

CITY OF FALLS CITY NEBRASKA
Owner-Occupied Housing Rehabilitation Program
Application for Assistance

Household Information			
Applicant/Co-applicant			
Applicant's Name: _____	Age: _____	SS No.: _____	<input type="checkbox"/> Disabled
Co-applicant's Name: _____	Age: _____	SS No.: _____	<input type="checkbox"/> Disabled
Mailing Address: _____	City: <u>Falls City</u>	ZIP: <u>68355</u>	
Home Phone: _____			
Work Phone: _____			
Message/Other Phone: _____			
Email Address: _____			
Other Household Members (list additional household members on separate sheet)			
Name: _____	Age: _____	Relationship: _____	<input type="checkbox"/> Disabled
Name: _____	Age: _____	Relationship: _____	<input type="checkbox"/> Disabled
Name: _____	Age: _____	Relationship: _____	<input type="checkbox"/> Disabled
Name: _____	Age: _____	Relationship: _____	<input type="checkbox"/> Disabled

Property to Be Rehabilitated	
Address & Legal Description of Property to Be Rehabilitated	
Street Address: _____	City: <u>Falls City</u> ZIP: <u>68355</u>
Lot(s): _____ Block: _____ Plat/Addition: _____	County: <u>Richardson</u>
¼ Section: _____ ¼ Section: _____ Section: _____	Township: _____ Range: _____
Mortgage #1	
Mortgage Holder: _____	Account No.: _____
Address: _____	Phone: _____
City/State/ZIP: _____	Monthly Payment: \$ _____
Type of Mortgage: <input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Rural Development <input type="checkbox"/> Land Contract (Ineligible) <input type="checkbox"/> 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 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.: _____
Annual Income from Rental Properties: \$ _____
Other Annual Income: \$ _____
Explain: _____
Other Annual Income: \$ _____
Explain: _____
Total Annual Household Income (Total of Above): \$ _____

Assets

Checking/Savings Accounts

Bank #1 Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Address: _____	Account No.: _____		
City/State/ZIP: _____	Current Balance: \$ _____		
Bank #2 Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Address: _____	Account No.: _____		
City/State/ZIP: _____	Current Balance: \$ _____		

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

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: \$ _____

APPLICANT DECLARATIONS

Declarations

I (We), the undersigned owners of the property listed on this application hereby make application to participate in the City of Falls City Housing Rehabilitation Program and authorize the City and/or its representative (Southeast Nebraska Development District-SEND) 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 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

**CITY OF FALLS CITY 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 Required	Applicant's 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).
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

Adult Household Member #3 Printed Name

Adult Household Member #3 Signature _____ Date

Adult Household Member #4 Printed Name

Adult Household Member #4 Signature _____ Date

Adult Household Member #5 Printed Name

Adult Household Member #5 Signature _____ Date

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)

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.

Co-applicant's Printed Name: _____
(first, middle, last)

Signature: _____

Date: _____

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.

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.

- Copy of most recent FEDERAL tax return (all forms) for all household member 18 years of age or older (3 years if self-employed) plus all attachments DO **NOT** INCLUDE NEBRASKA TAX RETURN
- Copy of most recent W-2 forms for all wage earners 18 years of age or older
- Copy of two months most current wage statements/pay stubs for all adult wage earners 18 years of age or older
- Copy of most recent two months bank statement(s) for all accounts
- Copy of Benefit letters(s) from retirement/pension
- Copy of Benefit letters(s) from Social Security Administration
- Copy of Benefit letters(s) from ADC (Aid to Dependent Children)
- Copy of Benefit letters(s) from TANF (Temporary Assistance for Needy Families)
- Copy of Divorce decree
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Return requested items to:

SENDD
Attn: Jacob Valentine
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.