

**APPLICATION FOR**  
**The HOMEOWNERSHIP OPPORTUNITY PROGRAM (HOP)**  
*provided by the*  
**FILLMORE COUNTY DEVELOPMENT CORPORATION (FCDC)**

**SECTION ONE: APPLICANT DATA**

Name of Applicant: \_\_\_\_\_ SS# \_\_\_\_\_

Spouse: \_\_\_\_\_ SS# \_\_\_\_\_

Applicant Birthday: \_\_\_\_\_ Spouse Birthday: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months  
 Previous address if less than 2 years at the above address:

\_\_\_\_\_  
 \_\_\_\_\_

Others living with you at this address:

<u>Name:</u>	<u>Age:</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION TWO: EMPLOYMENT DATA**

*Please Note: This information will be verified with employer.*

Please include information on each member of household over 18:

<u>Employer Name/Address:</u>	<u>Position:</u>	<u>Years on Job:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If employed in current position for less than two years, please furnish information about previous:

<u>Employer Name/Address:</u>	<u>Position:</u>	<u>Years on Job:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION THREE: APPLICANT INCOME DATA**

*Please Note: This information will be verified and the lending institution of your choice will obtain a credit report on each working member of the household. The FCDC may also obtain a credit report.*

Include **all Gross income** from all sources; sources may include wages, child support, alimony, social security, etc.

	<u>Source(s)</u>	<u>Monthly Income</u>	<u>Annual Income</u>
Applicant Income:	_____	\$ _____	\$ _____
	_____	_____	_____
Spouse Income:	_____	_____	_____
(Co-applicant)	_____	_____	_____
Other Sources:	_____	_____	_____
	_____	_____	_____
*****			
	TOTAL HOUSEHOLD INCOME.....	\$ _____	\$ _____

**ASSETS:**

**Liquid Assets – Bank, Savings & Loan (S&L) & Credit Union**

Name of Bank, S&L or Credit Union: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Name of Bank, S&L or Credit Union: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Name of Bank, S&L or Credit Union: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

**Liquid Assets - Stocks & Bonds**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Value: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Liquid Assets – Life Insurance**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Net Cash Value: \_\_\_\_\_  
 Face Value: \$ \_\_\_\_\_

**Assets – Real Estate Owned**

Address: \_\_\_\_\_  
 \_\_\_\_\_ Market Value: \$ \_\_\_\_\_

**Assets – Retirement Fund**

Vested Interest in Retirement Fund: \$ \_\_\_\_\_

**Assets – Automobiles**

Auto #1 Make/Model: \_\_\_\_\_  
 Auto #2 Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_  
 Year: \_\_\_\_\_

Value: \$ \_\_\_\_\_  
 Value: \$ \_\_\_\_\_

**Check  INCOME LIMITS for the HOP in FILLMORE County and Communities (your family size):**

- |                           |                           |
|---------------------------|---------------------------|
| _____ 1 PERSON: \$40,500  | _____ 5 PERSONS: \$62,437 |
| _____ 2 PERSONS: \$46,230 | _____ 6 PERSONS: \$67,062 |
| _____ 3 PERSONS: \$52,062 | _____ 7 PERSONS: \$71,687 |
| _____ 4 PERSONS: \$57,812 | _____ 8 PERSONS: \$76,312 |

Does your Gross Annual Household Income fall **below** these limits for your family size?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**SECTION FOUR: APPLICANT DEBT DATA**

Please include and provide details for rent, utilities, child support paid, alimony paid, charge accounts - any amount that is paid out monthly.

<u>Creditor:</u>	<u>Monthly Payment:</u>	<u>Unpaid Balance:</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**SECTION FIVE: MISCELLANEOUS DATA**

Please answer the following questions by checking Yes or No as appropriate.

1. Have you owned residential real estate within the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are you willing to attend a class on Homeownership? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Can you furnish a letter of recommendation from your landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Do you presently budget your expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Are there any outstanding judgments against any member of your household? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Has a member of your household been declared bankrupt within the past 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Are any members of your household currently party to a lawsuit? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Are you currently delinquent or in default on any loan of any kind? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Are you obligated to pay alimony, child support, or maintenance? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Are you a co-maker or endorser on any note? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. In which area(s) are you interested? - please circle town(s):  
 \*Exeter      \*Fairmont      \*Geneva      \*Grafton  
 \*Milligan      \*Ohiowa      \*Shickley      \*Strang      \*Rural Fillmore County

13. Address/Location of proposed property for purchase:  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Do you have a proposed Purchase Agreement for the identified property? \_\_\_\_ Yes \_\_\_\_ No  
 a. If yes, purchase price.. \$\_\_\_\_\_
15. Do you anticipate changes in the income of any household member during the upcoming 12 months? \_\_\_\_ Yes \_\_\_\_ No  
 Please explain any anticipated change: \_\_\_\_\_
- 

**SECTION SIX: APPLICANT CERTIFICATION**






If preliminary approval is obtained for eligibility for the Homeownership Opportunity Program, please be advised that a residential loan application will need to be made and subsequently approved by a mortgage lender for long-term financing of the new home.

