conventional Mortgage #2 Mortgage Holder: Address:	Plat/Addition: Section:	City:	Cou Township: Account No. Phone: Monthly Pay Blopment	inty: Saunders Range: :: /ment: \$ oct (Ineligible)
Address & Legal Description of Pro Street Address: Lot(s): Block: ½ Section: ½ Section: Mortgage #1 Mortgage Holder: Address: City/State/ZIP: Conventional Mortgage #2 Mortgage Holder: Address: City/State/ZIP: City/State/ZIP:	Plat/Addition: Section:	City:	Cou Township: Account No. Phone: Monthly Pay Land Contra Account No. Phone: Monthly Pay	inty: Saunders Range: /ment: \$ oct (Ineligible)
Address & Legal Description of Prostreet Address: Lot(s): Block: ½ Section: ½ Section: Mortgage #1 Mortgage Holder: City/State/ZIP: Type of Mortgage: □ Conventional Mortgage #2 Mortgage Holder: Address: City/State/ZIP: Homeowners Insurance	Plat/Addition: Section:	City:	Cou Township: Account No. Phone: Monthly Pay Land Contra Account No. Phone: Monthly Pay Policy No.:	inty: Saunders Range: "ment: \$ oct (Ineligible)

Page 1 of 7 Revised: 5/20/2020

Employment		
Applicant		
Employer #1 Name:		☐ Full-time ☐ Self-employed
Address:		
City/State/ZIP:		
_ , , , , , , , , , , , , , , , , , , ,		
Employer #2 Name:		
Address:		
City/State/ZIP:		Years/Months Employed:/
Co-applicant		
Employer #1 Name:		☐ Full-time ☐ Self-employed
Address:		
City/State/ZIP:		
Employer #2 Name:		
Address:		
City/State/ZIP:		Years/Months Employed:/
lu a a ma		
Income		
Annual Income from Wages, Salaries, Benefits, Etc		
Applicant's Annual Income from Wages/Salaries:	\$	(Attach copy of two current wage statements)
Co-applicant's Annual Income from Wages/Salaries:	\$	(Attach copy of two current wage statements)
Annual Income from Social Security:	\$	(Attach copy of benefits letters)
Annual Income from Supplemental Security Income:	\$	(Attach copy of benefits letters)
Annual Income from Public Assistance (ADC, TANF):	\$	(Attach copy of benefits letters)
Annual Income from Benefits/Pensions:	\$	(Attach copy of recent statements)
Annual Income from Annuities:	\$	(Attach copy of recent statements)
Annual Income from Child Support:	\$	(Attach copy of divorce decree)
County: Case No.:		
Annual Income from Alimony:	\$	(Attach copy of divorce decree)
County:Case No.:		
	ф	
Annual Income from Rental Properties: Other Annual Income:	\$	
Explain:	\$	<u> </u>
Other Annual Income:	\$	<u> </u>
Explain:		
Total Annual Household Income (Total of Above):	\$	

Page 2 of 7 Revised: 5/20/2020

Assets	
Checking/Savings Accounts	
Bank #1 Name:	☐ Checking ☐ Savings ☐ Other
Address:	Account No.:
City/State/ZIP:	Current Balance: \$
Bank #2 Name:	☐ Checking ☐ Savings ☐ Other
Address:	Account No.:
City/State/ZIP:	Current Balance: \$
Stocks, Bonds, Treasury Bills, Certificates of Deposit and Money Market Acc	ounts
Account Holder #1:	Account No.:
Address:	Current Value: \$
City/State/ZIP:	
Account Holder #2:	Account No.:
Address:	Current Value: \$
City/State/ZIP:	
Retirement Accounts/Pension Funds	
Account Holder #1:	Account No.:
Address:	Current Balance: \$
City/State/ZIP:	
Account Holder #2:	Account No.:
Address:	Current Balance: \$
City/State/ZIP:	
Whole/Universal Life Insurance	
Policy Holder:	Policy No.:
Address:	Surrender Value: \$
City/State/ZIP:	
Mortgages or Deeds of Trust (other than the home you own)	
Address #1:	City/State:
Legal Description:	Assessed Value: \$
	Rental Income: \$
Address #2:	City/State:
Legal Description:	Assessed Value: \$
	Rental Income: \$

Page 3 of 7 Revised: 5/20/2020

APPLICANT DECLARATIONS

Declarations

I (We), the undersigned owners of the property listed on this application hereby make application to participate in the City of Ashland Housing Rehabilitation Program and authorize the City and/or its representative (Southeast Nebraska Development District-SENDD) to verify my (our) eligibility for assistance.

