

OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM
City of Humboldt's, City Wide-Application for Assistance

Household Information

Applicant/Co-applicant

Applicant's Name: _____ Age: _____ SS No.: _____ Disabled

Co-applicant's Name: _____ Age: _____ SS No.: _____ Disabled

Mailing Address: _____ City: _____ ZIP: _____

Home Phone: _____

Work Phone: _____

Message/Other Phone: _____

E-mail Address: _____

Other Household Members (list additional household members on separate sheet)

Name: _____ Age: _____ Relationship: _____ Disabled

Name: _____ Age: _____ Relationship: _____ Disabled

Name: _____ Age: _____ Relationship: _____ Disabled

Name: _____ Age: _____ Relationship: _____ Disabled

Property to Be Rehabilitated

Address & Legal Description of Property to Be Rehabilitated Include Parcel ID # _____

Street/Rural Address: _____ City: Humboldt ZIP: 68376

Lot(s): _____ Block: _____ Plat/Addition: _____ County: Richardson

¼ Section: _____ ¼ Section: _____ Section: _____ Township: _____ Range: _____

Mortgage #1

Mortgage Holder: _____ Account No.: _____

Address: _____ Phone: _____

City/State/ZIP: _____ Monthly Payment: \$ _____

Type of Mortgage: Conventional FHA VA Rural Development Land Contract (Ineligible) Other

Mortgage #2

Mortgage Holder: _____ Account No.: _____

Address: _____ Phone: _____

City/State/ZIP: _____ Monthly Payment: \$ _____

Homeowners Insurance

Insurance Company: _____ Policy No.: _____

Address: _____ Phone: _____

City/State/ZIP: _____ Annual Premium: \$ _____

Property Taxes

Assessed Value of Home to be Rehabilitated: \$ _____ Annual Property Taxes: \$ _____

Employment

Applicant

Employer #1 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
City/State/ZIP: _____ Years/Months Employed: ___ / ___

Employer #2 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
City/State/ZIP: _____ Years/Months Employed: ___ / ___

Co-applicant

Employer #1 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
City/State/ZIP: _____ Years/Months Employed: ___ / ___

Employer #2 Name: _____ Full-time Self-employed
Address: _____ Phone: _____
City/State/ZIP: _____ Years/Months Employed: ___ / ___

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 letter)

Annual Income from Supplemental Security Income: \$ _____ (Attach copy of benefits letter)

Annual Income from Benefits/Pensions: \$ _____ (Attach copy of recent statement)

Annual Income from Public Assistance (ADC, etc.): \$ _____ (Attach copy of benefits letter)

Annual Income from Child Support: \$ _____ (Attach copy of divorce decree)

County: _____

Case No.: _____

Annual Income from Alimony: \$ _____ (Attach copy of divorce decree)

Annual Income from Rental Properties: \$ _____

Address: _____

Other Annual Income: \$ _____

Explain: _____

Total Annual Household Income (Total of Above): \$ _____

Assets**Checking/Savings Account #1**

Bank Name: _____

 Checking Savings Other

Address: _____

Account No.: _____

City/State/ZIP: _____

Current Balance: \$ _____

Checking/Savings Account #2

Bank Name: _____

 Checking Savings Other

Address: _____

Account No.: _____

City/State/ZIP: _____

Current Balance: \$ _____

Checking/Savings Account #3

Bank Name: _____

 Checking Savings Other

Address: _____

Account No.: _____

City/State/ZIP: _____

Current Balance: \$ _____

Stocks, Bonds, Treasury Bills, Certificates of Deposit and Money Market Accounts

Account Holder: _____

Account No.: _____

Address: _____

Current Value: \$ _____

City/State/ZIP: _____

Stocks, Bonds, Treasury Bills, Certificates of Deposit and Money Market Accounts

Account Holder: _____

Account No.: _____

Address: _____

Current Value: \$ _____

City/State/ZIP: _____

Retirement Accounts/Pension Funds

Account Holder: _____

Account No.: _____

Address: _____

Current Balance: \$ _____

City/State/ZIP: _____

Whole/Universal Life Insurance

Policy Holder: _____

Policy No.: _____

Address: _____

Surrender Value: \$ _____

City/State/ZIP: _____

Lump Sum or One-time Receipts

Description of Receipts: _____

Value Received: \$ _____

Date Sold: _____

Mortgages or Deeds of Trust (other than the home you own)

Address: _____

City/State: _____

Legal Description: _____

Assessed Value: \$ _____

APPLICANT DECLARATIONS

Declarations

I (We), the undersigned owners of the property listed on this application hereby make application to participate in the City of Humboldt's: CDEG Housing Rehabilitation Program or in the City of Humboldt's Trust fund Housing Rehabilitation Program and to allow and authorize the City of Humboldt and/or its representative to verify 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 of Humboldt 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 of Humboldt 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 of Humboldt 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 any other assets that are not reported on this form. I (We) hereby further certify that the above information is true and accurate to the best of my (our) knowledge.

Applicant

Date

Co-applicant

Date

Voluntary Information

The following information is requested to verify compliance with Federal laws prohibiting discrimination on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way.

Indicate the total number of family members in each of the following categories:

- _____ 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

PROGRAM ELIGIBILITY RELEASE FORM

Organization Requesting Release of Information:

Southeast Nebraska Development District
 2631 'O' St.
 Lincoln, NE 68510
 Phone: 402-475-2560
 Fax: 402-475-2794
 Date: January 21, 2015

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: Verifications will be sent to Institutions listed below to determine eligibility

	Verification Required
Income/Employment	✓
Assets/Bankers	✓
Stocks/Retirement Funds/Pensions	✓
Alimony/Child Support	✓
Checking/Savings	✓
Mortgages	✓
Insurance coverage	✓
Rental Properties	✓
Life Insurance	✓
Social Security	✓

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).
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.

Signatures:

Applicant's Printed Name

 Applicant's Signature

 Date

Co-applicant's Printed Name

 Co-applicant's Signature

 Date

Household Member #3 Printed Name

 Household Member #3 Signature

 Date

Household Member #4 Printed Name

 Household Member #4 Signature

 Date

Household Member #5 Printed Name

 Household Member #5 Signature

 Date

SUPPORTING DOCUMENTATION

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

- 2014 federal tax return (all forms) for all household member 18 years of age or older (3 years if self-employed) **or most recent federal tax return if not filed and received for 2014****
- W-2 forms for all wage earners 18 years of age or older
- Two most current wage statements/pay stubs for all wage earners 18 years of age or older
- Most recent bank statement(s)
- Benefit letters(s) from Social Security Administration
- Benefit letters(s) from ADC (Aid to Dependent Children)
- Benefit letters(s) from TANF (Temporary Assistance for Needy Families)
- Divorce decree

** Wage studs is required to determine annual income and employment verifications may be sent to your Present employer to establish the most recent gross annual income.

APPLICATIONS AND RELATED INFORMATION TO BE MAILED TO:

SEND
2631 "O" STREET
LINCOLN, NE 68510-1398

UNITED STATES CITIZENSHIP ATTESTATION FORM

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

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.

Applicant's Printed Name: _____
First Middle Last

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

Signature

Date

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.

Applicant's Printed Name: _____
First Middle Last

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

Signature

Date