***\*\*Please Note: This program requires a minimum 2% downpayment from the buyer on the purchase price of a home. Assets in excess of \$5,000.00 may be required to be applied to closing costs and the downpayment.***




**CERTIFICATION**

***I/WE CERTIFY THAT THE INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND CORRECT AS OF THE DATE SHOWN BELOW. IN THE EVENT THAT MY FINANCIAL CIRCUMSTANCES CHANGE BEFORE THE CLOSING OF THE LOAN ON A HOME, I WILL, WITHIN TEN DAYS, NOTIFY the FILLMORE COUNTY DEVELOPMENT CORPORATION (FCDC) AND RE-SUBMIT AN APPLICATION TO FCDC..***

I (We) hereby authorize the FCDC to verify the following items:

-  Incomes
-  Employment
-  Assets
-  Deposits
-  Information supplied to primary lender, including loan conditions and credit scores

We also understand that this program supported by Federal **HOME** funds requires the following:

-  **"Housing Quality Standards"** (HQS) Inspection for the proposed home to be purchased. (Cost to be covered at program expense)
-  **"Lead Hazard Paint Screening/Clearance"** for the proposed home to be purchased. (Cost to be covered at program expense.)
-  **Homebuyer Education** training

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**Homeownership Opportunity Program (HOP) - Fillmore Co.  
 Housing Survey**

**If you have identified a home you are interested in purchasing, please complete the following.**

Name(s): \_\_\_\_\_

Address of Home to be purchased: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Proposed Purchase Price: \$\_\_\_\_\_

- Has the home been built in the last 6 months (circle one)?      Yes    No    Don't Know
- Was the home built before 1978 (circle one)?                      Yes    No    Don't Know
- Have you signed a Purchase Agreement (circle one)?              Yes    No

If you identified any "deficiencies" in the property that may need rehabilitation, please list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you have applied for financing, please complete the following:**

- Lead Lender: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/ZIP Code: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Financing Application Date: \_\_\_\_\_
- Has your financing been approved (circle one)?                      Yes    No    In Progress

\*\*\*\*\*

**Please mail or bring this signed application to:**

Jen Olds, Program Manager  
Southeast Nebraska Development District (SEND)D  
2631 'O' Street  
Lincoln, NE 68510-1398  
(402) 475-2560



**NAHP Program  
Eligibility Release Form**

Organization requesting release of information:

**FILLMORE COUNTY  
DEVELOPMENT CORPORATION (FCDC)**

***c/o: Jim Warrelmann, Housing Specialist  
Southeast Nebraska Development  
District  
SEND  
2631 'O' Street  
Lincoln, NE 68510-1398  
(402) 475-2560  
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:

**\* Homeownership Opportunity Program (HOP) \* \***  
(2013- NAHTF funded Down payment Assistance)

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in the Program and the amounts of assistance necessary using funds. This information will be used to establish level of benefit on 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 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.

**Instructions:** Each adult member of the household must sign a NAHTF 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.

\_\_\_\_\_  
Adult Member of Household - Printed Name:  
**Family Member #1 - Applicant**

\_\_\_\_\_  
Signature Date  
Other Adult Member of the Household - Printed Name  
**Family Member #2**

\_\_\_\_\_  
Signature Date

**Information Covered:** Inquiries may be made about items initialed by applicant.

	Verification Required	Initials
Income (all sources)	√	
Assets (all sources)	√	
Child Care Expense		
Handicap Assistance		
Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction		
____ Full-Time Student		
____ Handicap/Disable Family Member		
____ Minor Children		

**Authorization:** I authorize the above-named Participating Jurisdiction 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).
- (3) 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.

\_\_\_\_\_  
Other Adult Member of the Household - Printed Name  
**Family Member #3**

\_\_\_\_\_  
Signature Date

Other Adult Member of the Household - Printed Name  
**Family Member #4**

\_\_\_\_\_  
Signature Date