

**ASHLAND
CITY-WIDE HOUSING REHABILITATION PROGRAM
Pre-Application for Rehabilitation Assistance**

Homeowner's PRE-application for Ashland Housing Rehabilitation Program. All funding for this program has been obligated at this time. Completion and return of this pre-application will place your name on a waiting list should future funding become available.

_____/ Yes or No
Name of Applicant Age Disabled

_____/ Yes or No
Name of Spouse/ Co-Applicant Age Disabled

Other Household Members:

<u>Name</u>	<u>Age</u>	<u>Disabled</u>
_____ / _____	_____ / _____	Yes or No
_____ / _____	_____ / _____	Yes or No
_____ / _____	_____ / _____	Yes or No
_____ / _____	_____ / _____	Yes or No
_____ / _____	_____ / _____	Yes or No

Street Address City State Zip Code Home Phone # Work Phone #

Mailing Address City State Zip Code
(if different than Street Address)

Year House Built Legal Description of House to be rehabilitated:

 Lot # Block # Description/Subdivision

Relationship of Applicant to Property: _____
(Check one) _____ Owner Occupant
 _____ Renter (Rental units are NOT eligible)
 _____ Land Sales Contract (NOT eligible)
 _____ Other (Please explain) _____

Financial Information

- ***Income***
- \$ _____ Combined annual household incomes
(Use most recent Federal Income Tax Return if available.
Tax Return will eventually be required for participation.)
- \$ _____ Annual gross earning from Pensions, Social Security, Disability Payments
- \$ _____ Other (ADC Payments, Child Support, Alimony, Foster Care, etc.)
- \$ _____ Anticipated Income (upcoming 12 months)

Rehabilitation Activities

What items in your home are in need of repair?

APPLICANT DECLARATIONS

I (We), the undersigned fee owner(s) of the property located at _____, **in Ashland**, Nebraska, hereby make a PRE-application to the Owner-Occupied Housing Rehabilitation Program, sponsored by the City of Ashland (Operating Agency), to be considered for funding by the Nebraska Department of Economic Development (NDED).

I (We) agree to abide by all rules and regulations established for this rehabilitation program, including the right of the Operating Agency to inspect the property proposed for rehabilitation for the purpose of determining its suitability and condition, as well as to determine progress on the work being undertaken.

I (We) also understand that the receipt of this PRE-application by the Operating Agency in no way implies approval of the application or acceptance of the applicant for rehabilitation assistance and that approval of the application will depend upon eligibility requirements and the availability of program funds.

I (We) understand that if the additional funding becomes available for the Ashland housing rehabilitation program, a full application for assistance will then be required.

(F) SIGNATURES

I (We) hereby certify that I (we) do not have any income, savings accounts or any other assets that are not reported; and I (We) hereby verify that the above stated information is true and accurate to the best of my (our) knowledge:

Applicant

Date

Applicant

Date

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- Please return this completed PRE- Application to:
JEN OLDS
SENDD
2631 'O' St.
Lincoln 68510-1398
 - If you have questions, please call JEN OLDS at the SENDD office (402) 475-2560, e-mail: jolds@sendd.org

