

**CITY OF YORK NEBRASKA**  
**Acquisition, Rehabilitation, Resale Program**  
**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: York ZIP: 68467

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

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

Message/Other Phone: \_\_\_\_\_

Email 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**

Street Address: \_\_\_\_\_ City: York ZIP: 68467

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Plat/Addition: \_\_\_\_\_ County: York

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 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: \_\_\_\_\_  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 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 York 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 YORK 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 (2 years if self-employed)
- W-2 forms for all wage earners 18 years of age or older
- Copies of two months most current wage statements/pay stubs for all adult wage earners 18 years of age or older
- Copies of most recent two months bank statement(s) for all accounts
- Benefit letters(s) from retirement/pension
- 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
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_



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](http://www.hud.gov/fairhousing).