YORK COUNTY NEBRASKA Owner-Occupied Housing Rehabilitation Program Application for Assistance

Applicant/Co-applicant	Household Information					
Age	Applicant/Co-applicant					
Age			Age:	SS No.	:	Disabled
Home Phone:						
Work Phone: Email Address:	Mailing Address:		City:		ZIP:	
Work Phone: Email Address:	Home Phone:					
Name:						
Other Household Members (list additional household members on separate sheet) Name: Age: Relationship: Disabled City: ZIP: ZIP: ZIP: Lot(s): Block: Plat/Addition: County: York York </td <td>Message/Other Phone:</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Message/Other Phone:					
Name:	Email Address:					
Name:			nembers o	on separate sh	neet)	
Name:	Name:	Age:	F	Relationship: _		Disabled
Name:	Name:	Age:	F	Relationship: _		Disabled
Property to Be Rehabilitated	Name:	Age:	F	Relationship: _		Disabled
Street Address:	Name:	Age:	F	Relationship: _		□ Disabled
% Section: Ya Section: Township: Range: Mortgage #1 Mortgage Holder: Account No.: Account No.: Address: City/State/ZIP: Monthly Payment: \$ Type of Mortgage: Conventional FHA VA Rural Development Land Contract (Ineligible) Other Mortgage Holder: Account No.: Phone: Monthly Payment: \$ City/State/ZIP: Monthly Payment: \$ Homeowners Insurance Insurance Company: Policy No.: Address: Phone: Annual Premium: \$ City/State/ZIP: Annual Premium: \$						
Street Address: City: ZIP: Lot(s): Block: Plat/Addition: County: York ½ Section: ½ Section: Township: Range: Mortgage #1 Mortgage Holder: Account No.: Address: Phone: City/State/ZIP: 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.: Phone: Address: Phone: Annual Premium: \$ Property Taxes						
% Section: Ya Section: Township: Range: Mortgage #1 Mortgage Holder: Account No.: Account No.: Address: City/State/ZIP: Monthly Payment: \$ Type of Mortgage: Conventional FHA VA Rural Development Land Contract (Ineligible) Other Mortgage Holder: Account No.: Phone: Monthly Payment: \$ City/State/ZIP: Monthly Payment: \$ Homeowners Insurance Insurance Company: Policy No.: Address: Phone: Annual Premium: \$ City/State/ZIP: Annual Premium: \$	Street Address:		City:			ZIP:
Mortgage #1 Mortgage Holder:					_	
Mortgage Holder:		Section	:	Townshi	o:	Range:
Address: _						
City/State/ZIP:						
Type of Mortgage: Conventional FHA VA Rural Development Land Contract (Ineligible) Other Mortgage #2 Mortgage Holder:					'	
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					, ,	
Mortgage Holder:		-HA LIVA LI	Rural De	velopment L	Land Contract (I	neligible) Li Other
Address: Phone: Monthly Payment: \$ Homeowners Insurance Insurance Company: Policy No.: Phone:					A account No.	
City/State/ZIP: Monthly Payment: \$ Homeowners Insurance Insurance Company: Policy No.: Address: Phone: City/State/ZIP: Annual Premium: \$ Property Taxes						
Homeowners Insurance Insurance Company: Policy No.: Address: Phone: City/State/ZIP: Annual Premium: \$ Property Taxes						
Insurance Company: Policy No.: Address: Phone: City/State/ZIP: Annual Premium: \$ Property Taxes	•				Monthly Payme	п. Ф
Address: Phone: City/State/ZIP: Annual Premium: \$ Property Taxes					Policy No :	
City/State/ZIP: Annual Premium: \$ Property Taxes						
Property Taxes						
	•				, timuan natinun	π. Ψ
		ed: \$		Annual	Property Taxes:	\$

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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:	
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: County: Case No.:	\$ (Attach copy of divorce decree)
Annual Income from Alimony: County: Case No.:	\$ (Attach copy of divorce decree)
Annual Income from Rental Properties:	\$
Other Annual Income: Explain:	\$ <u> </u>
Other Annual Income: Explain:	\$
Total Annual Household Income (Total of Above):	\$

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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	counts
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: \$
	Current Balance.
City/State/ZIP: Whole/Universal Life Insurance	
Policy Holder:	Policy No.:
Address:	Surrender Value: \$
City/State/ZIP:	<u> </u>
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: \$

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APPLICANT DECLARATIONS

Declarations

I (We), the undersigned owners of the property listed on this application hereby make application to participate in the York County Housing Rehabilitation Program and authorize the County 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 County 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 County 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 County 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 hereby further certify that the above information is true and according to the control of th	
Applicant	Date
Co-applicant Co-applicant	Date
Voluntary Information	
The following information is requested to verify compliance with Federorigin, and sex. You are not required to furnish this information, but a evaluation your application or to discriminate against you in any way. Indicate the total number of family members in each of the following of the 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	are encouraged to do so. This information will not be used in

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YORK 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
	Required If
	Applicable
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 Prin	nted Name
Adult Household Member #3 Signa	ture Date
Adult Household Member #4 Prin	nted Name
Adult Household Member #4 Signa	iture Date
Adult Household Member #5 Prin	nted Name
Adult Household Member #5 Signa	iture Date

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UNITED STATES CITIZENSHIP ATTESTATION FORM

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

<u>Ap</u>	<u>plicant</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.
App	olicant's Printed Name:
Sig	nature:
Dat	e:
<u>Co</u>	-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-	eapplicant's Printed Name:(first, middle, last)
Sig	nature:
Dos	

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.

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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: Ryan Baumann 7407 O Street Lincoln, NE 68510



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.

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