I (We) agree to abide by all rules and regulations established for the rehabilitation program, including the right of the City and/or its representative to inspect the property identified above for the purpose of determining its suitability and condition, as well as to determine the progress of the work being undertaken.

I (We) understand that the receipt of this application by the City and/or its representative in no way implies approval of the application or acceptance of the application for rehabilitation assistance and that approval of the application will depend upon meeting eligibility requirements and the availability of program funds.

I (We) understand that intentionally providing false or misleading information will be grounds for disqualifying me (us) from participation in the program.

I (We) understand that the City and/or its representative may forward my (our) application for assistance to the United States Department of Agriculture (USDA) Rural Development and/or the State of Nebraska Low Income Weatherization Assistance Program.

Signatures

I (We) hereby certify that I (we) do not have any income or ar hereby further certify that the above information is true and a	
Applicant	Date
Co-applicant Co-applicant	Date
Voluntary Information	
The following information is requested to verify compliance with Fedorigin, and sex. You are not required to furnish this information, but evaluation your application or to discriminate against you in any way Indicate the total number of family members in each of the following White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White Asian & White Black/African American & White American Indian/Alaskan Native & Black African American Other Multi-Racial	t are encouraged to do so. This information will not be used in y. g categories:

Page 4 of 7 Revised: 5/20/2020

SAUNDERS COUNTY OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM PROGRAM ELIGIBILITY RELEASE FORM

Organization Requesting Release of Information:

Southeast Nebraska Development District 2100 Fletcher Ave., Ste. 100 Lincoln, NE 68521 Phone: 402-475-2560

Fax: 402-475-2794 Date: _____

Purpose: Your signature on this Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Program

Privacy Act Notice: The Department of Housing and Urban Development (HUD) requires the collection of the information derived from this form to determine an applicant's eligibility for the Program and the amounts of assistance necessary using Program funds. This information will be used to establish the level of benefit from the Program; to protect the Government's financial interest; and, to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies and, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506 "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquiries may be made about items initialed by applicant(s).

	Verification	Applicant's
	Required	Initials
Wages/Salaries	✓	
Public Assistance	✓	
Checking/Savings	✓	
Retirement/Pension	✓	
Social Security	✓	
Stocks/Bonds	✓	
Annuities	✓	
Alimony	✓	
Child Support	√	
Rental Properties	√	

Instructions: Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefits. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Authorization: I authorize the above-named agency and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the program. I acknowledge that:

- 1. A photocopy of this form is as valid as the original.
- 2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4. All adult household members will sign this form.

Signatures:

Applicant's Printed Name	
Applicant's Signature	Date
Co-applicant's Printed Name	
Co-applicant's Signature	Date
Adult Household Member #3 Printe	d Name
	
Adult Household Member #3 Signatur	re Date
Addit Hodseriold Weitber #5 Signatur	e Date
Adult Household Member #4 Printe	d Name
Adult Household Member #4 Printe	u name
Adult Household Member #4 Signatur	re Date
Adult Household Member #5 Printe	d Name
Adult Household Member #5 Signatur	re Date

Page 5 of 7 Revised: 5/20/2020

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

<u> </u>	<u>olicant</u>
	I am a citizen of the United States. OR
	I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:
	, and I agree to provide a copy of my USCIS documentation upon request.
Αp _l	olicant's Printed Name:
Sig	nature:
	e:
Co	-applicant
	I am a citizen of the United States. OR
	I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:
	, and I agree to provide a copy of my USCIS documentation upon request.
Co	applicant's Printed Name:(first, middle, last)
Sig	nature:
Do	

I/We hereby attest that my/our response and the information provided on this form and any related application for public benefits are true, complete and accurate and I/we understand that this information may be used to verify my/our lawful presence in the United States.

Page 6 of 7 Revised: 5/20/2020

SUPPORTING DOCUMENTATION

Please indicate which of the following documents you have included with your application (check all that apply). Failure to attach proper documentation may result in a delay in processing your application for assistance.

Return requested items to:

SENDD Attn: Jim Warrelmann 2100 Fletcher Ave., Ste. 100 Lincoln, NE 68521



The Fair Housing Act protects people from discrimination when they are renting, buying, or securing financing for any housing. The prohibitions specifically cover discrimination because of race, color, national origin, religion, sex, disability and the presence of children.



Un mensaje de servicio público del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos en asociación con la Alianza Nacional de Equidad de Vivienda. La Ley Federal de Equidad de Vivienda prohíbe la discriminación por motivos de raza, color, religión, nacionalidad, sexo, situación familiar o discapacidad. Para más información, visita www.hud.gov/fairhousing.

Page 7 of 7 Revised: 5/20/2020